



# Indiana Opioid Settlement Fund Reporting Tool Instruction Manual

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# IN Opioid Settlement Fund Reporting Form Instruction Manual

Purpose .....3

Overview .....3

Instructions .....4

Troubleshooting and Support.....4

Accessing the Form.....4

Completing the Form .....5

Conclusion .....18



# IN Opioid Settlement Fund Reporting Form Instruction Manual

## Purpose

This Standard Operating Procedure (SOP) is designed to assist local units of government with completing the annual opioid settlement reporting form mandated by the Indiana General Assembly. This document aims to explain the reporting form, clarify submission deadlines, and provide information on how to seek assistance with completing the form.

## Overview

The reporting form requires local units of government to provide contact information and details regarding all opioid settlement funds received and expended. The key purposes of the form include:

### **Expenditure Plan:**

- Outline the amount of funding received to date.
- Provide information on the elected officials responsible for the spending plan.

### **Restricted and Unrestricted Funds:**

- Detail the total amount of restricted and unrestricted funds received to date.
- Explain the use of restricted and unrestricted funds.

### **Expenditure Information:**

- Input expenditure information for restricted and unrestricted funds if funds were expended.

### **Committee Information:**

- Indicate if a committee was created to determine the spending of opioid settlement funds.
- Explain the make-up of the committee (if applicable).



## IN Opioid Settlement Fund Reporting Form Instruction Manual

### Instructions

This standard operating procedure (SOP) includes step-by-step instructions with screenshots to guide users through the process of filling out the annual report on the use of Opioid Settlement Funds received by the local unit of government.

### Troubleshooting and Support

For any questions regarding the reporting form or technical issues, please email all inquiries to [INopiodsettlement.us@egis-group.com](mailto:INopiodsettlement.us@egis-group.com).

You can find a webinar containing step-by-step instructions for submitting a form at [in.gov/recovery/settlement](http://in.gov/recovery/settlement).

### Accessing the Form

1. Compile all necessary information and have it readily available *prior* to starting the form.
  - o Please note that your progress **cannot** be saved or returned to after starting the form.
2. Navigate to the form using the following website:  
<https://sondhisolutions.my.site.com/opioidsettlementreporting/s/>



# IN Opioid Settlement Fund Reporting Form Instruction Manual

## Completing the Form

### Step 1: Start the Reporting Form

1. Click “Start Here” to begin the form.



The screenshot shows the top portion of the reporting form instructions page. It features the FSSA logo at the top center. Below the logo, there is a paragraph of text explaining the requirement for local units of government to submit an annual report. This is followed by an 'Instructions' section with a deadline of Friday, September 6, 2024, and an 'Important Notice' section regarding funding discrepancies. At the bottom right of the page, there is a blue button with the text 'Start Here'.

### Step 2: Identify the Individual Completing the Reporting Form

1. Local Unit of Government
  - *Search and select your Local Unit of Government name from the dropdown.*
2. Name of Individual Completing the Form
  - *Enter the name of the individual completing the reporting form.*
3. Title of Individual Completing the Form
  - *Enter the title of the individual completing the reporting form (i.e., clerk treasurer, auditor, etc.)*
4. Email Address of Individual Completing the Form
  - *Enter the email address of the individual completing the form.*
5. Phone Number of Individual Completing the Form
  - *Enter the phone number of the individual completing the form.*



## IN Opioid Settlement Fund Reporting Form Instruction Manual

6. Agency/Division of Individual Completing the Form
  - o *Enter the Agency or Division associated with the individual completing the form.*
  
7. Select “Next” to proceed to the next page.

The screenshot shows a web form with the following fields and values:

- Local Unit of Government: Test Record
- Name of Individual Completing the Form: John Doe
- Title of Individual Completing the Form: Title
- Email Address of Individual Completing the Form: inoploidsettlement.us@egis-group.com
- Phone Number of Individual Completing the Form: 000-000-0000
- Agency/Division of Individual Completing the Form: Agency

At the bottom right, there are two buttons: "Previous" and "Next". The "Next" button is highlighted with a red box.

### Step 3: Total Amount of Funding Received to Date

The Total Amount of Funding Received to Date is a pre-populated figure based on the Local Unit of Government Name identified within step 2.


