



City of Fall River Health and Human Services (HHS)

**Fall River Opioid Settlement Funds Request for Proposals (RFP)**

for 501(c)3 nonprofit organizations and government entities to provide opioid response strategies, including substance use prevention, harm reduction, recovery, and treatment services

**Application release date: May 1, 2024**

**Application due date: June 16, 2024 by 11:59 pm EST**

**Funds Dispersed: Fall 2024**

Please send proposal submissions as attachments via email to [opioidfunds@fallriverma.gov](mailto:opioidfunds@fallriverma.gov).

Please attach all materials, including your completed application and required appendices, to your email. Materials can be attached as separate documents for each component, or submitted as one full document, but must be included in a single email to be considered as complete.

Please contact [opioidfunds@fallriverma.gov](mailto:opioidfunds@fallriverma.gov) or 508-324-2410 with any questions.

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## Introduction

Massachusetts has participated in nationwide financial settlements as part of the historic legal efforts to demand abatement of the harms caused by the opioid epidemic. These settlements combined will bring over \$900 million into Massachusetts for substance use prevention, harm reduction, treatment, and recovery support. Municipalities receive funding geographically and the City of Fall River expects to receive nearly \$8 million over the next 15 years. As of March 26, 2024, Fall River has received payments totaling \$1,854,547.31.

The Fall River opioid settlement funding will be used to save lives by reducing Fall River's burden of opioid-related morbidity and mortality. This will be accomplished by awarding local partners and municipal departments with necessary funding to address this burden. This Request for Proposals (RFP) prioritizes service to current Fall River residents and was developed from a [needs assessment](#) contracted with an independent organization. Input from Fall River residents via a survey administered March 19, 2024 to May 3, 2024 and through a public forum held on May 1, 2024 will be considered during the application evaluation process.

This RFP will be the City of Fall River's first funding cycle using opioid settlement funds. Grants will be disbursed to awardees quarterly for service, up to the total funded amount, pending approval of submitted quarterly project updates. More funding may become available in future cycles through grant making and/or other City programs.

## Eligibility

Registered 501(c)3 nonprofit organizations and government entities that provide opioid-related services to Fall River residents are eligible to apply for funding through this selective grant program. Joint proposals between eligible entities that allow for collaboration between local partners are *highly* encouraged. This RFP will accept applications that propose projects to be funded for the duration of *at least* one year, with the possibility of an extension for two additional years dependent on project performance and availability of funds.

The City of Fall River has reserved up to \$1.2 million for this initial funding cycle. Final funding decisions will be made based on a variety of factors including but not limited to the quality and quantity of grant requests and the availability of funding.

Per the [Massachusetts State Subdivision Agreement](#), grants cannot be used to fund direct services already reimbursed by the Commonwealth of Massachusetts, including through MassHealth and the Bureau of Substance Addiction Services (BSAS). However, agencies that receive reimbursement for services can apply for funds through this RFP to implement strategies not already funded or reimbursed by the Commonwealth.

## Priority Funding Areas

Based on an [initial needs assessment](#), Fall River has identified six priority funding categories for proposals. Inherent to these categories is an overarching commitment to improve inter-organization cooperation and data sharing. Through this RFP process, Fall River will accept proposals from local applicants that are responsive to one or more of the funding categories listed below. These categories include those [specifically identified by Fall River](#) (indicated by number) and those [put forth by the Commonwealth of Massachusetts](#) (indicated by letter).

## City's Priorities

### **Category 1: Increase support available to people living with or affected by Substance Use Disorder (SUD)**

**1.1.** Proposals to increase support available to people living with or affected by SUD by increasing the amount or quality of existing forms of support, improving access/reducing barriers for existing forms of support, and/or introducing new forms of support to Fall River. "Support" is defined as any resource that has already demonstrated, or could be shown to demonstrate, benefits for people living with or affected by SUD.

**1.2.** Proposals to assess needs among, and provide services to, often-overlooked groups including pregnant women, mothers and small children, opioid-affected families, and grandparent caregivers.

**1.3.** Proposals to implement new services not currently available in Fall River that have demonstrated promise elsewhere, for example, more accessible syringe exchange services.

