



April 19, 2024

Maryland Community Health Resources Commission FY 2024 Call for Applications Frequently Asked Questions

GRANT INFORMATION

1. How many FY 2024 grants will be awarded? Do you have a preliminary estimate of the amount for each award and is there a cap on the amount to one applicant?

The CHRC has a potential total of approximately \$7 million to award in new grant funding to support projects. There is no cap on awards. However, under the four focus areas the CHRC anticipates having a **maximum** of \$1,000,000 - \$2,000,000 in total funds (for up to three years).

The Commission has the discretion to make the awards in any amount but anticipates making awards of \$300,000 - \$750,000 per grant (see RFA page 9).

2. Is there a limit to the number of applications that can be submitted by a single entity? Can a single project address more than one area of focus?

There is no limit to the number of applications submitted by a single entity; however, applicants should be very clear about the difference between each proposal. Projects can address more than one area of focus, however applicants must choose **one** area of focus per project from the four areas listed in RFA (see pages 9-11).

3. Can we submit a request for a program that has been funded before by the commission? ?

Yes, if the proposed program is not an extension or continuation of a current CHRC grant and represents a significant expansion of services or an increase in the number of new individuals served.

4. Could an established program receive grant funding, or is funding only for new programs?

An established program could receive grant funding if the funding represents an expansion of services or an increase in the number of new individuals served.

5. Can there be multiple applicants from a zip code, jurisdictional boundary and/or geographic area?

Yes. Applicants are encouraged to explore partnerships or collaborations with other eligible entities within the same proposed service area(s) to avoid duplicating services and efforts that address the target population's broader health and social needs.

6. Can a single project address more than one health disparity?

Yes. The full grant application should select and clearly state the specific health disparities in need of intervention. If each targeted health disparity differs, the proposal should clearly differentiate the strategies and interventions for each.

TYPE OF COMMUNITY HEALTH RESOURCES AND ELIGIBILITY

7. Can an organization be eligible as a “Access Services Community Health Resource” if it doesn’t provide services, but providers refer individuals to the organization?

No, Access Services Community Health Resources are defined as organizations that assist individuals in gaining access to provider organizations, not the reverse.

8. Are current and/or former CHRC grantees eligible to submit new grant applications? Does that weigh in their favor?

Current and former grantees of the CHRC are welcome to submit applications if they meet the eligibility requirements.

However, current CHRC grantees are advised that the proposal must be separate and distinct from the current funding.

9. To be eligible for a grant, does an applicant organization have to be a nonprofit?

No, both nonprofit and for-profit health care centers or programs that meet all other eligibility requirements as a community health resource may submit a grant application under this Call for Applications.

Grant funded services must be provided primarily to Maryland residents from service sites located within the State.

10. For a potential Access Services Community Health Resource, what should be the content of an MOU with a primary care provider?

The MOU must document an existing relationship with a healthcare provider that provides healthcare services to their clients. Access applicants must provide the following three documents: MOU that documents the referral prior to or at the time of the LOI submission, the applicant sliding fee schedule, and the provider sliding fee schedule.

11. If an organization provides services free of charge, does it meet the requirements for a sliding scale fee schedule? How should this be documented?

Yes, providing services for free should be documented in writing on the organization’s letterhead, posted publicly by the organization, and provided to the CHRC with the LOI.

12. Can grant funds be used to support the provision of services on a sliding scale fee schedule?

No, the sliding scale fee schedule must be in place prior to the submission of the LOI.

13. If the project proposal involves the provision of grant services through a partner organization, is a MOU with the partner organization required with submission of the application?

If the applicant is an Access Community Health Resource, the executed MOU must be submitted with the LOI. The CHRC encourages other applicants to provide an executed MOU between the applicant organization and any partner organizations providing direct services with their application.

14. Are letters of support required or desired in addition to the letters of commitment or MOUs with partners and collaborators?

A letter of support from parties in addition to an executed MOU or LOC is not required. However, applications that demonstrate projects deeply rooted in community-based solutions will be favorably reviewed by the CHRC.

15. What are the specific criteria that the Commission is looking for to qualify a mental health agency to receive this grant?

Entities applying as an Outpatient Mental Health Clinic or other similar entity (e.g., substance use treatment providers, psychiatric rehab programs) **must** provide a copy of the license issued by the Maryland Department of Health Behavioral Health Administration.

If the mental health agency is not licensed as an OMHC or similar entity as defined under Maryland statute but employs individually licensed providers of mental health services (e.g., mental health counselors with a LCPC or LGPC) the Commission may consider these applications when submitted with the licenses of the individual mental health providers.

16. For the dental service for Medicaid program, do I need to be a Maryland Medicaid provider to be consider for this funding?

No, but applicants eligible to apply for reimbursement as a Maryland Medicaid provider are encouraged to consider this option to support and sustain the project.

FOCUS AREAS

17. Can the funds be used to purchase produce from local farmers?

Yes, if the purchase and distribution of the produce is a key intervention of the overall project plan designed to address adverse SDOH and reduce health disparities in the target population, and is clearly aligned with the one selected area of focus.