The Reporting Period for this year is August 1, 2023-June 30, 2024.

1. Please Verify if the amount is correct (*Select one: Yes or No*)
  - o **YES:** Select this option if the total amount of funding received to date on the reporting form is correct
  - o **NO:** Select this option if the total amount of funding received to date on the reporting form is incorrect
    - o If you select “NO”, please enter the amount you have received



## IN Opioid Settlement Fund Reporting Form Instruction Manual

2. Name and Title of Elected Officials Who Approved Spending Plan or Expenditure
  - o *Enter the name and title of the elected officials who approved the spending plan or expenditure (Commissioners, Mayor, City or County Council, Town Board, Town Manager, Clerk Treasurer, Auditor, etc. If no spending plan has been adopted, please insert N/A).*
  
3. Select “Next” to proceed to the next page.



**If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.**

Total Amount of Funding Received to Date  
\$50,000.00

Please verify if the amount above is correct  
--None--

Reporting Time Period  
August 1, 2023 - June 30, 2024


Name and Title of Elected Officials Who Approved Spending Plan or Expenditure ⓘ  
N/A

**Need Help?** Click on the information icons (i) next to the fields for additional details.

[Previous](#) [Next](#)



# IN Opioid Settlement Fund Reporting Form Instruction Manual



**If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.**

Total Amount of Funding Received to Date  
\$50,000.00


Please verify if the amount above is correct

--None--  
--None--  
Yes  
No

Name and Title of Elected Officials Who Approved Spending Plan or Expenditure ⓘ

**Need Help?** Click on the information icons (i) next to the fields for additional details.

[Previous](#) [Next](#)



**If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.**

Total Amount of Funding Received to Date  
\$50,000.00

Please verify if the amount above is correct

No

Please enter amount you have received

\$40,000

Reporting Time Period  
August 1, 2023 - June 30, 2024

Name and Title of Elected Officials Who Approved Spending Plan or Expenditure ⓘ

**Need Help?** Click on the information icons (i) next to the fields for additional details.

[Previous](#) [Next](#)





## IN Opioid Settlement Fund Reporting Form Instruction Manual

The screenshot shows a web form for reporting funding. At the top right is the Indiana Family & Social Services Administration logo. Below it is a red instruction: "If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted." The form displays "Total Amount of Funding Received to Date" as "\$50,000.00". A dropdown menu for "Please verify if the amount above is correct" is set to "--None--". The "Reporting Time Period" is "August 1, 2023 - June 30, 2024". The "Name and Title of Elected Officials Who Approved Spending Plan or Expenditure" field contains "N/A" and has an information icon. A dropdown menu is open, listing "Commissioners, Mayor, City or County Council, Town Board, Town Manager, Clerk Treasurer, Auditor, etc. If no spending plan has been adopted, please insert N/A." with an 'X' icon. At the bottom right are "Previous" and "Next" buttons, with "Next" highlighted in red.

**Note:** Information Icons are located within the form to provide additional information.

### Step 4: Total Amount Received to Date for Restricted Funds

The Total Amount Received to Date for Restricted Funds-SBOA Fund 1237 is a pre-populated figure based on the Local Unit of Government Name identified within step 2.

1. Please Verify if the amount is correct (*Select one: Yes or No*)
  - **YES:** Select this option if the total amount of funding received to date on the reporting form is correct
  - **NO:** Select this option if the total amount of funding received to date on the reporting form is incorrect
    - If you select “NO”, please enter the amount you have received
2. What has occurred with these restricted funds? (Select One: Funds Expended OR No funds were expended during the reporting period)
  - **Funds Expended:** Select this option if funds were spent during the reporting period. The **Expenditure Information** reporting page will populate if this is selected (Step 5).