### **Category 2: Address inadequate housing for individuals living with SUD in Fall River**

**2.1.** Proposals to identify opportunities to address the inadequate amount of housing for people living with SUD in Fall River. These may include formal survey assessments of housing-related issues to determine, for instance, what types of additional housing are needed most, (e.g., sober living, transitional, single-room occupancy, etc.), appropriate locations, costs, etc.

**2.2.** Proposals to provide additional housing (e.g., sober living, transitional, single-room occupancy, etc.) for people living with SUD.

### **Category 3: Develop and implement solutions for client or patient and family transportation**

**3.1.** Proposals to assess needs and challenges associated with transportation to and from treatment or other SUD services among people living with or affected by SUD (e.g., families).

**3.2.** Proposals to implement transportation solutions as outlined in 3.1, including reducing transportation-related barriers.

### **Category 4: Address stigma toward people living with SUD**

**4.1.** Proposals to address SUD-related stigma in Fall River. For instance, proposals that involve the implementation of targeted, anti-stigma advertising campaigns (e.g., the CDC's "[Rx Awareness](#)" campaign) for social media, local radio, and billboards or other innovative ideas to address stigma.

### **Category 5: Prevention**

**5.1.** Proposals to create or enhance existing prevention programs for youth, young adults, and other at-risk groups. This may include in-school, after-school, and community-based efforts.

### **Category 6: Workforce Development**

**6.1.** Efforts to support work-readiness, training, educational services, and career advancement opportunities for people living with SUD.

## Commonwealth's Priorities

**In addition to the priorities identified by the City of Fall River, the Commonwealth of Massachusetts has identified the following funding priorities.**

Please refer to the following document for definitions and additional details concerning these priorities: [Massachusetts Abatement Terms](#)

A. Opioid use disorder treatment

B. Support for people in treatment and recovery

C. Connections to care

D. Harm reduction

E. Address the needs of criminal-justice-involved persons

F. Support pregnant or parenting women and their families, including babies with neonatal abstinence syndrome

G. Prevent misuse of opioids and implement prevention education

### Application Elements

1. Applicant organization information including:
  - a. Background information (organization name and contact information)
  - b. Brief organization overview including the organization's mission/vision/values, its history of providing services to Fall River residents, and key point of contact information. Be sure to highlight any details regarding the organization's experience with opioid/substance use prevention, harm reduction, recovery, and/or treatment.
  - c. Secondary organization information if collaborating with additional partners
  - d. Proposed priority categories (detailed above) as addressed by proposed project
2. Brief project narrative responding to the selection criteria
3. Appendices A-E (as noted in the application below)

### Scoring Process & Criteria

Proposals will be judged by the Fall River Opioid Settlement Funds Advisory Committee and submitted to Mayor Paul Coogan with a funding recommendation.

**Selection criteria will be modeled on the following rubric:**

<b>1. Responsive to at Least One Category and Prioritizes Fall River Residents (20 points)</b>				
<b>Excellent (10 Points)</b>	<b>Above Average (7 Points)</b>	<b>Average (5 Points)</b>	<b>Not Responsive (0 Points)</b>	<b>Score</b>
<b>1a.</b> Clearly responds directly to two or more Fall River priority categories (numbers)	Responds directly to at least one Fall River priority category (numbers)	Responds to at least one MA priority category (letters)	Does not respond to a Fall River or MA priority category	<b>/10</b>
<b>1b.</b> Clearly prioritizes current Fall River residents	Mentions Fall River residents without a plan to prioritize residents for services funded under this mechanism	Prioritizes all current clients regardless of residence in Fall River	Does not report client residency information	<b>/10</b>
<b>2. Demonstrates Need and Provides a Thorough and Convincing Plan (25 points)</b>				
<b>Excellent (5 Points)</b>	<b>Above Average (3 Points)</b>	<b>Average (1 Point)</b>	<b>Not Responsive (0 Points)</b>	<b>Score</b>
<b>2a.</b> Clearly demonstrates need using local data including a needs assessment, agency utilization, etc.	Demonstrates need with state or national trend data	Provides some, but insufficient, evidence of need	Demonstration of need not justified and/or compelling	<b>/5</b>
<b>2b.</b> Immediate and clear plan to increase or improve service availability, utilization, prevention, harm reduction opportunities and other services/programs without reducing existing efforts	Phased or delayed plan to increase or improve service availability, utilization, prevention, harm reduction opportunities and other services/programs without reducing existing efforts	Plan for increased or improved service availability, utilization, prevention, harm reduction opportunities and other services/programs with a justifiable reduction in current efforts	No increase or improvement in service access/availability	<b>/5</b>
<b>2c.</b> Project objectives are SMART (specific, measurable, achievable, relevant, and timely)	Project objectives contain some aspects of SMART objectives but are not fully explained	Project objectives may be unrealistic with available time/resources	Project objectives are only aspirational and lack sufficient definition for full implementation	<b>/5</b>
<b>2d.</b> Use of evidence-based methods, approaches, curricula, best practices, etc.	Use of a mix of evidence-informed and/or experimental practices with reasonable justification	Use of only experimental practices without reasonable justification	No reference to existing evidence-based methodologies, approaches, etc.	<b>/5</b>

