



857-991-1195
RIZEMA.ORG

101 HUNTINGTON AVE.
SUITE 1300 MS 0111
BOSTON, MA 02199

March 7, 2025

Grant Reference Number: #00787

Ms. Karin Carroll MPH
City of Somerville
50 Evergreen Ave
Somerville, Massachusetts 02145

Dear Ms. Carroll,

Congratulations! RIZE Massachusetts Foundation (RIZE) is pleased to inform you that your proposal for the Mosaic Municipal Matching Grant program has been approved. City of Somerville will be awarded \$30,000.00 for the grant period of 3/1/2025 - 1/31/2026 for project support.

Your Grant Reference Number is #00787. Please include this number in any correspondence with RIZE regarding this grant.

All of us at RIZE Massachusetts Foundation are excited to work with you. It is together with organizations like yours that we can continue our fight to end the overdose crisis and reach our vision of Zero stigma. Zero deaths. If you have any questions, please contact your program lead, Annmarie Pagliano, at annmarie.pagliano@rizema.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Burns", with a long horizontal stroke extending to the right.

Julie Burns
President & CEO



GRANT AGREEMENT

Date: 3/7/2025

Grantee: City of Somerville

Grantee Contact: Karin Carroll MPH

Purpose of Grant: Design and implement community-based initiatives that impact opioid use disorders through the Mosaic Municipal Matching Grant Program (the "Grant Purpose")

Total Amount of Grant: \$30,000.00

Grant Period: March 1, 2025 to January 31, 2026 (the "Grant Period.")

Payment Schedule:

PAYMENT AMOUNT	SCHEDULED DATE
\$30,000.00	3/21/2025

Report Schedule:

REPORT TYPE	DUE DATE	REQUIREMENTS
Grant Agreement	3/14/2025	Fully Executed
Midterm Report	8/1/2025	One page status report
Final Report	2/28/2026	Narrative and Financial Report on full grant period

Dear Ms. Carroll,

RIZE Massachusetts Foundation, Inc. ("RIZE"), a Massachusetts nonprofit corporation, is pleased to inform you that City of Somerville ("Grantee") is being awarded a grant for the Grant Purpose and more fully described in the proposal you submitted on 11/15/2024 attached hereto as Attachment II, (the "Grant"). Please review the following terms and conditions (this "Grant Agreement"), sign and return a copy at your earliest convenience, and we will disburse your award funds per the payment schedule stated above.

1. Grantee confirms that it is an organization that is currently recognized by the Internal Revenue Service (the "IRS") as a governmental unit or state agency whose income is excluded under section 115 (1) of the Internal Revenue Code (the "Code"), and Grantee will inform RIZE immediately of any change in, or IRS proposed or actual revocation (whether or not appealed) of its tax status described above.
2. The Grant funds may be used only for the Grant Purpose and spent in accordance with the Grant proposal in Attachment II of this Grant Agreement. All Grant activities are expected to be conducted during March 1, 2025 – January 31, 2026, until further notice from RIZE. All funds for the Grant must be expended by January 31, 2026.

Under no circumstances may Grant funds be used for purposes other than religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code. No part of the Grant funds may be used to intervene in any campaign for public office, for lobbying, or for otherwise attempting to influence legislation, to influence the outcome of any public election, or to carry on any voter registration drive.

