



MUNICIPAL MATCHING GRANT PROGRAM GUIDELINES

Background: The Opioid Recovery and Remediation Fund

For the last several years, the Commonwealth of Massachusetts has participated in historic legal efforts to hold private companies accountable for the harms caused by the opioid epidemic. Through settlements with those companies, our state will receive more than \$900 million over 18 years for substance use prevention, harm reduction, treatment, and recovery support. For certain settlements, Massachusetts will dedicate 40 percent of the funds to municipalities and 60 percent to the statewide Opioid Recovery and Remediation Fund (ORRF) to mitigate the impacts of the opioid overdose epidemic.

The Healey-Driscoll Administration selected RIZE Massachusetts Foundation (RIZE) to create and manage the Mosaic Opioid Recovery Partnership (Mosaic), funded by ORRF and the MA Department of Public Health, Bureau of Substance Addiction Services, through a unique public-private partnership that will allow small, community-based organizations (CBOs) and municipalities to apply for a portion of the settlement funds. It is specifically designed to support communities and populations that have been historically underserved and have experienced a higher rate of opioid-related overdose deaths. The grants will be community-led and culturally responsive, aimed at reaching individuals and families affected by the opioid overdose epidemic. The goal of Mosaic is to fund community-led initiatives that use ideas with promise to address the opioid crisis. The grants will strengthen prevention, harm reduction, access to care, recovery, trauma, and family support programs. Through Mosaic, RIZE will distribute approximately \$5 million annually.

Powered by RIZE and the MA Department of Public Health, Mosaic is a grant program like no other. Just like a mosaic is made up of individual materials to create a complete picture, this program brings together the best ideas and initiatives across the Commonwealth to create a comprehensive response to the opioid overdose crisis. Mosaic is a once-in-a-lifetime opportunity to save lives, end stigma, and improve the quality of life for people living with substance use disorder. The Healey-Driscoll Administration chose RIZE because it brings together key players based on trusted relationships and credibility among practitioners, researchers, decision-makers, community leaders, and people affected by addiction. Centering the voices of people with lived and living experience is part of RIZE's DNA and is integral to the success of Mosaic and ensuring the dollars reach the communities most impacted by the opioid crisis.



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RIZE Massachusetts Foundation

RIZE is the only public-private partnership solely dedicated to funding and collaborating on solutions to end the overdose crisis. RIZE's goal is to ensure that people suffering from substance use disorder have access to care and experience better quality of life and overall health. Guided by individuals with lived experience and unafraid of new ideas, RIZE is building networks, creating programming, and supporting community partners using novel approaches to preventing overdose. RIZE seeks to increase visibility, expand the evidence base, and inform policy to elevate programs with promise. At the same time, RIZE is amplifying the voices of its community partners to bring greater awareness and urgency to the devastating impact of the overdose crisis. We envision a Massachusetts with zero stigma and zero deaths.

The Municipal Matching Grant Program

The Municipal Matching Grant Program is designed to support municipalities in addressing the opioid crisis by providing financial assistance to enhance their initiatives. In 2026, RIZE will allocate \$1,250,000 to municipalities as part of the second round of this one-year matching grant program, following the first round in 2025, which awarded a total of \$1,485,042. Additionally, RIZE plans to award another \$1,250,000 in 2027. This program incentivizes cities and towns to utilize opioid abatement funds by requiring them to 1) adopt best practices to combat the overdose crisis, 2) take advantage of Mosaic's [Municipal Training and Technical Assistance](#) resources, 3) meaningfully engage people with lived and living experience (PWLLE), 4) conduct assessments and other strategic planning activities, and 5) collaborate with others, especially those pooling financial resources. The Municipal Matching Grant Program emphasizes equity, sustainability, regional collaboration, and community-driven solutions. It supports municipalities at various stages of their efforts—from those just starting to those implementing innovative, data-driven programs. By providing financial assistance at two distinct stages, the program aims to build capacity across communities, ensuring a comprehensive and collaborative response to the overdose crisis.

Proposed projects and initiatives must align with the [Massachusetts State Sub-Division Agreement \(SSA\) for Statewide Opioid Settlements](#) and advance non-punitive, health-centered approaches to substance use disorder-related harms and challenges.