## IN Opioid Settlement Fund Reporting Form Instruction Manual

The screenshot shows a web form with the following elements:

- Logo of the Indiana Family & Social Services Administration.
- Red text: "If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted."
- Text: "Total Amount Received to Date for Restricted Funds - SBOA Fund 1237"
- Text: "\$25,000"
- Text: "Please verify if the amount above is correct"
- Dropdown menu: "--None--"
- Text: "What has occurred with these restricted funds? (Select One)"
- Radio button (checked): "Funds Expended" (highlighted with a red box)
- Radio button (unchecked): "No funds were expended during the reporting period"
- Text: "Expended - Funds that have been spent"
- Buttons: "Previous" and "Next" (highlighted with a red box)

- **No funds were expended during the reporting period:** *Select this option if the local unit of government did not spend or receive restricted funds. The **Unrestricted Funds** reporting page will populate if this is selected.*

3. Select "Next" to proceed to the next page.

The screenshot shows a web form with the following elements:

- Logo of the Indiana Family & Social Services Administration.
- Red text: "If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted."
- Text: "Total Amount Received to Date for Restricted Funds - SBOA Fund 1237"
- Text: "\$25,000"
- Text: "Please verify if the amount above is correct"
- Dropdown menu: "--None--"
- Text: "What has occurred with these restricted funds? (Select One)"
- Radio button (unchecked): "Funds Expended"
- Radio button (checked): "No funds were expended during the reporting period" (highlighted with a red box)
- Text: "Expended - Funds that have been spent"
- Buttons: "Previous" and "Next" (highlighted with a red box)



## IN Opioid Settlement Fund Reporting Form Instruction Manual


### Step 5: Restricted Funds Expenditure Information

Report any funds that have been expended during the reporting period. If funds were NOT expended for Restricted Funds, this page will NOT populate. Proceed to Step 6.

1. Recipient Organization Name
  - *Enter the name of the organization.*
2. Street Address for Recipient Organization
  - *Enter the street name of the organization.*
3. City for Recipient Organization
  - *Enter the city for the organization.*
4. State for Recipient Organization
  - *Enter the state for the organization.*
5. Zip Code for Recipient Organization
  - *Enter the zip code for the organization.*
6. Contact Name for Recipient Organization
  - *Enter the contact name for the organization.*
7. Email Address for Recipient Contact
  - *Enter the email address for the organization.*
8. Phone Number for Recipient Contact
  - *Enter the phone number for the organization.*
9. Amount Expended
  - *Enter the amount spent during this reporting period.*
10. Purpose of Expenditure
  - *Enter the purpose for how the funds were expended.*
11. Qualifying Strategy for Exhibit E
  - *Select which qualifying strategy for Exhibit E the funds were expended.*
12. If you have additional expenditures, select “Add” and enter the additional expenditures.
13. If you do not have additional expenditures, select “Next” to proceed to the next page.



# IN Opioid Settlement Fund Reporting Form Instruction Manual



**Expenditure Information** - Report any funds that have been expended during the reporting period of August 1, 2023 - June 30, 2024. You will have the opportunity to report about multiple expenditures in this reporting time period (if applicable).

For this expenditure, please provide the following information:

<b>Recipient Organization Name</b>	Organization Name
<b>Street Address for Recipient Organization</b>	Street Address for the Organization
<b>City for Recipient Organization</b>	City Name for the Organization
<b>State for Recipient Organization</b>	State for the Organization
<b>Zip Code for Recipient Organization</b>	Zip Code for the Organization
<b>Contact Name for Recipient Organization</b>	John Doe
<b>Email Address for Recipient Contact</b>	inopioidsettlement.us@egis-group.com
<b>Phone Number for Recipient Contact</b>	000-000-0000
<b>Amount Expended</b>	\$25,000
<b>Purpose of Expenditure</b>	Purpose of Expenditure
<b>Qualifying Strategy for Exhibit E</b>	A.A: NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
<input type="checkbox"/> Restricted	

**Remove**

**+ Add**

Select 'Add' to report an additional expenditure.  
Select 'Remove' to delete an expenditure

Previous **Next**

**Note:** To remove an expenditure, select "Remove."



# IN Opioid Settlement Fund Reporting Form Instruction Manual

Email Address for Recipient Contact  
inopioidsettlement.us@egis-group.com

Phone Number for Recipient Contact  
000-000-0000

Amount Expended  
\$

Purpose of Expenditure  
Exhibit E of the National Opioid Settlement Agreement outlines allowable uses for Opioid Settlement Funds.  
Link to agreement: Opioid Remediation Uses Agreement