3. Grantee shall submit reports to RIZE, at times and in a format determined in collaboration with RIZE, of activities carried out under the Grant and evaluations of what the Grant accomplished.
4. Grantee shall appropriately credit the participation of RIZE in any advertisement, publicity or public comment related to the project for which funds are granted in accordance with the Grant Communications Requirements attached hereto as Attachment I.
5. Grantee shall repay any unexpended Grant funds remaining at the end of the Grant Period.
6. Grantee represents and warrants that during the Grant Period Grantee will not receive any duplicate reimbursement from other sources, public or private, for activities carried out under the Grant.
7. Grantee shall not assign any rights, duties, or obligations arising under this Grant Agreement without the prior written consent of RIZE. Any attempt to assign any rights, duties, or obligations under this Grant Agreement without the written consent of RIZE is null and void.
8. Intellectual property rights in all work products created pursuant to the Grant will vest in Grantee. Grantee hereby grants RIZE a royalty-free, non transferable, non-exclusive license to use all work products works for all purposes.
9. RIZE reserves the right to discontinue, modify or withhold any payments to be made under the Grant or to require a total or partial refund of any Grant funds, if in RIZE's sole discretion, such action is necessary: 1) because Grantee has not fully complied with the terms and conditions of this Grant Agreement; 2) to protect the purpose and objectives of the Grant; or 3) to comply with any law or regulation applicable to the Grantee, to RIZE, or the Grant.
10. This Grant Agreement is governed by, and is to be interpreted and enforced in accordance with, the Laws of the Commonwealth of Massachusetts without giving effect to any choice of law or conflict of law rules or provisions.
11. Grantee agrees:
 - Grantee will comply with all applicable RIZE monitoring processes and requirements, regularly communicate with RIZE, and regularly review progress being made.
 - Grantee shall, at any time during or after the term of this Grant Agreement, upon request of RIZE, execute all documents and perform all lawful acts which RIZE considers necessary or advisable to secure its rights hereunder and to carry out the intent of this Grant Agreement.
 - Grantee will provide written attestations, as reasonably requested by RIZE, that Grantee is not currently debarred or suspended by the federal or state government under any law or regulation and agree to notify RIZE in the event that Grantee becomes debarred or suspended.
 - Grantee will provide written attestations, as reasonably requested by RIZE, that Grantee is conducting Criminal Offender Record Information (CORI) checks in compliance with 101 CMR 15.00 on candidates for employment or other persons regularly providing client or support services.
 - Grantee agrees to assist RIZE with any applicable financial reporting requirements as determined by RIZE.

12. RIZE agrees:

- RIZE, in collaboration with Grantee, will develop and review, report on, monitor, and demonstrate metrics, intended outcomes, and/or performance benchmarks.

13. RIZE and Grantee agree:

- RIZE, on behalf of RIZE and Grantee, will submit financial statements electronically to the Operational Services Division (OSD) as required by state law.
- RIZE and Grantee will keep on file all records and books associated with the Grant.
- Both RIZE and Grantee shall abide by applicable federal and state law and regulations governing the Grant.

14. Grantee acknowledges and agrees, in undertaking the Grant, Grantee is acting on Grantee's own behalf, and RIZE is not and shall not be liable for any acts or omissions of Grantee. Further, Grantee is solely responsible and liable to RIZE for the actions of Grantee's employees, volunteers, contractors, subrecipients or partners and other individuals or entities performing work on Grantee's behalf.

Please sign below and return a copy to us at your earliest convenience.

Regards,

Julie Burns
President and CEO
RIZE Massachusetts Foundation, Inc.

On behalf of Grantee, I understand and agree to the foregoing terms and conditions of this Grant Agreement, and hereby certify my authority to execute this Grant Agreement on Grantee's behalf.

Signature:

Printed Name:

Title:

Date:

PAYMENT INFORMATION

RIZE uses BILL.com to disburse payments electronically.

Please provide the following information to facilitate payment of your grant:

Payment contact name:

Payment contact title:

Payment contact email:

Mailing/remittance address:

You will receive an email from BILL.com with a link to set up an account and connect to RIZE to receive payment. Please set up your account within one week of receiving the invitation.*

If you have an existing BILL.com account, please log on using the link in the email invitation and add RIZE as a payor.

*After two weeks, payment will default to a paper check.



Funded by MA Department of Public Health, Bureau of Substance Addiction Services and Powered by RIZE

Communications Requirements for Mosaic Opioid Recovery Partnership Grantees

Per the Grant Agreement, Grantee shall appropriately credit Mosaic Opioid Recovery Partnership in any advertisement, publicity, or public comment related to the work for which funds are granted in accordance with these Communications Requirements. If you have any questions or trouble accessing the linked materials below, please contact Alanna Fusco, RIZE associate engagement officer, via email (alanna.fusco@rizema.org).