UNDUPLICATED INDIVIDUALS SERVED AND SERVICES PROVIDED

18. What are the criteria for “Unduplicated Individuals Served?”

Applications must contain a **clear estimate** of the number of “Unduplicated Individuals Served” consistent with CHRC criteria (see RFA page 12) and an estimate for the number of grant-funded service encounters.

The CHRC requires that all grant-funded projects track and report the number of **unduplicated individuals served towards the service target goal**. Grantees must follow a clearly defined intake process that facilitates collection of required standardized data measures and adheres to the definition of individuals being “served” in the RFA. Unduplicated individuals served should only represent **new** patients/participants receiving grant funded services under this RFA. (pages 12 and 15 of the RFA)

19. How should applicants ensure an individual is “unduplicated” under the Commission’s definition for “Unduplicated Individuals Served?”

See pages 12 and 15 of the RFA. Unduplicated means the grantee ensures that a person is not “counted” more than once. Grantees must also have a process in place to “de-duplicate” or “un-duplicate” individuals who receive services from multiple grant-funded partners.

Grantees may either develop their own patient/client registries with unique patient identifiers OR use [CRISP](#) for this purpose. If using their own registries, grantees must collect at least the following minimum information: Name, Date of Birth, and Address if available.

20. Should an individual be counted as an “Unduplicated Individual Served” for each kind of service the individual receives, or for each partner organization that provides services to the individual?

No, an individual should be counted only once for the entire program duration. Applicants with partner organizations should describe their plan to ensure non-duplication of individuals served. Each interaction with an individual should be quantified as an “encounter.” All encounters provided are included in our assessment of potential program impact.

21. Can applicants work with individuals for whom they do not collect demographic information? Can grant funds support these activities?

Yes, grant funds may support activities and services for individuals for whom the grantee does not collect demographic information. However, these encounters will not meet the requirements for “Unduplicated Individuals Served.”

22. What kinds of activities are considered “services” under the Commission’s definition for “Unduplicated Individuals Served?”

- Primary, preventative, and dental services.
- Mental health and substance use treatment.
- Documented SDOH services such as food, housing, & transportation.
- Certain health education classes (e.g., chronic disease self-management programs).
- Services may be one-time or ongoing.

23. What kinds of activities are not considered “services” under the Commission’s definition for “Unduplicated Individuals Served?”

- Screenings alone (without documented services).
- Open referrals or navigation alone.
- Outreach, social media “touches”.
- Health fairs, brief one-time educational encounters.
- Care coordination (see a further explanation in Question 28).

24. What kinds of health education classes would be considered “services” under the Commission’s definition for “Unduplicated Individuals Served?”

- Classes must be evidence-based (e.g., diabetes classes).
- Classes must meet on an on-going basis (meet more than once).
- Attendance must be recorded.

- Demographic information must be collected.
- Individual learning must be assessed (test or survey).

Note: The Commission is willing to consider on a case-by-case basis health education classes that do not meet all these requirements. Applicants should clearly describe health education classes proposed for “Unduplicated Individuals Served,” and provide an explanation for any of the criteria that are not met.

25. What documentation is required to demonstrate that services have been provided to “Unduplicated Individuals Served?”

Delivery of services must be verified by the grantee, but the service does not have to be provided directly by the grantee. Referrals must be tracked to completion with receipt of referred services documented by the service provider.

Receipt of referred non-medical **SDOH services** may be documented through written correspondence with the service provider. Documenting the referral or attempting to complete the referral is not sufficient. Self-reporting by the individuals is not sufficient.

26. Can a non-medical intervention be a “service” under the Commission’s definition for “Unduplicated Individuals Served?”

Yes. Interventions to address the non-medical needs of an unduplicated individual served can be considered a service if there is: documentation from the provider that the service was provided, and personally identifiable and demographic information is collected.

27. Is a health or SDOH screening considered a “service” under the Commission’s definition for “Unduplicated Individuals Served?”

No, unless the screening results in a service that is provided and documented. Screenings may be supported by grant funding if they are part of a program that provides qualified services to some number of “Unduplicated Individuals Served.”

28. Do care coordination activities *alone* meet the Commission’s definition for a “service” under the criteria for “Unduplicated Individuals Served?”

No, Care coordination that does **not** result in delivery of documented services does not meet the definition of “services.” Care coordination activities may be supported by grant funding if they are part of a program that provides services to some “Unduplicated Individuals Served.”

29. Would accompanying an individual to a medical appointment and providing interpretation be considered a “service” under the Commission’s definition for “Unduplicated Individuals Served?”

Yes, grantee must obtain written provider documentation that interpretation services were provided.

30. Can grant funding be used for interventions that are not considered “services” under the Commission’s definition for “Unduplicated Individuals Served?”

Yes, activities that do not meet the definition of “service” for “Unduplicated Individuals Served” may still receive grant funding.

31. What documentation should applicants include in their proposals to support their projections for “Unduplicated Individuals Served?”

