



# TOWN OF BARNSTABLE

2025

## Opioid Abatement Funding Application Information

The Town of Barnstable is requesting applications for Opioid Abatement funding from public or private, state and federally recognized nonprofit organizations, agencies, partnerships, or other interested parties to provide services, programs, or initiatives that will mitigate the impacts of the Opioid epidemic.

### INTRODUCTION & BACKGROUND

On July 21, 2021, Massachusetts Attorney General Maura Healey announced a \$26 billion settlement agreement with opioid distributors and Johnson & Johnson, which will provide more than \$500 million to the Commonwealth and its cities and towns for prevention, harm reduction, treatment, and recovery across Massachusetts. (More information can be found at the Attorney General's website: <https://www.mass.gov/service-details/learn-about-the-ags-statewide-opioid-settlements-with-opioid-industry-defendants>)

Under the state's approved State-Subdivision Agreement, 40% of abatement funds coming into the Commonwealth under statewide opioid settlements will be allocated to the state's municipalities. 60% of the abatement funds will be allocated to the Opioid Recovery and Remediation Fund to further be dispensed into the community through Department of Public Health grants. Municipalities that completed the Subdivision Settlement Participation Form and agree to use the payments to abate the opioid crisis in their communities will be receiving a portion of the settlement funds directly in the form of eighteen (18) payments over the next seventeen (17) years.

Municipal abatement funds shall not be used to fund care reimbursed by the state, including through MassHealth and the Bureau of Substance Addiction Services (BSAS), although local or area agencies or programs that provide state-reimbursed services can be supported financially in other ways that help meet the needs of their participants. The settlement funds must be spent on services and initiatives across the continuum of Substance Use Disorder:



### COMMUNITY ENGAGEMENT PROCESS

During 2024, the Town of Barnstable hosted a community engagement process to solicit input from residents, service providers, and community stakeholders who have been directly impacted by the opioid crisis. This process included large, facilitated community conversations and smaller focus groups. The input received through this process will be incorporated into funding decisions.

## GRANT TIME FRAME AND CONDITIONS FOR RENEWALS AND EXTENSIONS

The Town of Barnstable will issue one-year grants of up to \$50,000. Grants must be applied for each year. Grant applications are accepted on a rolling basis.

Organizations selected for funding will enter into a contract with the Town of Barnstable to deliver the programs and services outlined in the application.

## SCOPE OF SERVICES

Public agencies, state and federally recognized non-profit organizations, or other interested parties may submit applications for funding. Funding proposals from collaborative partnerships are encouraged if there is a lead organization who will be responsible for project delivery and reporting requirements. Proposals that are accepted and receive funding must provide programs and services in the following areas:

- Opioid Use Disorder (OUD) Treatment.
- Harm Reduction services and programs.
- Support for people in treatment and recovery from opioid and other substance use disorders.
- Support and resources for families and loved ones impacted by others' OUD.
  - Grief support
  - Support and resources for kinship care (i.e. grandparents raising grandchildren)
- Connections to care for those seeking support for substance use disorder.
  - Treatment and recovery support navigation
  - Access to and assistance with basic needs in early recovery
  - Recovery Coaching
- The needs of criminal justice-involved people and their loved ones.
- Support for pregnant or parenting women and their families, including babies with Neonatal Abstinence Syndrome.
- Prevent the misuse of opioids.
- Substance Use Prevention Education and early intervention programs for children and youth.

For a more detailed outline of approved strategies please visit: <https://www.mass.gov/doc/massachusetts-abatement-terms/download>

## REPORTING REQUIREMENTS

**A mid-year report is due six (6) months after the contract start date.** The brief summary should include: Details of the project or services provided to date, the number and demographics of Town of Barnstable residents served to date (age, race, ethnicity), barriers encountered, and any adjustments made as a result. Lastly, include any plans for sustaining the project/program or service if renewal funds are available.

**A year-end or project close report is due no later than thirteen (13) months after the contract start date.** The summary report should include the project details and services provided throughout the year, the number and demographics of Town of Barnstable residents served, how you have engaged minority members of the community and those who lived with or have living experiences related to substance use disorder, all other deliverables, benchmarks, or outcomes attained, and barriers encountered.



