



STATE OF MARYLAND  
Community Health Resources Commission  
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## Maryland Community Health Resources Commission FY 2017 Call for Proposals, Frequently Asked Questions

**1. Is there a limit to the number of applications that can be submitted by a single entity?**

No, there is no limit to the number of applications submitted by a single entity; however, applicants should be very clear about the differences between each proposal.

**2. Does it matter if an applicant is a current and/or former grantee? Does that weigh in their favor?**

Former/current grantees of the CHRC are welcome to apply for funding but are not provided special consideration in this Call for Proposals. Applicants should be aware that past/current performance as a grantee with the Commission will be taken into consideration when applications are reviewed.

**3. Are current grantees eligible to submit new grant applications?**

Yes, current grantees are welcome to apply for another grant. Applicants should be very clear about how the requested use of grant funds in the new application is a wholly different project from the program currently in implementation, builds on the current project/grant, or is a continuation request of the current program. Implementation experience with current/former grantees will be considered when the CHRC issues grant awards this year.

**4. Who is eligible to submit a request for continuation of grant funding? How is a continuation of grant funding request submitted?**

Former or current grantees that wish to continue a program previously supported by CHRC may apply for a request to continue the program, i.e., request additional funding. Proposals requesting continuation must be responsive to the strategic goals of this year's Call for Proposals. When applying for a continuation request, a full grant proposal should be submitted to the CHRC (as would occur with any other grant proposal). This proposal should provide a detailed explanation of the program impact to date and efforts to achieve program sustainability.

**5. May out-of-state entities submit grant applications?**

Out-of-state applicants are permitted to submit grant applications provided that the program clearly serves Maryland residents.

**6. Can funds be used to expand existing programs?**

CHRC grant funding may be used to expand existing programs. Applicants should be aware that the CHRC staff will work closely with DHMH and HSCRC to be ensure that CHRC

funding does not duplicate or supplant DHMH funding or funding through hospital rates authorized by the HSCRC.

**7. How would the Commission respond to two independent applications from sources offering complementary services in the same geographic area?**

Applicants offering complementary services in the same geographic area should consider a collaboration before submitting grant applications.

**8. Can programs be developed across multiple jurisdictions?**

Proposals that serve multiple jurisdictions will be favorably reviewed. Applications should present a clear accountability plan that delineates the responsibilities of project partners and how grant funds will be utilized. To the extent that there is one lead applicant with multiple sub-partners, the proposal should provide a management plan that describes how the lead grantee will manage sub-grantees/contractors and which outcomes (specifically) will be impacted by the activities of these sub-contractors/partners.

**9. Can lead applicants partner with MedChi or local component medical societies?**

Yes, applicants are permitted to partner with MedChi, the State's Medical Society, and its local component medical societies, provided that the lead applicant meets the eligibility criteria of a community health resource.

**10. How many program years can a grant submission cover? Is there a maximum number of program years which the Commission will support?**

Applicants are permitted to submit proposals for one year or multiple years. The Commission suggests that programs be limited to no more than four years.

**11. What kind of projects is the Commission looking to support?**

The Commission will be looking to support innovative projects that are sustainable after the grant funds are expended, are replicable, and expand access for underserved residents and/or underserved communities. Projects that present outcome metrics (both clinical/health and cost/ROI) will be competitive. The Commission will look to invest in projects that build the capacity to deliver services in the community, differentiating the types of grants that the CHRC awards from the projects supported by HSCRC.

**12. Can programs be funded across multiple areas of focus?**

While it is understood that some proposals could be considered as addressing multiple categories, applicants are encouraged to select just one category. The Letter of Intent and grant proposal should select and clearly state one specific category.

**13. Should individual projects address all three strategic priorities, or may they address one, two, or three?**

Applicants are encouraged to address all three strategic priorities in grant proposals.

**14. How many grants will be awarded, and how does this relate to funding for FY 2018 and FY 2019?**

The CHRC has a total of \$3.6 million to award in new grant funding in FY 2017. The CHRC is looking to support multi-year projects, and grant awards made in this year's Call for Proposals may include funding from multiple fiscal years (similar to previous Calls for Proposals).

**15. If a grant is awarded for multiple years, is it necessary to re-apply for funding in the successive years?**

There is no formal re-application process in successive years if the grant is for multiple years. Grantees, however, must comply with the grant agreement in order to continue receiving the grant funding.

**16. If the lead organization does not provide direct services but is partnering with a community health resource, does that satisfy the CHR requirement?**

No. The lead applicant (future/potential grantee) must be a qualifying community health resource.

