



TOWN OF PLAINVILLE

Opioid Settlement Grant Program

The Town of Plainville has begun receiving funds from the Statewide Opioid Settlements, totaling about \$75,000 to date, with additional payments expected through 2039. To distribute these funds, the Town is accepting grant applications from organizations and individuals that meet the settlement requirements.

For FY26, the Town will consider requests of up to \$20,000 from registered non-profits and other qualifying institutions, and up to \$2,500 from individuals. Beginning in FY27, the maximum request will be \$5,000 for organizations. The Town may adjust these limits as funding changes.

Eligible projects must advance one or more of the following:

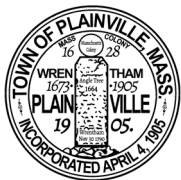
1. Opioid Use Disorder treatment
2. Support for people in treatment and recovery
3. Connections to care
4. Harm reduction
5. Support for individuals in the criminal justice system
6. Support for expecting/new mothers and families affected by Opioid Use Disorder
7. Misuse prevention and education

More details on permissible uses are available in the Massachusetts State-Subdivision Agreement. (<https://www.mass.gov/doc/march-4-2022-ma-subdivision-agreement/download>)

Applications will be accepted on a rolling basis until yearly funds are expended. The Town's fiscal year begins July 1, with funds replenished annually; awards are expected in Q3.

Submit applications to:

Office of the Select Board
190 South Street, Plainville, MA 02762
Email: bnoble@plainville.ma.us



TOWN OF PLAINVILLE

Opioid Settlement Grant Application

www.plainville.ma.us

190 SOUTH STREET, PLAINVILLE, MASSACHUSETTS 02762

Phone: 508-695-3142

A fully completed application is required for your grant request to be considered.

I. Contact Information.

Name	Date
Address # and Street	City and State
Zip Code	
Title	Cell Phone
email	

II. Organizational Contact Information (if applicable).

Legal Entity Name	Organization Type (Corp./LLC/Trust/etc.)
Address # and Street	City and State
Zip Code	
Principal Officer	Principal Officer's Cell Phone
Principal Officer's email	
Website	

Please attach your most recent Form 990, Annual Corporate Report, and other related documents.

III. Grant Request

Proposed Program Title	Funding Request (Please attach a full budget, Admin costs cannot exceed 10% of the request)
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Please check off and explain how your program supports the following permissible settlement fund purposes. (Please attach a paper if more space is needed)

Purpose	Y/N	Explanation
Opioid Treatment		
Support for those in Treatment and Recovery		
Connections to Care		
Harm Reduction		
Criminal Justice Related to Opioid Use		

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