**Town of Barnstable  
2025  
Opioid Abatement Funding  
Application Cover Page**

**Please submit the following application with a cover letter printed on your agency's letterhead introducing your organization and proposed project.**

**Name of Organization Requesting Funding:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Person / Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Check the category for which funding is requested:**

- ☐ Prevention/Education
- ☐ Harm Reduction
- ☐ Treatment
- ☐ Recovery

**Funding Request Summary**

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**Project/Program Name:** \_\_\_\_\_

- ☐ Existing project
- ☐ New project

**Amount Requested (Minimum of \$1,000 and up to \$50,000.):** \_\_\_\_\_

**Total Project Budget:** \_\_\_\_\_

## **Narrative (attach 3-5 pages)**

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### **1.) Project/Program Description (All projects must serve the Town of Barnstable)**

Please provide a complete description of your project and include the following:

- Describe all aspects of the project/program.
- Describe your organization and its capacity to deliver this project/program and any history in successfully delivering similar projects.
- Describe the need that your project addresses, including any data you have that supports the need, and how it addresses opioid-related impacts to the Town of Barnstable community and residents.
- Describe who this project will benefit and how many people you anticipate will be served by this project.
- Describe the project timeline for planning and implementation. Include a start/end time if applicable.
- Provide an organization chart and list of Board of Directors.

### **2.) Goals of Project**

- Describe the goals and objectives of the project and the strategies you will use to meet those goals and objectives. Include any evidence-based or evidence-informed strategies that will be utilized.

### **3.) Impact, Outcomes and Evaluation**

- Please describe the anticipated impact of your project for residents of the Town of Barnstable, or the Barnstable community at large, and how it mitigates the impacts of the opioid crisis.
- Describe how you will evaluate and measure the impact and outcomes of your project.

### **4.) Collaboration**

Does your project involve collaboration with another organization or entity? For example, a community organization, healthcare organization, school, peer non-profit, faith-based organization, town department, etc.?

- If yes, please describe this collaboration and the roles of each collaborator. Please attach all Memorandums of Understanding.

### **5.) Sustainability**

- Is this a short-term or long-term project? Describe how you might plan to sustain, or enhance, this project/program in years 2 and 3 if renewal funds are available.
- Include any other pending, secured, or prospective funding sources for this project and describe the vision for long-term funding and sustainability.

### **6.) Diversity, Equity, Inclusion, and Belonging**

The Town of Barnstable is interested in strengthening our community's diversity, equity, inclusion, and belonging efforts. How does your proposal support these values?

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## Financials/Budget

### Submit the Budget Worksheet

**Submit the Budget Narrative** to include descriptions of expenses and income for this project sufficient to meet the goals of the project.

Is this project using a fiscal sponsor? (*A fiscal sponsor is a nonprofit that provides fiduciary oversight, financial management, and other administrative services to build the capacity of charitable initiatives. In a fiscal sponsorship, a sponsor organization accepts donations and grants on behalf of another group.*)

**If yes, please include:**

- Fiscal Sponsor Name
- Fiscal Sponsor Acknowledgement – Include a letter signed by the head of the organization acting as fiscal sponsor accepting responsibility for any funds received.

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### Completed Application Checklist

To ensure that your proposal receives all due consideration, please be sure to include all requested information and supplementary materials. Incomplete applications or missing supplementary materials may cause your application to be removed from consideration for funding.

- ☐ Cover Letter on agency letterhead
- ☐ Completed Opioid Abatement Funding Application Cover Page
- ☐ Completed Program Narrative
- ☐ Completed Budget and Budget Narrative sheets
- ☐ State Taxes Certificate Clause
- ☐ Organizational chart and list of Board of Directors (if applicable)
- ☐ Attachments – MOUs, any letters of support (not required)

**Applications will be scored on the following criteria:**

1. Proposal clearly addresses an approved use from <https://www.mass.gov/doc/massachusetts-abatement-terms/download>
2. Detailed description of the plan, including timeline of services, including training, implementation, impact evaluation, and preliminary budget
3. The proposal demonstrates: a. Service to the Town of Barnstable, b. Supports and serves individuals affected by one of the priorities described above, and c. Takes into consideration the communities/ population most at-risk and/or impacted by Opioid Use Disorder and any co-occurring substance use disorder/Mental Health issues.
4. Innovation is apparent. Activities/strategies are creative and unique. Promising or evidence-based approaches are focused on at least one of the priority areas listed above.
5. Demonstration of measuring the effectiveness and impact of the project through the outline proposal timeline. Includes anticipated short-term (6-12 months) and long-term (12+ months) impact. Including an explanation.
6. Overall proposal is clear and logical.

**Please mail or drop off completed applications to:**

Town of Barnstable  
Town Manager's Office  
367 Main Street, 2<sup>nd</sup> floor  
Hyannis, MA 02601

Completed applications may also be emailed (please put **Opioid Abatement Funding Application** in subject line) to:

[email@town.barnstable.ma.us](mailto:email@town.barnstable.ma.us)