<p><b>2e.</b> Clear plan to fully support funded activities beyond the timeframe of this RFP (sustainability)</p>	<p>Clear plan to partially continue/fund activities beyond the timeframe of this RFP</p>	<p>Plan to continue funded activities is tentative or unclear</p>	<p>No clear/reasonable sustainability plan</p>	<p>/5</p>
<p><b>3. Improved Cooperation with other Local Providers (30 points)</b></p>				
<p><b>Excellent (15 Points)</b></p>	<p><b>Above Average (10 Points)</b></p>	<p><b>Average (5 Points)</b></p>	<p><b>Not Responsive (0 Points)</b></p>	<p><b>Score</b></p>
<p><b>3a.</b> Strong, ongoing, and/or newly formed cooperation between one or more community organizations/municipal departments serving people who use opioids, as demonstrated by documents that mandate partnerships, such as Memoranda of Understanding (MOUs)/Agreement (MOAs), etc.</p>	<p>Limited inter-organizational cooperation but increase in cooperation is nearly certain given intentions named in Letters of Support and/or other supporting documentation</p>	<p>Cooperation is limited. For example, only inter-organizational referrals</p>	<p>Lack of cooperation demonstrated and/or lack of a plan for how cooperation will increase/improve between partner organizations</p>	<p>/15</p>
<p><b>3b.</b> Proposal clearly states intent and a plan to share de-identified data collected as part of the grant with a) the City of Fall River and b) other legitimate applicants upon request. This will include raw data sets and summary reports when applicable.</p>	<p>Proposal clearly states intent and plan to share data with the City of Fall River and other applicants, but references limitations or other constraints that could be reasonably overcome. This may include summary reports without full access to raw data.</p>	<p>Proposal states intent to share data collected from this grant but the plan and/or logistics are unclear</p>	<p>No data sharing plan</p>	<p>/15</p>

<b>4. Evaluation of the Effectiveness of Funded Efforts<sup>1</sup> (10 points)</b>						
<b>Types of Evaluation Proposed:</b>						
<b>Excellent (5 Points)</b>	<b>Above Average (3 Points)</b>	<b>Average (1 Point)</b>	<b>Not Responsive (0 Points)</b>	<b>Score</b>		
<b>4a.</b> A thorough and well-considered plan for evaluation. Planned assessments are high quality, regular, and ongoing	Underspecified evaluation plan. Planned assessments are one-time rather than ongoing	Limited evaluation plan and/or limited capacity to evaluate	No evaluation plan	/5		
<b>4b.</b> Plan to improve services based on feedback including evidence of past examples of continuous quality improvement	Plan to improve services based on feedback without evidence of prior continuous quality improvement	Limited plan to improve services based on feedback	No feedback plan/capacity to improve services	/5		
<b>5. Additional Proposal Elements (15 points)</b>						
	<b>Excellent (5 Points)</b>	<b>Above Average (3 Points)</b>	<b>Average (1 Point)</b>	<b>Not Responsive (0 Points)</b>	<b>Score</b>	
<b>5a. Project Timeline (App. A)</b>	Reviewer is certain that timeline is reasonable and achievable	Reviewer has doubts that timeline is reasonable and achievable	Timeline is not appropriate for described work	No timeline provided	/5	
<b>5b. Project Budget (App. B)</b>	Budget is within the specifications of the funding and reasonable for the work described	Budget is within the specifications of funding, but the narrative leaves the reviewer with doubts that the budget is reasonable for the work described	Budget is within the specifications of funding but is not reasonable for the work described	No budget provided	/5	
<b>5c. Letter(s) of Support (LOS) (App. C)</b>	All relevant LOS provided including those from partnering applicants named in proposal	Most LOS provided including those from partnering applicants named in proposal	Some LOS provided including those from partnering applicants named in proposal	No relevant LOS provided	/5	
<b>Total Score:</b>						
<b>Section 1 ___ + Section 2 ___ + Section 3 ___ + Section 4 ___ + Section 5 ___ = _____ (out of 100)</b>						

