



Barnstable FY27 Opioid Settlement Funding Application Worksheet

This worksheet is provided to help you draft your responses. Final applications must be submitted through the online application portal at <https://ahpnet.submittable.com/submit>. Worksheets submitted in lieu of the online application will not be accepted.

Please refrain from including confidential or sensitive information, such as protected health information under the Health Insurance Portability and Accountability Act (HIPAA), in any of your responses (e.g., when describing your relevant experience serving the local community and/or target population).

Scoring Criteria

Section I. Applicant Information, Attestations, and Eligibility (Pre-qualification Requirements)

- 1.1** This section is required. It must be completed in full for an application to be considered for funding.

Section II. Organization Overview, Experience, and Capacity (up to 10 points)

- 2.1 (5 points)** The applicant describes its
- Mission and primary services;
 - Population(s) served;
 - Organizational size and structure (e.g., staffing, scale); and
 - Infrastructure and systems that support program delivery.
- 2.2 (5 points)** The applicant describes its relevant experience, including providing services related to opioid use disorder (OUD)/substance use disorder (SUD) or experience delivering similar programs for the target population.

Section III. Project Description and Approach (up to 25 points + 5 bonus points if applicable)

- 3.1 (20 points)** The applicant clearly describes their proposed project/program, including
- The population that will be served,
 - The services or activities that will be provided,
 - How the project will be implemented (approach, model, or strategy), and
 - Where the project will take place (if relevant).
- 3.2 (5 points)** The applicant clearly describes how its proposed project/program aligns with the Massachusetts State-Subdivision Agreement and the allowable uses for Opioid Settlement Funds.
- 3.3 (5 bonus points)** The applicant clearly describes how its proposed project/program aligns with one or more of the priority areas identified through community engagement efforts.

Section IV. Need (up to 15 points)

4.1 (15 points) The applicant clearly describes the need the project is addressing, including the target population and community, key challenges or barriers related to opioid use or its impacts, why this need is a priority in the Town of Barnstable, and relevant data, community input, or other evidence supporting the need.

Section V. Outcomes and Impact (up to 15 points)

5.1 (10 points) The applicant clearly describes the intended outcomes of the project, including the changes or impact expected for the target population.

5.2 (5 points) The applicant describes how success will be measured, including key indicators or metrics and how progress will be tracked.

Section VI. Timeline and Milestones (up to 5 points)

6.1 (5 points) The applicant provides a clear and realistic project timeline, including key activities, phases of implementation, and major milestones or deliverables.

Section VII. Project Management and Staffing (up to 10 points)

7.1 (10 points) The applicant clearly describes how the project will be managed and staffed, including key roles and responsibilities, staff qualifications and experience, and how the project will be coordinated and overseen to ensure successful implementation.

Section VIII. Budget (up to 20 points)

8.1 (10 points) The applicant provides a complete and accurate budget on the provided template.

8.2 (10 points) The applicant provides a detailed budget narrative describing the allocation of funds, justification for each expense, and how the proposed costs align with the project's goals and objectives.

Section	Points
Org. Capacity	10
Project	25 (+5 bonus points if applicable)
Need	15
Outcomes	15
Timeline	5
Management and Staffing	10
Budget	20
Total	100 base points + 5 bonus points if applicable

Application Worksheet

THIS IS A WORKSHEET TO INFORM YOUR APPLICATION SUBMISSION, NOT THE APPLICATION ITSELF.

THE APPLICATION IS LINKED HERE: <https://ahpnet.submittable.com/submit>.

For any issues with application submission, please email: barnstableosf@ahpnet.com.

Section I. Applicant Information, Attestations, and Eligibility	
Part A: Applicant Information	
1.1. Applicant Legal Organization Name	
1.2. Applicant Legal Street Address	
1.3. City, State, ZIP Code	
1.4. Primary Point of Contact (POC) First Name	
1.5. Primary POC Last Name	
1.6. POC Title	
1.7. POC Email Address	
1.8. POC Phone Number	
1.9. Alternative POC First Name	
1.10. Alternative POC Last Name	
1.11. Alternative POC Title	
1.12. Alternative POC Email Address	
1.13. Alternative POC Phone Number	
1.14. Authorized Representative First Name (if different than above)	
1.15. Authorized Representative Last Name (if different than above)	

1.16. Authorized Representative Title	
1.17. Authorized Representative Email Address	
1.18. Authorized Representative Phone Number	
1.19. Website Address (If none, write N/A)	
1.20. Tax ID Number	
Part B: Attestations	
1.21. Is the applicant organization authorized to do business in Massachusetts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.22. Is the applicant organization able to process a contract for execution within four (4) weeks from the anticipated Notice of Award?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Part C: Eligibility	
1.23. Is your organization a nonprofit, community-based, or grassroots organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.24. Does your organization have experience serving individuals or communities impacted by SUD?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.25. Will your proposed project serve residents of the Town of Barnstable?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section II. Organization Overview, Experience, and Capacity (up to 650 words total)

2.1. Describe your organization. Include:

- Your mission and primary services
- The population(s) you serve
- Your organizational size and structure (e.g., staffing, scale)
- The infrastructure and systems that support program delivery, including any administrative or grant management capacity

2.2. Describe your organization's relevant experience.

This may include:

- Experience providing OUD/SUD-related services, programs, or supports, **and/or**
- Experience delivering similar programs for the proposed target population.