Track 1: Planning and Capacity-Building for Early-Stage Municipalities

This track is specifically designed for municipalities in the early stages of planning and those seeking to enhance or improve their current planning efforts. It provides targeted support to help local governments build capacity to design, implement, and evaluate strategies responsive to their communities and adhere to the SSA.

The matching funds can support a more comprehensive approach to planning activities. The goal is to promote strategic, community-informed decisions that maximize the impact of opioid abatement funding for prevention, treatment, recovery, harm reduction, and grief and family support. Furthermore, Mosaic encourages municipalities to leverage their funds through regional



collaboration. Examples of strategic planning activities based on annual abatement payment amounts can be found [here](#).

Eligible municipalities may be:

- In the early stages of assessing and planning their abatement strategies
- Forming regional collaboratives to maximize impact
- Seeking to engage PWLLE and other community partners in planning and decision-making
- Laying the groundwork for future implementation efforts

Proposed activities for Track 1:

- Forming steering committees and community advisory boards
- Performing community engagement activities to obtain community input
- Developing mechanisms for regular two-way communication
- Assessing internal capacity and building infrastructure to fill gaps
- Collecting and analyzing qualitative and quantitative data to identify gaps and needs
- Facilitating community forums to prioritize needs
- Adopting formal decision-making processes to ensure inclusivity of PWLLE
- Providing staff training and fostering partnership development
- Formalizing regional collaboratives to share infrastructure, workforce, and services
- Setting priorities, developing logic models
- Drafting strategic plans based on evidence-based practices
- Establishing implementation and budget plans
- Preparing evaluation plans

Examples of Track 1 projects can be found [here](#).

This track helps municipalities move from intention to action, ensuring they have the tools, infrastructure, and partnerships to develop and launch responsive opioid abatement initiatives.

Track 2: Sustained Support for Early Adopters Implementing Data-Driven Strategies

This track is designed for municipalities that have already established community-informed, data-driven opioid abatement strategies and are ready to initiate, expand, or sustain their efforts.

Eligible municipalities that have:

- Conducted a strategic planning process
- Demonstrated success in implementing best practice strategies
- Achieved measurable outcomes or early impact
- Established infrastructure in place to get started with a project



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- Collaborated regionally and have an implementation plan in place
- Embedded community engagement activities into their decision-making process

Proposed activities for Track 2:

- Starting a strategy that is ready to go but requires additional funding
- Implementing a new project based on planning efforts
- Scaling effective programs
- Sustaining local innovations with demonstrated success
- Expanding access to proven interventions
- Strengthening outcomes tracking and evaluation

Examples of Track 2 projects can be found [here](#).

This track ensures that promising local efforts are launched, maintained, and expanded, creating long-term, systemic impact across prevention, treatment, recovery, harm reduction, and support for impacted communities.

How Funds Can Be Used

The funds must support projects and initiatives developed with input from people with lived and living experience, municipal leaders, and subject matter experts. Proposed projects and initiatives must align with the [Massachusetts State Sub-Division Agreement for Statewide Opioid Settlements](#) and advance non-punitive, health-centered approaches to substance use disorder-related harms and challenges. A guidance document for municipal opioid abatement can be found [here](#).

Funds cannot be used for:

- Care or costs reimbursed by the state, including MassHealth and MA DPH Bureau of Substance Addiction Services, unless they strengthen and supplement these services, not supplant them
- Initiatives and activities that are not considered best practice and cause additional harm and/or trauma for people who use drugs, individuals in recovery and/or treatment, and their family members
- Fundraising pursuits
- Endowments or annual appeals
- Clinical or drug trials
- The promulgation of religious beliefs
- Lobbying or legislative activity



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While some law enforcement, fire, or EMS services may be tailored to the SSA-approved abatement strategies and, therefore, permissible uses of opioid abatement funds under the SSA, others are not. For example, law enforcement activities related to interdiction or criminal investigation, apprehension, or processing (such as search and seizure activities or police equipment) do not fall within the approved abatement strategies. As a further example, fire and EMS-related costs and equipment that are used in response to a wide variety of emergencies unrelated to opioid use disorder (“OUD”), including ambulances, stretchers, cardiac monitors, chest compression devices, and ventilators, do not fall within the approved abatement strategies.