Qualifying Strategy for Exhibit E  
AA: NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

Restricted

+ Add

Select 'Add' to report an additional expenditure.  
Select 'Remove' to delete an expenditure

Previous Next

Phone Number for Recipient Contact

Amount Expended

Purpose of Expenditure

Restricted

+ Add

Select 'Add' to report an additional expenditure.  
Select 'Remove' to delete an expenditure

Previous Next

**Note:** Information Icons are located within the form to provide additional information.




## IN Opioid Settlement Fund Reporting Form Instruction Manual

### Step 6: Total Amount Received to Date for Unrestricted Funds

The Total Amount Received to Date for Unrestricted Funds-SBOA Fund 1237 is a pre-populated figure based on the Local Unit of Government Name identified within step 2.

1. Please Verify if the amount is correct *(Select one: Yes or No)*
  - **YES:** Select this option if the total amount of funding received to date on the reporting form is correct
  - **NO:** Select this option if the total amount of funding received to date on the reporting form is incorrect
    - If you select t “NO”, please enter the amount you have received
2. What has occurred with these unrestricted funds? *(Select One: Amount Expended OR No funds were expended during the reporting period)*
  - **Funds Expended:** Select this option if funds were spent during the reporting period. The **Expenditure Information** reporting page will populate if this is selected.



If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.

Total Amount Received to Date for Unrestricted Funds - SBOA Fund 1238

\$25,000

Please verify if the amount above is correct

--None--

What has occurred with these unrestricted funds? (Select One)

Funds Expended

No funds were expended during the reporting period


[Expendea - Funds that have been spent.](#)

[Previous](#) [Next](#)

- **No funds were expended during the reporting period:** *Select this option if the local unit of government did not spend or receive restricted funds.*



## IN Opioid Settlement Fund Reporting Form Instruction Manual



**If the populated funding amount is incorrect, please proceed with completing the form and note all discrepancies when prompted.**

Total Amount Received to Date for Unrestricted Funds - SBOA Fund 1238

\$25,000

Please verify if the amount above is correct

--None--

What has occurred with these unrestricted funds? (Select One)

Funds Expended

No funds were expended during the reporting period

*Expended - Funds that have been spent.*

[Previous](#) [Next](#)

3. Select “Next” to proceed to the next page.

### Step 7: Unrestricted Funds Expenditure Information

Report any funds that have been expended during the reporting period. If funds were NOT expended for Unrestricted Funds, this page will NOT populate. Proceed to Step 9.

1. Recipient Organization Name
  - o *Enter the name of the organization.*
2. Street Address for Recipient Organization
  - o *Enter the street name of the organization.*
3. City for Recipient Organization
  - o *Enter the city for the organization.*
4. State for Recipient Organization
  - o *Enter the state for the organization.*
5. Zip Code for Recipient Organization
  - o *Enter the zip code for the organization.*
6. Contact Name for Recipient Organization
  - o *Enter the contact's name for the organization.*
7. Email Address for Recipient Contact
  - o *Enter the email address for the organization.*
8. Phone Number for Recipient Contact



# IN Opioid Settlement Fund Reporting Form Instruction Manual

- Enter the phone number for the organization.
- 9. Amount Expended
  - Enter the amount spent during this reporting period.
- 10. Purpose of Expenditure
  - Enter the purpose for how the funds were expended.
- 11. Qualifying Strategy for Exhibit E (if applicable)
  - Select which qualifying strategy for Exhibit E the funds were expended.
- 12. If you have additional expenditures, select “Add” and enter the additional expenditures.
- 13. If you do not have additional expenditures, select “Next” to proceed to the next page.