**17. If a hospital opens an outpatient clinic or provides services in the community, do they qualify as a community health resource?**

Yes. Applicants, especially hospitals, are strongly encouraged to clarify how requested CHRC funds are separate and distinct from grant funds that have been made available by the HSCRC. The Commission is aware of and has been following the recent grants awarded by the HSCRC, and CHRC staff is coordinating closely with HSCRC staff to prevent funding duplication.

**18. What documentation fulfills the requirement for proof that an organization is a community health resource? When should this information be submitted?**

Applicants must demonstrate that they are either (a) a designated community health resource, (b) a primary health care services community health resource, or (c) an access services community health resource. Organizations seeking to validate this designation must confirm that services are provided on a sliding fee scale or at no charge to the client. Acceptable documentation includes the organization's sliding scale fee schedule. This information should be submitted with the Letter of Intent.

**19. Are Letters of Intent (LOIs) mandatory?**

Yes, LOIs are mandatory and are due on Wednesday, November 16 at 12:00 noon.

**20. Is it mandatory to use the Letter of Intent Form for submitting an LOI?**

Yes. Only LOIs that are submitted on the official LOI form will be considered. The LOI template and instructions can be found at

<http://oit-msdn-sp3:81/mchrc/Documents/LOI%20Form%20and%20Instructions.docx>.

Please keep to the word limits requested in each of the fields of the form.

**21. Is the requirement to submit a financial audit mandatory?**

The submission of a financial audit is mandatory. In the absence of having a financial audit available, the Commission will accept other financial information such as tax returns or a profit and loss statement. The Commission uses the financial information to consider the long-term financial solvency of its potential grantees and to ensure that limited public grant funding is invested in financially sustainable organizations.

**22. Are local health departments required to submit the financial audit?**

No, this requirement does not apply to local health departments.

**23. Can funds be used for delivery of direct services?**

Yes, grant funds can be used for direct services.

**24. Will women's health services be considered under providing primary care or are they limited to category five?**

Programs that seek to expand access to comprehensive women's health services should be submitted in category #5, promoting comprehensive women's health services and reducing infant mortality rates.

**25. Can an application for category two, behavioral health and addressing heroin and opioid epidemic, present a broader treatment program for addiction-related disorders?**

Yes, the Commission will welcome applications for the treatment of all substance use disorders.

**26. If an organization sees Medicaid patients as well as uninsured patients, does the organization qualify as providing access/new access?**

Yes, the organization as defined is providing new access. The Commission is interested in the long-term financial sustainability of safety net providers, and therefore, grant funds could be used to move a safety net provider from being solely grant funded to becoming a fee-for-service provider from both public and private insurers.

**27. Does supporting the accreditation costs for behavioral health providers qualify for grant funding?**

Maybe. One of the five categories in this year's RFP is increasing access to integrated behavioral health services in the community. Projects that demonstrate that the requested use of grant funding will result in expanding access to behavioral health services in an underserved area are permitted (and encouraged). Applicants should be aware that competitive proposals must demonstrate that the requested use of limited CHRC grant funds is not supported by other entities (i.e., DHMH) and present a compelling argument that the population or geographic area is truly underserved. CHRC staff will work very closely with the DHMH Behavioral Health Administration to ensure that limited CHRC grant funds do not duplicate or supplant funds made available by other DHMH resources.

**28. Are grant funds able to support the costs of addressing social determinants of health, i.e., transportation, housing, others?**

Yes, the CHRC is looking to support programs that address the social determinants of health. CHRC grant funds can be used to cover transportation assistance/vouchers or housing costs, but the proposal should be very clear how the use of these funds will expand health care access and (similar to other/any proposals) be very specific in terms of health outcomes that will be improved/impacted by virtue of addressing social determinants of health. For example, if the proposal requests grant funds to cover supported housing costs, applicants should identify other federal, state, or local programs that may be available (i.e., the Department of Housing and Urban Development's Housing Choice Voucher Program) and make use of these resources. If other programs exist but are unavailable for the proposed project, the applicant should show that the resources are over-used or have long waiting lists. The Commission will prioritize proposals which utilize a holistic approach and implement evidence-based interventions such as community health workers, patient navigators, multisectoral partnerships, and community-based participatory approaches. Interventions that propose collaborations with multiple entities and community-based partnerships that create social, political, or economic support systems to address the social determinants of health for a specific population are strongly encouraged.

**29. Is there a maximum amount for the awards?**

Ranges are for the entire category, not per applicant or grant award. The Call for Proposals provides funding ranges for each category as follows:

Expanding access and chronic disease management: \$1,000,000 to \$1,500,000

Behavioral health: \$1,000,000 to \$1,500,000

Obesity and food security: \$250,000 to \$350,000

Dental: \$250,000 to \$350,000

Comprehensive women's health: \$250,000 to \$350,000

**30. Since the ranges listed are for "Year 1," how does that affect a proposed multi-year project?**

Applicants are able to submit one- or multi-year budget proposals, and the amounts for each category should be considered guidelines and represent the likely overall amount that will be awarded in each category this year.