Who Should Apply

RIZE seeks to award matching funds to local governments and nonprofit organizations across the Commonwealth that work on any aspect of the care continuum, from prevention to recovery, and that work with communities and populations that are diverse, historically underserved, and have experienced a higher rate of opioid-related overdose deaths. Applicants must be one of the following:

- A single **municipality**
- A **group of municipalities**, with one municipality designated as the lead applicant or,
- A **nonprofit applying in partnership with** a municipality or a group of municipalities

Municipalities must be in compliance with all expenditure reporting requirements.

How Much Can You Apply For

Applicants can apply as many times as they like, but RIZE will fund only one project per municipality, regional collaborative, or non-profit CBO. Award amounts are as follows:

- A **single municipality** is eligible to apply for a matching grant of **up to \$50,000**. If a municipality is partnering with a CBO, the CBO can be the lead applicant if doing so improves efficiency in project implementation or administration.
- Municipalities can collaborate by pooling their resources and funds to pursue a **regional grant of up to \$150,000**. For regional collaboratives only, funding may be provided beyond a one-to-one match. This approach is especially valuable for municipalities with limited abatement funds that may not be able to support a project independently. By joining forces as a collaborative group, these municipalities can request more funding than they can individually contribute.
- Funding requests will be carefully evaluated, focusing on how well they align with the goals of the proposed initiative. This strategy is designed to encourage cooperation and increase collective impact.



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Match Commitment from Municipalities

Applicants must submit proof of the municipality's commitment to earmark their portion of opioid abatement funds to the proposed initiative. Such proof may be a formal recorded budget discussion or a commitment letter signed by the mayor or city/town manager. The letter should be on municipal letterhead with the municipality's address, and must contain (at a minimum) the following text:

To Whom It May Concern,

The City/Town of XYZ confirms its commitment to allocate \$00.00 of its opioid abatement funds to the Mosaic Municipal Matching Grant Program.

Funding Commitments from Municipalities Who Are Pooling Funds ONLY

The **lead municipality** must certify that participating municipal partners are committed to contributing funds as outlined in the application.

Please note:

- Proof of these funding commitments is highly recommended but **not required at the time of application**.
- However, if the application is recommended for an award, the lead municipality will have **five (5) business days** from the award announcement to submit **written commitment letters** from each contributing municipal partner.

We recognize that securing official commitments can take time, so while they are not required with the application, the **lead municipality should begin collecting these letters immediately after submission** to ensure timely compliance if awarded.

Application Process, Support & Timeline

If your project meets the guidelines, we invite you to complete an [application](#) and submit it by **11:59 pm EST on November 7, 2025**. The application questions are at the end of this document. Questions are highly encouraged and should be submitted to grants@rizema.org. RIZE will post answers to submitted questions on mosaic.rizema.org in an FAQ format. All questions will be de-identified. RIZE may contact applicants for additional information or clarification if needed during the review process.

RIZE is committed to providing ample technical assistance and support during the application process. Some additional resources to assist you in completing the application are:

- Informational webinar and office hours with RIZE staff. (See schedule below.)
- The [Massachusetts Association of Health Boards \(MAHB\)](#) provides training and technical assistance to municipalities interested in formalizing a regional collaborative. MAHB can



assist municipalities in navigating the fiscal and/or legal considerations associated with forming a regional arrangement, including drafting and amending intermunicipal agreements and memorandums of understanding, complying with municipal finance laws about fund appropriation and utilization, and establishing governance bodies.

- Mosaic’s [Municipal Training and Technical Assistance Program \(Municipal TTA\)](#) works alongside cities and towns to use abatement funds to build community-based solutions and strategies through individual TTA, shared resources, and ongoing community learning events.

Date	Activity
Application Released	September 18, 2025
Informational Webinar (RSVP here)	October 2, 2025, at 10:00 am
Office Hours (RSVP here)	October 20, 2025, at 11:00 am
Application Due	November 7, 2025, at 11:59 pm
Notifications	February 2026
Grant Period Begins	March 1, 2026

Grant Selection Criteria

All proposals will undergo an unbiased, fair, equitable, and timely review process that includes people with lived and living experience and other subject matter experts. RIZE recognizes that not every proposal will address all items below, but in general, seeks to fund initiatives that:

