TOWN OF MASHPEE
DEPARTMENT OF HUMAN SERVICES

APPLICATION FOR OPIOID ABATEMENT FUNDING 2026

Internal use only

Date/Time Received: _____

File No. _____

Important Program Notes/Please Read

- Once the initial application has been received, you should expect a confirmation email. Please make sure you include an email that you check often, as this will be the main way of corresponding.
- Please make sure each page of the Application is numbered and has the name of your Organization at the top of each page submitted.
- Any assistance is in the form of a time limited grant and will require Data showing the specifics of programming and the number of Mashpee residents served.
- The grant amount will be determined based upon the information provided in the Application. The Applications will be reviewed by a five member panel with final approval by the Mashpee Human Services Committee.
- If you need assistance completing the application or have any questions, please do not hesitate to contact the Human Services Department at **508-539-1411.**
- Applications may be emailed to**: gwilson@mashpeema.gov or** mail to: Town of Mashpee, **16 Great Neck Road North, Mashpee, MA. 02649 ATTN: Human Services Department.** Office hours are Monday-Friday, 8:00am.-4:00pm.
- The Application Deadline is **June 1, 2026** for partial disbursement in July, 2026 upon review of data received the second half will be disbursed in January, 2027.

IMPORTANT FUNDING STATEMENT:

Please be advised that the availability of Opioid Abatement Funding for the current application cycle is limited. As a result, the total amount of funding awarded may differ from amounts distributed in previous years. All applicants will be considered based on available resources, program priorities, and demonstrated need; however, submission of an application does not guarantee full or partial funding. Applicants are encouraged to plan accordingly and consider alternative or supplemental funding sources where necessary.

Town of Mashpee

Application for Opioid Abatement Funding 2026

Name of Organization: _____
Address: _____
Contact Person: _____
Phone: _____
Email: _____

I. Dollar amount being requested:$_____

A. Do you anticipate any increases/decreases in current financial support resources?

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B. Please describe how the funding would be used. (**Feel free to use additional space**) **Circle all that apply. Please be as specific as possible regarding your proposed programming.**

Description of Services:

Prevention **Harm Reduction** **Treatment** **Recovery**

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