The screenshot shows a web-based reporting form for the IN Opioid Settlement Fund. At the top center is the Indiana Family & Social Services Administration logo. Below it, the text reads: "Expenditure Information - Report any funds that have been expended during the reporting period of August 1, 2023 - June 30, 2024. You will have the opportunity to report about multiple expenditures in this reporting time period (if applicable). For this expenditure, please provide the following information:". The form contains several input fields, each with a yellow highlight: "Recipient Organization Name", "Organization Name", "Street Address for Recipient Organization", "Street Address for the Organization", "City for Recipient Organization", "City Name for the Organization", "State for Recipient Organization", "State for the Organization", "Zip Code for Recipient Organization", "Zip Code for the Organization", "Contact Name for Recipient Organization", "John Doe", "Email Address for Recipient Contact", "Inopioidsettlement.us@egis-group.com", "Phone Number for Recipient Contact", "000-000-0000", "Amount Expended", "\$25,000", "Purpose of Expenditure", "Purpose of Expenditure", and "Qualifying Strategy for Exhibit E (This is not required for unrestricted funds)". The strategy dropdown menu is open, showing "A.A: NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES" and an "Unrestricted" option. At the bottom left, a "+ Add" button is highlighted with a red box and a red arrow pointing to it. At the bottom right, a "Remove" button is highlighted with a red box and a red arrow pointing to it. Below the "+ Add" button, the text reads: "Select + Add to report an additional expenditure. Select 'Remove' to delete an expenditure". At the very bottom right, there are "Previous" and "Next" buttons, with the "Next" button highlighted with a red box.

**Note:** To remove an expenditure, select "Remove."





# IN Opioid Settlement Fund Reporting Form Instruction Manual

## Step 8: Community Committee Information

1. Has your community created a committee to determine how to spend opioid settlement funds? *(Select one: Yes or No)*
  - o **YES:** Select this option if your community has created a committee.
  - o **NO:** Select this option if your community has not created a committee.

Has your community created a committee to determine how to spend opioid settlement funds?

--None--

--None--

Yes

No

Previous Next

2. If your community has created a committee, describe the make-up of the committee. *(Enter the names and titles of the individuals)*
3. Select “Next” to proceed to the next page.

Has your community created a committee to determine how to spend opioid settlement funds?

--None--

If Yes, please describe the make-up of the committee.

Previous **Next**

## Step 9: Form Submission


Select "Finish" to submit your response. When you click "Finish" and submit the form, you will NOT be able to edit your response. A copy of your response will be sent to the email address associated with this form.

If you are not finished with reporting, please select the "Previous" button to return to the reporting form.



## IN Opioid Settlement Fund Reporting Form Instruction Manual

If you have reached this page and do not believe you correctly completed the survey or have questions, please contact us at [INopioidsettlement.us@egis-group.com](mailto:INopioidsettlement.us@egis-group.com) for assistance.



\*DO NOT SUBMIT UNLESS YOU ARE CERTAIN ALL ENTRIES ARE CORRECT\*

This is the end of the Opioid Settlement Reporting form. Thank you for completing this report on behalf of your community.

Please select "Finish" to submit your response. When you click "Finish" and submit the form, you will *not* be able to edit your response. A copy of your response will be sent to the email address associated with this form.

If you are not finished with reporting, please select the "Previous" button to return to the reporting form.

If you have reached this page and do not believe you correctly completed the survey or have questions, please contact us at [INopioidsettlement.us@egis-group.com](mailto:INopioidsettlement.us@egis-group.com) for assistance.

## Conclusion

The completion of the annual reporting form mandated by the Indiana General Assembly is crucial for maintaining transparency and accountability in the use of Opioid Settlement Funds. This Standard Operating Procedure (SOP) has been designed to support local units of government in this process by providing clear explanations, outlining submission deadlines, and offering assistance resources.

By adhering to the guidelines provided in this SOP, local units of government can ensure accurate and thorough reporting of:

- The total amount of funding received to date and the elected officials responsible for the spending plan.
- The detailed use of restricted funds (SBOA-1237) and unrestricted funds (SBOA-1238).
- Expenditure information for the reporting period.
- Information regarding the formation and decisions of any committees involved in the allocation of opioid settlement funds.



## IN Opioid Settlement Fund Reporting Form Instruction Manual

We appreciate the effort and diligence of all local units of government in completing this annual report. Should any issues or questions arise during the process, please refer to the provided step-by-step instructions and screenshots or contact our support team at [INopioisettlement.us@egis-group.com](mailto:INopioisettlement.us@egis-group.com) for assistance.

Your commitment to this reporting process is vital in ensuring the responsible management of opioid settlement funds, contributing to the betterment of our communities. Thank you for your cooperation and dedication.