2.3. For informational purposes, is your organization any of the following:

- Women-Owned Business Enterprise
- Veteran-Owned Business Enterprise
- Minority-Owned Business Enterprise

	<input type="checkbox"/> LGBTQ-Owned Business Enterprise <input type="checkbox"/> Disadvantaged Business Enterprise <input type="checkbox"/> Disability Business Enterprise <input type="checkbox"/> Other (specify: _____)
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Section III. Project Description and Approach (up to 1,400 words total)

3.1. Describe your proposed project, program, or strategy. Include:

- The population you intend to serve
- The services or activities you will provide
- How the project will be implemented (e.g., approach, model, or strategy)
- Where the project will take place (if relevant)

3.2. Opioid Settlement Fund Alignment

The [Massachusetts State-Subdivision Agreement for Statewide Opioid Settlements](#) outlines categories for allowable abatement strategies.

Please select the category or categories that best apply to your proposed project and provide a brief explanation of how your project aligns with the selected category/categories.

- Opioid Use Disorder Treatment
- Support People in Treatment and Recovery
- Connections to Care
- Harm Reduction
- Address the Needs of Criminal-Justice-Involved Persons
- Support Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
- Prevent Misuse of Opioids and Implement Prevention Education

Explanation:

3.3. Community Engagement Priority Area

Priority areas were identified through community engagement efforts and reflect needs and gaps frequently raised by residents and stakeholders. Preference will be given to projects addressing one or more priority areas.

If applicable, please select the priority area(s) that best apply to your proposed project and provide a brief explanation of how your project aligns with the selected priority area(s).

- Education, prevention, and support services for people under age 18
- Increased awareness of co-occurring substance use and mental health disorders, including access to appropriate mental health services
- Expansion of recovery housing availability
- Culturally and linguistically responsive care for underserved and disproportionately impacted communities
- Reduction of structural barriers to care (e.g., transportation)
- Reduction of stigma associated with harm reduction strategies and medication-assisted treatment/medication for opioid use disorder (MAT/MOUD)

Explanation:

Section IV. Need (up to 900 words)

4.1. Describe the need this project is addressing. Include:

- The key challenges or barriers this population faces related to opioid use or its impacts
- Why this is a priority in the Town of Barnstable
- Any relevant data, community input, or other evidence that help illustrate the need

Applicants are encouraged to include local data where available; qualitative or community-based evidence is also acceptable. Applicants are encouraged to focus on the need or problem being addressed rather than the details of the proposed project.

Section V. Outcomes and Impact (up to 900 words total)

5.1. Describe the intended outcomes of your project and the specific changes you expect to see for the population served (e.g., improved access to services, reduced overdose risk, increased engagement in care).

5.2. How will you measure success? Please identify:

- Key indicators or metrics
- How progress will be tracked

Section VI. Timeline and Milestones (up to 350 words)

6.1. Provide a project timeline with key milestones, including:

- Major phases or activities
- Expected completion points or deliverables

Section VII. Project Management and Staffing

7.1. Complete the chart with all key staff involved in the project. One individual should be clearly identified as responsible for overall project coordination and oversight.

Staff Name	Role/Title	Key Responsibilities	Relevant Qualifications	Years of Experience

Section VIII. Budget

Opioid Settlement Funds must supplement, not supplant, existing funding or resources. This means funds cannot be used to replace services, supplies, or equipment that are already funded through other sources (e.g., state-provided naloxone distribution or existing municipal budgets).

A. Project Personnel

Position Title	Base Salary	% Time	Requested Amount



Total Personnel Costs		
B. Supplies		
<i>Items that are consumed, distributed, or replenished over time as part of program activities. Examples include printed materials, participant supplies, hygiene kits, or other consumable items.</i>		
<i>Note: Items such as naloxone and fentanyl test strips are available at no cost through state distribution channels.</i>		
Item	Description	Requested Amount
Program supplies		
Printing		
Meeting costs		
Travel		
Participant stipends		
Other, please specify:		
Total Supply Costs		
C. Equipment		
<i>Items that are durable, non-consumable, and used repeatedly over time to support program delivery. Examples include laptops, tablets, projectors, or furniture used for program activities.</i>		
Item	Description	Requested Amount
Laptop, tablet, cell phone		
Office equipment		
Furniture		
Other, please specify:		
Total Equipment Costs		
D. Travel		
Description		Requested Amount
Total Travel Costs		
E. Other		
Description		Requested Amount
Total Other Costs		
TOTAL PROJECT BUDGET		