**31. Does the full year one budget need to be expended before the end of FY 2017, i.e., June 30, 2017?**

No. The Commission's funds are special funds and do not need to be expended before the end of the fiscal year (June 30, 2017).

**32. Since the start date of the grant will likely be spring 2017, should the year one budget reflect a prorated request?**

Applicants are encouraged to provide a budget that reflects anticipated costs for the actual months of the program in FY 2017. As occurred in previous years, the Commission reserves the right to evaluate the program budgets on a case-by-case basis and may make adjustments to the budget request during the grant review process, i.e., prior to final grantee presentations and/or making the grant awards.

**33. How will procurement roll out? Once the funds are awarded and start dates are determined, how much lead-time will be required?**

Once the CHRC makes its grant awards (after the February 2017 meeting), grantees are notified that they need to: (1) sign the grant agreement; (2) review and approve performance metrics and grant reporting schedule; (3) provide an updated line item budget for the grant award amount; and (4) submit the first invoice for payment. This process typically takes between 30 and 90 days, depending on how quickly the grantee finalizes the grant performance metrics. Grantees should anticipate a program start date in spring 2017.

**34. On the selection criteria sustainability and matching funds, please elaborate.**

The CHRC is looking to support programs that will be sustainable after initial grant funds have been utilized. Proposals that present a strong sustainability plan will receive added consideration. The CHRC also looks to support programs that have used Commission grant funds to leverage additional resources, perhaps from local hospitals, foundations, or employers. In the full proposal, applicants are encouraged to include a Letter of Commitment identifying the matching funds.

**35. What are the characteristics of a sustainability plan?**

Examples of sustainability plans have included, but are not limited to: (1) commitment by a hospital partner to provide post-award funding; (2) development of the ability to bill third-party payers for services provided; and/or (3) development of the ability to sustain employment of staff members hired for the program.

**36. Is a specific amount or percentage of matching funding required?**

There is no specific amount or percentage of matching funding required, but applications with matching funding will be well received.

**37. If a grant proposal includes opening a new clinic, can the applicant request capital building costs?**

Requests for capital are permissible, but CHRC grant funding is typically used to support operating expenses in light of limited funding in CHRC's budget. Applicants are encouraged to seek other sources for capital support, such as the DHMH FQHC capital program, the Maryland Hospital Association capital program, legislative bond bill request, or private local foundations.

**38. What does the Commission consider to be "major equipment" or "small equipment and furniture costs" when developing a budget that includes purchase of equipment?**

Any purchases that can be depreciated, i.e., a van, renovations in excess of \$5,000, or large dental chairs, would be considered major equipment. Examples of small equipment and furniture costs would be a fax machine, small computer equipment/items, or chairs for a waiting area if less than \$5,000.

**39. Indirect costs are limited to 10%. Is this rate flexible?**

The CHRC's policy regarding the 10% limit on indirect costs is firm and not negotiable.

**40. Payroll fringe costs are limited to 25%. Is this rate flexible?**

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 for exceeding this amount.

**41. Are the Grant Application Cover Sheet and Contractual Obligations forms available as a template?**

Templates for the Grant Application Cover Sheet and the Contractual Obligations are available on the CHRC website.

**42. What is the overall page limit for the proposals?**

Applicants are advised to limit their proposals to a total of 15 pages.

**43. Is there a preferred database to be used in discussing the metrics?**

Acceptable databases for reporting metrics include the State Health Improvement Process (SHIP) metrics, hospital data sets from Chesapeake Regional Information System for our Patients (CRISP) or individual hospitals and/or HEDIS benchmarks. The Commission is seeking a level of specificity in designing and collection of the metrics and proof that the grantee has the capacity to collect the relevant data sets and report progress (in terms of specific metrics, baselines, etc.) towards the goals of the proposal. Grantees should be very specific about how they intend to capture the required data, will calculate baselines, show impact, and how success will be determined.

**44. Can grantees hire a third-party evaluation company/consultant to perform program evaluation?**

Yes.

**45. Is there implicit expectation that grantees publish their impacts in peer-reviewed journals?**

No, but the Commission encourages grantees to disseminate their results to a wider audience. Programs that present sound evaluation plans, the capacity to collect data, and document project impact/ROI, etc. will be favorably reviewed.

**46. What is the post-grant award reporting schedule?**

The CHRC typically requires grantees to report twice a year as a condition of payment of grant funds. These six-month reports include both programmatic/data measures and fiscal reporting. In addition to this six-month reporting schedule, the CHRC also frequently requires new grantees, at the beginning of the grant, to submit project updates every other month for the first few months of the grant.