



# City of Northampton Opioid Settlement Funds (OSF) Mini-Grant Application

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## Overview

The City of Northampton is offering Opioid Settlement Fund Mini-Grants to support community-based efforts that prevent opioid misuse, reduce overdose risk, expand access to treatment, and support recovery for residents of Northampton, as well as those who receive services in the City. These strategies should be evidence-informed and align with the [MA State Subdivision Agreement](#).

The City is committed to advancing health equity in its opioid response. The opioid crisis has disproportionately impacted communities facing systemic barriers to care, including people of color, individuals experiencing homelessness, justice-involved individuals, and those with limited access to healthcare. Funding will prioritize projects that intentionally reduce these disparities and center the voices of those most affected.

### Funding Overview:

- Grant Amounts: Up to \$10,000
- Grant Deadline: First round grants will be considered for applications received by May 15th. Rolling applications will be considered after that time, as budget allows.
- Grant Period: Grant funds should be used within one year of grant award. Awards are anticipated to be announced and distributed in June 2026.

### Eligible Applicants:

1. Nonprofit (501(c)(3)) and community-based organizations
2. Health and behavioral health providers
3. Recovery and peer-led organizations

**Projects must serve City of Northampton residents and/or those who receive services in Northampton.**

### Allowable Uses of Funds:

Projects must address opioid-related harm through one or more of the following:

- Prevention: Evidence-based education, restorative practices, school partnerships, youth wellness
- Harm Reduction: Naloxone distribution, overdose prevention, peer outreach, drug testing
- Treatment Access: Peer navigation, referrals, post-overdose follow-up, transportation
- Recovery Support: Peer support, family services, recovery groups, job placement, housing

Programs should be low-barrier, trauma-informed, culturally responsive, and accessible to priority populations. Additional approved examples can be found in the MA State Subdivision Agreement.

**Ineligible Uses of Funds include:** Law enforcement equipment or suppression activities; General operating expenses unrelated to opioid response; Lobbying or political activity; Capital construction (unless explicitly approved); and services not connected to opioid-related impact.

Opioid settlement funds are intended to support direct responses to the harms caused by the opioid overdose crisis. To ensure these resources are used as effectively as possible and aligned with their intended purpose, mini-grant funds may not be used for indirect costs or organizational overhead. All requested funds must support direct program activities, services, or personnel that have a clear and direct benefit for individuals and communities most impacted. This approach promotes responsible stewardship of settlement funds and prioritizes measurable, on-the-ground impact.

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## Instructions

*Please note: You may not be able to save answers as you work through this document. It is recommended you have a copy pre-typed or written, and then can transfer over all answers at once when you are ready to submit.*

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## A: Organization Information

### 1) Contact Information\*

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person- Name: \_\_\_\_\_

Contact Person- Email Address: \_\_\_\_\_

### 2) Organization Type\*

\_\_\_\_\_

### 3) Fiscal Agent (If Applicable)

\_\_\_\_\_

## **B: Project Overview**

4) Please describe your proposed project. Be sure to include: project title and focus, activities to be funded, amount requested, and estimated project timeline.  
(Max 250 words)\*

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## **C. Community Need & Equity**

5) Please describe the opioid-related need your project addresses in the City of Northampton, which should include: barriers or disparities impacting the population served, how your project advances equity and improves access, and/or how people with lived and living experience (PWLLE) will be involved.  
(Max 300 words)\*

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## **D. Project Activities & Outcomes**

6) Please describe what services will be provided, who will deliver them, and where/how the services will be accessed. You may include up to three goals and outcomes.  
(Max 300 words)\*

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## **E: Target Population**

7) Who will be served? Please include: age group(s) and estimated number of City residents to be served, as well as any priority populations (e.g., BIPOC communities, unhoused individuals, justice-involved individuals)  
(Max 200 words)\*

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## **F. Organizational Capacity**

8) Briefly describe your organization's experience, staff or peer roles, and ability to manage grant funds.

(Max 200 words)\*

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## **G. Budget Summary**

**Please note:** Opioid settlement funds represent a commitment to repair harm and invest directly in communities most affected by the overdose crisis. To honor that commitment, mini-grant funds may not be used for indirect costs or organizational overhead. This ensures that settlement dollars remain rooted in community need, prioritize lived experience, and create the greatest possible benefit for individuals and families harmed by the opioid overdose epidemic

**9) Please list anticipated expenses (no detailed line-item required), as well as the total amount being requested. Can include:**

- Personnel
- Supplies
- Program/Training Costs
- Administrative Costs (if applicable)

*Indirect costs or organizational overhead will not be permitted. Please see note above regarding our commitment to direct investment in community programming and staffing. \**

**Anticipated Budget Expenses:**

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**Review and Acknowledgements**

**Certification**

By submitting this application, the applicant certifies that funds will be used in compliance with opioid settlement requirements and affirms a commitment to equity, inclusion, and non-discrimination, as well as reporting and compliance requirements.

**10) Authorized Signatory**

Name: \_\_\_\_\_

Submitting Organization: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

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**Reporting Requirements**

Funded organizations will be asked to submit:

- A brief mid-grant update
- A final summary of activities, outcomes, and expenditures

**11) On behalf of the submitting agency, I agree to the above stated reporting requirements:\***

( ) Yes

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## **Conclusion**

**Thank you for submitting your application to the City of Northampton's Opioid Settlement Fund Mini-Grant initiative.**

### **Review Criteria:**

**Applications will be reviewed based on: Alignment with opioid settlement priorities; Demonstrated community need; Equity-focused design and accessibility; Feasibility and expected impact; Organizational capacity; and Budget plans.**

**A copy of the scoring rubric can be [viewed here](#).**

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## **Remaining Questions or Issues?**

**For any remaining questions or issues with this application, please reach out to Taylor McDonough, Director of Prevention at [tmdonough@northamptonma.gov](mailto:tmdonough@northamptonma.gov) or 413-587-1322.**

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## **Thank You!**

**Thank you for completing your application.**

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