<sup>1</sup>Variables of interest may include a) increase in service utilization, b) decrease of self-reported barriers to accessing service, c) decrease in number of opioid-related emergency calls, d) decrease in number of opioid-related overdoses and deaths, e) decrease in disparities in access to SUD services and indicators related to SUDs. Other potential outcomes might include increases in awareness, support, and capacity to deliver opioid-related prevention, harm reduction, and treatment services, improved attitudes towards substance use as a public health issue, improved public perceptions of access and quality of services, increases in self-reported utilization of harm reduction services, decreased stigma surrounding SUD, support for policy and practice change related to opioid use, and/or opportunities for additional or sustained funding to support new SUD-related initiatives.

### **Rejection of Proposals**

The City of Fall River does not promise to accept any proposal including the lowest cost proposal(s) and/or the highest scoring proposal(s). The City of Fall River specifically reserves the right to reject any or all proposals or parts thereof, waive any formal proposal requirements, investigate the qualifications and experience of any applicant(s), reject any provisions in any proposal, obtain new proposals, negotiate the requested services and contract terms, and adjust funding amounts for any applicant. Incomplete proposals and proposals not sufficiently detailed or not in acceptable form may be returned for completion or rejected.

### **Right of Ownership**

All equipment and supplies purchased with this funding is the sole ownership of the City of Fall River. The City of Fall River reserves the right to take possession of the equipment bought with this funding at the conclusion of the grant period.

### **Right to Rescind Funding**

Disbursements will be made quarterly. The City of Fall River reserves the right to discontinue or decrease future funding of unsuccessful projects and/or fail to fund option years.

### **Indemnification**

To the fullest extent permitted by law, the Grantee agrees to indemnify and hold harmless the City of Fall River and all of its employees, officers, and agents (collectively, "Indemnified Persons") from and against any and all losses, costs, damages, expenses, judgments, and liabilities of whatever nature (including, but not limited to, attorneys', accountants' and other professionals' fees and expenses, litigation and court costs and expenses, amounts paid in settlement and amounts paid to discharge judgments and amounts payable by an Indemnified Person relating to or arising out of (i) the actual or alleged failure of the Grantee to comply with the terms of this Agreement or with any other requirement or condition applicable to the grant with which any Grant is funded or (ii) the operation or undertaking of each Project; provided that no indemnification shall be required of an Indemnified Person to the extent such losses are determined by the final judgment of a court of competent jurisdiction to be the result of the gross negligence or willful misconduct of such Indemnified Person. Such indemnification includes, but is not limited to, costs arising from third-party claims. The provisions of this Section shall survive the termination of this Agreement, and the obligations of the Grantee hereunder shall apply to losses or claims whether asserted prior to or after the termination of this Agreement. In the event of failure by the Grantee to observe the covenants, conditions and agreements contained in this Section, any Indemnified Person may take any action at law or in equity to collect amounts then due and thereafter to become due, or to enforce performance and observance of any obligation, agreement or covenant of the Grantee under this Section. The obligations of the Grantee under this Section shall not be affected by any assignment or other transfer by the City of Fall River of its rights or interests under this Agreement and will continue to inure to the benefit of the Indemnified Persons after any such transfer. The provisions of this Section shall be cumulative with and in addition to any other agreement by the Grantee to indemnify any Indemnified Person.