About Mosaic Opioid Recovery Partnership:

Mosaic Opioid Recovery Partnership (Mosaic), funded by the MA Department of Public Health, Bureau of Substance Addiction Services and powered by RIZE Massachusetts Foundation (RIZE), is a unique, public-private collaboration designed to fund initiatives that are addressing the opioid overdose crisis in communities and populations that have been historically underserved and have experienced a high rate of opioid-related overdose deaths. The funding for Mosaic comes from the MA Opioid Recovery and Remediation Fund, which resulted from the historic legal effort to demand justice from several private companies for the harms caused by the opioid epidemic. Powered by RIZE in conjunction with the Commonwealth and guided by people with lived and living experience, Mosaic is a once-in-a-lifetime opportunity to lift up and bring together the best and most promising ideas to save lives, end stigma, and improve the quality of life for people living with substance use disorder.

References to Mosaic Opioid Recovery Partnership:

At first mention in a narrative, please use the following reference: Mosaic Opioid Recovery Partnership, funded by the MA Department of Public Health, Bureau of Substance Addiction Services and powered by RIZE Massachusetts Foundation.

Subsequent mentions in a narrative may be shortened to "Mosaic."

When used as a header:

Headline: Mosaic Opioid Recovery Partnership

Subhead: Funded by the MA Department of Public Health, Bureau of Substance
Addiction Services and Powered by RIZE Massachusetts Foundation

For organizations or initiatives that are funded by a Mosaic grant, please use the following descriptions as applicable:

- [NAME OF ORGANIZATION]'s work is funded [or partially funded] by a grant from Mosaic Opioid Recovery Partnership, funded by the MA Department of Public Health, Bureau of Substance Addiction Services and powered by RIZE Massachusetts Foundation.
- [NAME OF INITIATIVE] is funded [or partially funded] by a grant from Mosaic Opioid Recovery Partnership, funded by the MA Department of Public Health, Bureau of Substance Addiction Services and powered by RIZE Massachusetts Foundation.

References to RIZE:

When writing the name of the organization, at the first mention use the full name: **RIZE Massachusetts Foundation**. If mentioned more than once, please use RIZE Massachusetts Foundation (RIZE) in the first mention. RIZE alone may then be used in any further references. Each letter in the name RIZE is always capitalized.

Use of the Mosaic Logo vs. Use of the RIZE Logo:

Receipt of a grant from Mosaic Opioid Recovery Partnership authorizes the use of the Mosaic logo by Grantee. Grantee should utilize the Mosaic logo in reference to work funded by Mosaic. A folder with Mosaic logo files may be accessed [here](#). Grantee may not alter or distort logos.

If Grantee has previously been funded by RIZE or receives funding from RIZE in the future, they may use the RIZE logo in reference to RIZE-funded projects, which are separate from Mosaic-funded work. Grantee may not alter or distort logos.

Grantee may **not** display the Commonwealth of Massachusetts Seal in its marketing materials.

Grantees may refer to the [Mosaic Logo Usage Guide](#) in the Mosaic Grantee Media Kit for more specific information on best practices for using logos.

Print and Electronic Materials:

All reports, presentations, flyers, posters, event announcements, and other such collateral related to Mosaic-funded work of the organization or initiative should include the following sentence: "Funded [or partially funded] by a grant from Mosaic Opioid Recovery Partnership." Please feel free to share any printed, electronic, or other such collateral about your Mosaic-funded work with RIZE via email (grants@rizema.org).

The [Mosaic logo](#) should be prominently displayed on any print or electronic materials related to the organization or initiative's Mosaic-funded work, on the front cover and/or back report covers, or alongside any other Grantee or report logos.

Press Releases and Announcements:

RIZE may issue a press release about a Grant from Mosaic, which may include information about the Grantee and/or the work funded by the Grant. RIZE may also include information about the Grant in periodic public reports or presentations. If Grantee does not issue their own press release, they may use the RIZE press release to announce receipt of the Grant.

Website:

Where applicable, Grantee should credit Mosaic Opioid Recovery Partnership as a funder on their organization's website, i.e.:

- On pages where Mosaic-funded work is referenced.
- On pages displaying the organization's funders by listing “Mosaic Opioid Recovery Partnership, funded by the MA Department of Public Health, Bureau of Substance Addiction Services and powered by RIZE Massachusetts Foundation” with a link to the [Mosaic website](#) and/or by displaying Mosaic’s logo alongside other funder logos.

Social Media:

Grantee should credit MA DPH and RIZE in all social media posts referencing your Mosaic-funded work and tag each organization on X and LinkedIn posts. Grantee is encouraged to follow MA DPH and RIZE on these platforms to easily tag us and stay connected.