Applicants should explain their methodology for developing their projection for “Unduplicated Individuals Served” and include the services or events that meet the requirement, and what identifying information that will be captured and what tracking system will be used.

32. What should an applicant do if they do not have the capacity to track “Unduplicated Individuals Served?”

Collection of this data is required for grant reporting to the CHRC. Data collection and management and evaluation costs may be included in the applicant’s budget.

33. Can I still apply if my project will not result in any “Unduplicated Individuals Served” using the criteria?

Proposals that do not include a projected number of “Unduplicated Individual Served” may be scored negatively based on the review criteria (see page 12 of the RFA).

34. Are applicants/grantees required to use CRISP?

No, CRISP utilization is recommended but not required.

SUBMISSION, REPORTING AND SUSTAINABILITY

35. If we plan to conduct nursing case management, nutrition consultation and DPP, would we need to have billing in place or is this something we can plan to put in place after the grant is awarded?

The application should describe the plans for securing ongoing funding or, if plans are not yet firm, the process to be employed to work towards project sustainability (see RFA page 22).

36. Is the requirement to submit a financial audit mandatory?

An independent audit or IRS Form 990 are strongly encouraged. If the applicant does not have a current financial audit available, the CHRC will also accept other financial information such as tax returns, a profit and loss statement, and/or a financial review. This requirement does not apply to local health departments.

37. If there are multiple partner organizations coordinating together to work on the proposed project, should we list all participating organizations?

Yes. CHRC recommends that the applicant identify **all** partners providing grant funded services and/or substantive support to the project and a clear accountability or management plan that delineates the role and responsibilities of each project partner/service provider.

38. Who are the “key personnel” for whom resumes must be included?

“Key personnel” are individuals who will be responsible for executing the services supported by the grant and individuals who provide direct management/administrative oversight of grant services.

FULL APPLICATION PAGE LIMIT

39. What is the overall page limit for the proposals?

Applicants are advised to limit the project proposal section of their application (as defined in the Call for Proposals) to **15 pages** in length.

40. The Project Budget and Budget Justification are listed as components of the Project Proposal, are these included in the 15-page Proposal limit?

No. The full project budget, budget narrative and budget justification are to be provided separately as appendices to the full proposal.

PERMISSIBLE USE OF GRANT FUNDS & BUDGETS

41. What are permissible grant expenses?

Permissible grant expenses may include the following: Salaries and employment benefits for project staff; Subcontracting and consultant fees; Data collection and analysis; Project-related travel, conference calls, and meetings; Office supplies, expenses, and other indirect costs as approved by the Commission; and a limited amount of essential equipment and minor infrastructure improvements that are required by the project.

42. What expenses are not permissible?

Funds from operating grants may not be used for: Major equipment or construction projects; Support of clinical trials; Medical devices or drugs that have not received approval from the appropriate federal agency; or Lobbying or political activity.

43. Are capital expenditures a permissible use of grant funds under this Call for Proposals?

The Commission will consider reasonable capital expenditures on a case-by-case basis. Large-scale construction projects will not be considered. Grant funds may also be expended for a limited amount of essential equipment and minor infrastructure improvements required by the project.

44. As approved by the General Assembly, the CHRC is required by the State to honor certain rates for indirect costs on certain State-funded grants and contracts with nonprofit organizations. Will the Commission accept rates for indirect costs that exceed 10%?

Yes, in limited circumstances. In accordance with MD Code Ann., State Finance and Procurement § 2-208, the CHRC will allow for reimbursement of indirect costs to nonprofit organizations in an amount equal to the rate the nonprofit organization has negotiated and received for indirect costs under a direct federal award, or from a non-federal entity based on the cost principles in Subpart E of OMB Uniform Guidance.

45. What are permissible expenses incurred as part of indirect costs?

Indirect costs include items that are associated with running the organization as a whole and benefit more than one project/program. Examples: administrative staff salaries, rent, utilities, office supplies, insurance, etc.

46. Payroll fringe costs are limited to 25%. Will fringe costs exceeding 25% be considered?

The Commission advises that the fringe rate be calculated at no more than 25%. If the grantee requests more than 25%, the applicant will be required to provide a compelling rationale.

47. Should in-kind contributions from the applicant (e.g., equipment, staff) be included in the budget?

Yes, these should be estimated and included in cell C9 (Organization Match) of the Budget Template.

48. Are expenses incurred prior to the execution of the grant agreement eligible for reimbursement under the grant? No

49. Does the full Year One budget need to be expended before the end of FY 2024 (i.e., June 30, 2024)? No

POST-SUBMISSION TIMING

50. When and how will applicants find out if they are eligible?

All applicants must submit Letters of Intent by **12:00 p.m. (noon) on April 25, 2024**. Applicants will then be notified by Commission staff on or before **May 6, 2024** of their eligibility.

51. When will applicants be notified if they will be invited to present their grant proposal at the Commission's June meeting?

CHRC staff will notify applicants if they are invited to present to the Commission in June 2024.