

## **Opioid Funds –Public Annual Report**

### **Section 1**

1. This Report must be completed by entity/ies required to do so under Paragraph C(4) of the Iowa Opioid Allocation Memorandum of Understanding (MOU).<sup>1</sup>
2. This Report should be filed for each state fiscal year (“Reporting Year”).
3. This Report is due on December 1 following the end of the Reporting Year.
4. The completed Report can be filed by emailing it to the Iowa Attorney General at [OpioidSettlement@ag.iowa.gov](mailto:OpioidSettlement@ag.iowa.gov).
5. Questions can be sent to the Iowa Attorney General at [OpioidSettlement@ag.iowa.gov](mailto:OpioidSettlement@ag.iowa.gov).
6. Complete Section 1 using a cash basis approach.

This Report is for the following State of Iowa fiscal year: 20\_\_\_\_\_ (“Reporting Year”)

Name of Participating Local Government: \_\_\_\_\_

Name of Person Completing this Report: \_\_\_\_\_

Title of Person Completing this Report: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Abatement Funds Account Balance at start of Reporting Year: \_\_\_\_\_

Total Abatement Funds Received during Reporting Year: \_\_\_\_\_

Total Abatement Fund Expenditures during Reporting Year: \_\_\_\_\_

Abatement Fund Account Balance at end of Reporting Year: \_\_\_\_\_

### **Abatement Funds Received in Reporting Year**

<b>Date Funds Received</b>	<b>Amount of Funds Received</b>	<b>Source of Payment<sup>2</sup></b>
<b>TOTAL AMT RECIEVED</b>		

### **Section 2: Opioid Settlement Funds Expenditures in Reporting Year**

1. Section 2 should include all expenditures of Opioid Funds during the Reporting Year.

<sup>1</sup> The MOU can be found at [www.iowaattorneygeneral.gov](http://www.iowaattorneygeneral.gov).

<sup>2</sup> Identify the settlement under which the payment was made. The wire transfer or check may identify the source as National Opioid Settlement Fund but the Local Government should also receive an email confirmation from the Settlement Administrator identifying the specific source of each payment.

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- 2. “Remediation Use Section” should identify the Section(s) or Subsection(s) of the “Core Strategies” or “Approved Uses” to which the activity corresponds on MOU Exhibit 1.
- 3. “Brief Description of Funded Activity” should describe the type of activity and the entities or organizations providing the activity.
- 4. “Progress and/or Outcome of Funded Activity” should state the number of people who accessed a service, the number of times a service was provided, or similar data.
- 5. Provide a description for all funded activities. Use additional pages as needed.

**Funded Activity #1**

<b>Remediation Use Section:</b>	<b>Amount of Opioid Funds Expended for This Activity in Reporting Year:</b>
<b>Brief Description of Funded Activity:</b>          	
<b>Progress and/or Outcome of Funded Activity:</b>          	

**Funded Activity #2**

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<b>Remediation Use Section:</b>	<b>Amount of Opioid Funds Expended for This Activity in Reporting Year:</b>
<b>Brief Description of Funded Activity:</b>	
<b>Progress and/or Outcome of Funded Activity:</b>	

**Funded Activity #3**

<b>Remediation Use Section:</b>	<b>Amount t of Opioid Funds Expended for This Activity in Reporting Year:</b>
<b>Brief Description of Funded Activity:</b>	
<b>Progress and/or Outcome of Funded Activity:</b>	

**Funded Activity #4**

<b>Remediation Use Section:</b>	<b>Amount t of Opioid Funds Expended for This Activity in</b>
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	<b>Reporting Year:</b>
<b>Brief Description of Funded Activity:</b>	
<b>Progress and/or Outcome of Funded Activity:</b>	

**Funded Activity #5**

<b>Remediation Use Section:</b>	<b>Amount t of Opioid Funds Expended for This Activity in Reporting Year:</b>
<b>Brief Description of Funded Activity:</b>	
<b>Progress and/or Outcome of Funded Activity:</b>	

*By signing below I warrant that all information provided in this form is true and correct; that all opioid settlement funds expended by the above entity have been spent on uses consistent with the Iowa Opioid Allocation Memorandum of Understanding; and that I have the authority to sign and submit this form on behalf of the above entity.*

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_