[MA DPH X](#)

[MA DPH LinkedIn](#)

[RIZE X](#)

[RIZE LinkedIn](#)



Friday, November 15, 2024

Mosaic Opioid Recovery Partnership

The Mosaic Opioid Recovery Partnership is a public-private collaboration funded by the MA Department of Public Health, Bureau of Substance Addiction Services, and powered by RIZE Massachusetts Foundation (RIZE).

Mosaic Municipal Matching Grant Application

Application Title

B_Somerville_Somerville Homeless Coalition

Municipal or Nonprofit Partner Contact Information

Please provide your municipality or organization and contact information below.

Applicant Name: Name of Municipality or Nonprofit Partner

City of Somerville

Application Questions

Please submit your requested amount in the field below and follow these guidelines:

- Single municipalities can request up to \$50,000 in matching funds.
- Municipalities can combine funds for a joint project as an Opioid Abatement Collaborative and request up to \$150,000 in matching funds.
- Municipalities may apply directly or with a nonprofit partner, including coalitions.

Requested Amount

30000

If you are applying as a single municipality, please choose the amount of settlement funds that your municipality receives on an annual basis. If you are applying as a nonprofit, please choose the amount of settlement funds that the municipality supporting your project receives on an annual basis.

Over \$100,000 annually

Check the appropriate category from the Massachusetts State Sub-Division Agreement for Statewide Opioid Settlements for your proposed project (select all that apply).

Harm Reduction

Address the Needs of Criminal Justice-Involved Persons

Support Pregnant and Parenting Women and their Families, including babies with NAS

Select the appropriate continuum of care category for your proposed project. Please see FAQs for definitions of the categories.

Harm Reduction

Project Description and Implementation

Please describe your proposed project. (50 words max)

Procuring and installing two public health vending machines to provide 24/7 free access to health supplies such as naloxone, kits for safe sex, personal hygiene, wound care, and supplies for drug testing and winter weather. This would improve access to high quality health resources improving outcomes for vulnerable community members

Budget

Describe the budget for your project. Be as specific as possible and include:

1. The amount of settlement funds for this project
2. The amount requested from RIZE
3. How you will spend the funds (include amounts allocated to staff/personnel, services provided, equipment and/or contracts, etc.)

Example:

- Municipality X has committed \$40,000 to the proposed project and requests a match of \$40,000 for a combined total project budget of \$80,000.
- The municipality plans to use \$40,000 for salary and fringe of a part-time project director who will design and lead the plan.
- \$20,000 will be spent on equipment and supplies for the project (desks, medical kits, flyers and notebooks).
- \$5,000 will be spent on weekly community meetings/events.
- \$10,000 will be used for data collection.
- \$5,000 will be used to provide stipends to participants.

This example is intended to be generic as projects may vary widely.

Describe the budget for your project. (100 words max)

Somerville will commit \$30,000 and requests a match of \$30,000 to cover the following costs:

\$42,000 Vending Machine Leasing Fee (annual), which includes the dispensing, data and maintenance features

\$12,000 Kiosk Servicing Fee (annual) Kiosk servicing and product re-stocking - up to 5 hours/week

\$3,600 Implementation Fee (one-time); includes custom exterior wrap for \$750

\$2,400 Delivery Fees (one-time) \$700 per kiosk and \$1,000 for installation and on-site training for 2 kiosks

Total Cost = \$60,000

Describe who will execute your project, including specific roles and responsibilities (mention any municipal agencies, departments, community organizations, etc). (50 words max)

The City's Health and Human Services Department/Prevention Services Division will implement the project in collaboration with the Somerville Homeless Coalition as a community partner and Fenway Health as a subject matter expert. Other City departments that will assist include the Mayor's Office, Finance, DPW, and the Libraries.

Identify potential obstacles to your project's success and describe how you plan to overcome them. (100 words max)

As a municipality we must work within our departments to ensure installation of equipment is done correctly and sustainably. We have consulted with our colleagues in the Department of Public Works to ensure that installation and electrical needs are within a practical scope of implementation. Other obstacles may be simply time and coordination among divisions.

We would also need to work with marketing consultants during the roll out to ensure high quality marketing and messaging as well as our community partners and people with lived experience of homelessness, addiction, and recovery to ensure high quality engagement.