- Address prevention, harm reduction, access to care, recovery, and trauma, grief, and/or family supports
- Have a well-thought-out project and describe the partners engaged (including people with lived and living experience, experts, and professionals) and how their feedback informed the proposal.
- Serve populations and communities with high rates of opioid overdoses and deaths that have been historically underserved
- Deliver programs and services that reflect the input of their communities, centering the voices of those with lived and living experience, and are based on best practices
- Commit to diversity, equity, and inclusion and engage in activities to address existing disparities in services and outcomes and improve equity
- Commit to transparency



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Evaluation & Reporting

RIZE aims to measure what matters most, not just what is easily measurable. Our evaluations track progress, increase grantee capacity for data-informed decision-making, and develop a community of learning and improvement. This helps grantees understand what works, adjust what doesn't, and create sustainable means to measure success. For example, we may explore questions like:

- To what extent were municipalities and their partners able to implement projects as expected? What challenges did they experience, and how were they resolved?
- How did the matching funds impact municipalities' strategies for using their opioid settlement funds?
- What were the strengths and challenges of municipal-CBO partnerships and collaborations?
- How many community members were reached with the projects, and what were their characteristics?
- What early outcomes did communities experience as a result of the projects? (e.g., shifts in attitudes and perceptions, increased access to care and resources, strengthened cross-sector collaborations, etc.)

We will ask grantees to submit reports sharing their progress, successes, and challenges at the mid and end of the grant period. Our evaluation partner, the Institute for Community Health (ICH), will gather information about program implementation and outcomes. ICH may also invite grantees to participate in interviews at the end of the grant period to speak about their experience and work in more detail. The evaluation process will respect the grantees' limited time and resources.

Health Equity Statement

RIZE believes that anyone with substance use disorder should have access to a range of substance use treatments, including all types of MOUD, psychosocial interventions, harm reduction, community services, and recovery supports. Yet, gaps in access to care remain, especially for people who identify as Black, Indigenous, and people of color, as well as rural residents, LGBTQ+ persons, youth, and others. RIZE makes health equity a grantmaking priority by investing in programs that increase access to care and address root causes, such as racism, poverty, and power imbalances. RIZE also follows the MA Department of Public Health Principles for Racial Equity and endeavors to meet national Culturally and Linguistically Appropriate Services (CLAS) standards as an additional tool to help achieve health and racial equity.

Application Questions

Contact Information

- Lead municipality or nonprofit partner
- Street Address, City, County, Zip Code
- Geographic region: Please select one response. You can find definitions for the regions [here](#).
 - Region 1: Western MA
 - Region 2: Central MA
 - Region 3: Northeast MA
 - Region 4: MetroWest MA
 - Region 5: Southeast MA
 - Region 6: Boston area
 - Statewide
- If a nonprofit organization, please provide your EIN
- If a municipality, please provide your FEIN
- Contact person at municipality
- Contact person at the nonprofit organization

Funding Request

- Total amount committed by municipality (or municipalities)
- Total amount requested in matching funds
- Which municipality (or municipalities) is providing funds?

If you are applying as a regional collaborative, please answer the following:

- Name of the regional collaborative
- Participating cities and towns
- Lead municipality

Select the most appropriate continuum of care category for your proposed project (**select one**)

- Prevention; harm reduction; access to care, recovery; trauma, grief, and family supports; planning/capacity building

Which track are you applying for? (**Select one**)

- Track 1 – Planning and Capacity-Building for Early-Stage Municipalities

- Track 2 – Sustained Support for Early Adopters Implementing Data-Driven Strategies

Track 1 – Planning and Capacity-Building for Early-Stage Municipalities

Project Description & Implementation

1. Project Title: If awarded, this description will be used in publicly facing materials. (25 words max)
2. Project Summary: Briefly describe the primary goal of your planning/capacity-building project (e.g., conduct a community needs assessment, develop a strategic plan, establish a Community Advisory Board). This description will be used in publicly facing materials if awarded. (50 words max)
3. Full Project Description (500 words max)
Fully describe the proposed project and include:
 - Proposed activities (e.g., forming an advisory council, conducting a strategic planning process, analyzing population health data, developing a logic model).
 - How will this planning process center the voices of people with lived and living experience (PWLLE) and lead to strategic, community-informed decisions for future opioid abatement spending?
 - Please describe the proposed project timeline, including the anticipated start date and end date, and what activities will occur in each phase of the project.
 - If applicable, describe your regional collaborative and how you pool funds with other municipalities.
4. Budget: Please provide a detailed budget narrative. Be specific and include amounts allocated to categories such as contractor/consultant fees, contracts (e.g., facilitating assessments or strategic planning), community engagement costs (e.g., stipends for participants, focus group costs, translation services), personnel costs, and other direct costs. (250 words max)
5. Project Team & Planning Partnerships: Describe who will lead this planning/capacity-building process. Identify key partners (e.g., an organization to help conduct a survey, a university to perform data analysis, a community-based organization to establish a Community Advisory Board) and their specific roles. (250 words max)
6. Funds Management: Explain how the funds will be managed and disbursed, particularly for participant stipends and contractor payments. How will you ensure transparency, compliance with grant guidelines, and that funds are not supplanted? (250 words max)
7. Communication: Explain what steps you will take to keep the public informed and respond to questions and concerns to ensure transparency. (250 words)

