



Town of Maynard Opioid Abatement Funds
Application to Access Funds for Opioid Abatement Programming

Instructions: Send a completed copy of this application to Steve Silverstein, Executive Director of the Office of Municipal Services, at ssilverstein@townofmaynard.net. Award of grant funds are pending hearing before and approval of the Maynard Select Board.

Name of requesting party/organization:

Amount of funding requested:

Approximately how many residents will be impacted directly by your project?

Which Abatement Strategy(ies) will your project address? Check all that apply.

- Opioid Use Disorder (OUD) Treatment
- Support People in Treatment and Recovery
- Connections to Care
- Harm Reduction
- Address the Needs of Criminal Justice Involved Persons
- Support Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
- Prevent Misuse of Opioids and Implement Prevention Education

Project Narrative: Please fill in on Page 2 of this application.

Project Budget: Please fill in on Page 3 of this application.

☐ As a condition of receiving this funding from the Town, I/we consent to writing and submitting a report at the close of the program that will include a description of the program, a count of the number of those participating/reached out to, as well as photos, videos, or any other evidence of the event's success/impact.

Date:

Signature:

Printed Name:

Project Narrative (It is suggested, but not required, to limit your response to the box below.)

Describe your project and clearly explain how it relates to the abatement strategy(ies) that you checked.

Project Budget

	Item	Purpose of Item (briefly)	Quantity	Price per Unit	Total Cost
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					