## APPLICATION

### Background (one page maximum)

Title of Proposal:

Name of Lead Organization Requesting Funding:

Physical Address:

Website:

Primary Contact Name, Phone Number, and Email Address:

Name of Primary Partner Organization:

Name(s) of any additional Partners:

Proposed Primary Priority Category (*please refer to the Fall River and Massachusetts priorities by letter/number*):

Additional Priority Categories:

### Brief Organizational Overview (two page maximum)

Briefly describe the history of the nonprofit organization or government entity, its services to Fall River residents, and the organization's mission/vision/values. Provide a summary of the applicant's experience with opioid/substance use prevention, harm reduction, and/or treatment. This may include attachment of resumes (not counted in page limit) of current staff members as well as other evidence of existing commitment and ability to do the work. Include a description of how the applicant's organization addresses health disparities including those stemming from race/ethnicity, gender identity, and socioeconomic status.

### Project Narrative (three pages maximum)

Describe your proposed project and how it addresses the categories included in the rubric above. Proposals (at a minimum) MUST:

1. Be responsive to at least one identified category.
2. Demonstrate need and provide a thorough and convincing plan to address this need.
3. Include a plan to increase or improve cooperation and data sharing with other local service providers.
4. Include a plan to evaluate the effectiveness of funded efforts.

### Appendices

Applicants are required to submit all relevant proposal appendices (A-E):

1. **Project Timeline (one page maximum)** by quarter describing project milestones for the first year of funding by month including measurable benchmarks of goals and activities proposed. If multi-year funding is sought, please expand the timeline to include additional plans. (Appendix A)
2. **Project Budget (four page maximum)** using the provided Excel budget template, showing itemized expenses including personnel costs, operating costs, equipment, and supplies. All budget line items should be justified in a one-page budget narrative. *If*

*applying jointly, applicants must submit an itemized budget and budget narrative for each organization.* Please describe any additional sources of revenue for this project (for example, donations, state funds, fees for services, etc.). If multi-year funding is sought, please expand the budget to include proposed expenses for grant years two and three. (Appendix B)

3. **Letter(s) of Support (one page each)** Please attach a letter of support from each partnering organization named in the proposal. Letters should clearly delineate the roles and responsibilities for each organization, the institutional capacity for carrying out the proposed work, as well as commitment for ongoing cooperation beyond the grant period. (Appendix C)
4. **Evidence that the applicant is fiscally and administratively responsible and able to follow through with grant deliverables and objectives.** Please provide all of the following which are relevant: 501 (c)(3) documentation, Form 990, Conflict of Interest declarations, Certificate of Insurance, Sub-recipient Agreements, Tax Certifications, System for Award Management (SAM #), a copy of a recent audit, etc. (Appendix D)
5. **Organizational chart and list of Board Members** with contact information. (Appendix E)

### Grantee Requirements After Funding

If funded, grantees will be required to:

- ✓ Submit two-page quarterly project updates (at least one per quarter of the funding cycle). This update should list details regarding the project's timeline, how the projected strategies are being implemented, and progression toward the stated goals/objectives. Additionally, it should include expenditure reports detailing funds spent to-date and if necessary, amendments to remaining budget allocations.
- ✓ Submit one four-page final report summarizing how project goals were achieved. Include relevant quantitative indicators such as the number of individuals assisted, their demographics to measure progress towards addressing health disparities, etc. If any project goals were not achieved, please explain why, and make suggestions for remediation to help achieve them in the future. Grantees will be required to submit a detailed summary of expenditures. The final report will be required at the conclusion of funding year one or at the end of the grant period if a multi-year request is granted.
- ✓ Share de-identified data collected as part of this funding opportunity with City of Fall River Health & Human Services (in accordance with 3b above)
- ✓ Respond to any additional requests for information from HHS as needed for state reporting, etc. The City of Fall River reserves the right to visit sites and/or request additional information.

<b>All applications must be submitted before 11:59 pm EST on June 16, 2024</b>
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