Identifying Needs & Measuring Results

8. Community & Partner Engagement in Planning: Describe your initial outreach strategy to identify and recruit diverse community members, including people with lived and living

experience, to participate in the project. How will you ensure their input is genuinely integrated? (250 words max)

9. Identifying the Need for Planning: What specific gap or challenge has led you to apply for Track 1 funding? (e.g., "We lack data on local service gaps," "We have no formal mechanism for community input," "We need a regional strategy"). How will this project directly address that initial gap? (250 words max)
10. Expected Outcomes of the Planning Process: What key deliverables will you produce by the end of this one-year grant (e.g., completed needs assessment report, finalized strategic plan, established a functioning Community Advisory Board, logic model for future implementation)? How will this create capacity for effective action in the future? (250 words max)

Track 2 – Sustained Support for Early Adopters Implementing Data-Driven Strategies

Project Description & Implementation

1. Project Title: If awarded, this description will be used in publicly facing materials. (25 words max)
2. Project Summary: Briefly describe the primary goal of your project (e.g., hire a staff person, deliver mobile services, scale an effective program, sustain a local innovation with demonstrated success). If awarded, this description will be used in publicly facing materials. (50 words max)
3. Full Project Description (500 words max)
Fully describe the proposed project and include proposed activities (e.g., hiring a staff person, purchasing a van, scaling an effective program).
4. Budget: Please provide a detailed budget narrative. Explain how funds will be spent. Be specific and include amounts allocated to categories such as contractor/consultant fees, contracts, community engagement costs, personnel costs, equipment, and other direct costs. (250 words max)
5. Project Team & Planning Partnerships: Describe who will execute your project, including the specific roles and responsibilities of municipal agencies, CBOs, and other key partners. (250 words max)
6. Funds Management: Explain the process for managing and disbursing funds. How will you ensure the funds are used specifically for the approved project activities, in compliance with the grant guidelines, and not supplanting other funds? (250 words max)
7. Communication: Explain what steps you will take to keep the public informed and respond to questions and concerns to ensure transparency. (250 words)

Identifying Needs & Measuring Results

8. Community & Partner Engagement: Describe the partners engaged in developing this project (e.g., people with lived and living experience, public health experts, municipal leaders, CBOs). How did their input directly inform your proposal? (250 words max)
9. Needs Assessment: Describe the data, community outreach, needs assessments, or other methods used to identify the specific need for this project. Explain how your project will address these identified needs and/or service gaps. (250 words max)
10. Expected Outcomes & Impact: Detail the results and outcomes you hope to achieve through your project during the one-year grant period. How will this project strengthen prevention, harm reduction, access to care, recovery, trauma, grief, and family supports in your community? (250 words max)

Uploads

Proof of a municipality's commitment to allocate opioid abatement funds for the proposal. Such proof may be 1) a formal recorded budget discussion or 2) a commitment letter signed by the mayor or city/town manager. The letter should be on municipal letterhead with the municipality's address and must contain (at a minimum) the following text:

To Whom It May Concern,

The City/Town of XYZ confirms its commitment to allocate \$00.00 of its opioid abatement funds to the Mosaic Municipal Matching Grant Program.

HOWEVER: **IF** the applicant is a regional collaborative **OR** a nonprofit partnering with a regional collaborative **AND** the proof is not available when the application is submitted, a letter certifying the intent of the collaborative to commit matching funds is sufficient to submit with the application. **If a letter of intent is submitted with the application, proof of the above commitment must be submitted within 5 days of receiving notice of a grant award.**