Explain how you will ensure the funds are used specifically for your project. (100 words max)

The Health and Human Services Department's budgeting and contracts team will ensure the funds are used to contract with a vendor that has the necessary experience and capabilities to fulfill project requirements. We have drafted an RFP and will work with the City's Procurement and Contracting Services Department to comply with municipal procurement laws. We have a Homelessness contracts position that will oversee finances and deliverables with supervision by our Prevention Services Director

Identifying Gaps & Measuring Results

Discuss the partners you've engaged (including people with lived and living experience, experts, and professionals) and how their input informed your project. (100 words max)

We will collaborate closely with the Somerville Homeless Coalition as our non-profit partner organization to assess the needs of community members who will be utilizing these machines in order to provide useful, helpful products. This will allow for a fluid exchange of ordering and procurement based on the ever-evolving needs of our community.

We also work closely with the Somerville Office of Immigrant Affairs and Connexion Church to support community members. We have a Harm Reduction Community Health Worker on staff and work with Fenway Health ACCESS, as well as clients of the Somerville Homeless Coalition's Engagement Center.

Describe the data or methods (community outreach, surveys, statistics) used to identify the need for your project. Explain how your project will address these needs and/or gaps. (100 words max)

Somerville Prevention Services and Cambridge Public Health Department collected data across both municipalities to explore attitudes towards harm reduction supply access and options for improving issues faced by opioid users. Interviews were conducted in two phases with both professional harm reduction staff, as well as people with lived experience in the SHC Engagement Center, at Cambridge ACCESS, and through targeted street outreach. The results of these interviews demonstrated strong support (85.7%) for vending machines, the desired products to be dispensed by the machines, and use of abatement funds for this project (82% yes for Somerville respondents).

Detail the results and outcomes you hope to achieve through your project. (100 words max)

These machines would provide an automated and centralized means to both determine utilization of products like naloxone and wound care kits outside of normal point-of-care interaction, as well as the capacity to update harm reduction messaging in real time in response to emerging concerns. The distribution of these products will alleviate some of the burden on traditional service provider distribution and on emergency response personnel (average 96 naloxone use events per annum 1/20-2/23) with access to survival tools at high congregation areas especially during off-hours, with further data collection around utilization able to inform ongoing city harm reduction efforts.



Municipal Matching Grant - Project Budget
Grant Period: March 1, 2025 - January 31, 2026

See below for template guidance:

Grantee: _____ Health and Human Services Department - Prevention Services Division

Project name: _____ Improve access to high quality health resources

Municipality/ies: _____ City of Somerville

Amount awarded from Mosaic: \$30,000.00

Amount committed by municipality/ies: \$30,000.00

TOTAL project budget amount: \$60,000.00

Please enter the name of the organization or municipality who will sign the grant agreement and receive the Mosaic funds.

List the municipality or municipalities that are involved in this project

This is included in the email notifying you of the award.
Amount of settlement funds committed by the city or town to the project.

Personnel

Role	FTE %	Budget	Narrative
SUBTOTAL		\$0.00	

Please list, by role, any staff or personnel supported by the program budget, including percentage of FTE supported. Include a narrative for each role that explains the role's function in the project. Lines may be added if necessary.

Other Direct Costs

Item	Budget	Narrative
Project Operations	\$18,000.00	Kiosk Servicing fee, implementation fee, delivery fees for two kiosks including installation/on-site training
Equipment	\$42,000.00	Vending Machine Leasing Fee for two kiosks including the dispensing, data and maintenance features for one year
Meeting Expenses		
Marketing/Communications/Outreach		
Travel		
Surveys		
Program Space		
Consultants		
Sub-Contractors		
Stipends for People with Lived and Living Experience		
Other (please describe)		
SUBTOTAL	\$60,000.00	

Please list by line item direct costs that are supported by the program budget. The items listed at right are only examples of possible costs, some may not apply. Please delete or add items to reflect the costs and activities of your program. Brief background or detail for each item is required in the Narrative column. Lines may be added if necessary.

Indirect Costs

Item	Budget	Narrative
Indirect Costs (max 15%)		

Indirect costs may be charged up to 15%.

TOTAL Project Budget: \$60,000.00

The total of indirect, direct and personnel costs must not equal more than the total project budget above.