



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**STANDARD GRANT AGREEMENT (SGA)  
REQUEST FOR APPLICATIONS (RFA)  
(COMPETITIVE)**

**PROCUREMENT ID NUMBER – BPM028406**

**Issue Date: March 4, 2022**

**Addressing Disparities in Social Determinants of Health and  
Obesity in Maryland Communities**

**NOTICE**

A Prospective Applicant that has received this document from the Maryland Department of Health, or that has received this document from a source other than the Grant Officer, and that wishes to assure receipt of any changes or additional materials related to this RFA, should immediately contact the Grant Officer and provide the Prospective Applicant's name and mailing address so that addenda to the RFA or other communications can be sent to the Prospective Applicant.

**STATE OF MARYLAND  
MARYLAND DEPARTMENT OF HEALTH  
RFA KEY INFORMATION SUMMARY SHEET**

**Request for Proposals:** **Addressing Disparities in Social Determinants of Health and Obesity in Maryland Communities**

**Solicitation Number:** **(solicitation number)**

**RFA Issue Date:** **March 4, 2022**

**RFA Issuing Office:** **Maryland Department of Health  
Office of Minority Health and Health Disparities**

**Procurement Officer:** Diane D. Walker  
Minority Health and Health Disparities  
Maryland Department of Health (MDH)  
201 W. Preston Street, Room 500 -  
Baltimore, Maryland 21201  
410-382-0791  
Diane.Walker@Maryland.gov

**Grant Monitor:** Dr. Arif A Vega, Program Manager  
Office of Minority Health and Health Disparities  
Maryland Department of Health  
201 W. Preston Street, 5<sup>th</sup> Floor  
Baltimore, MD 21201

**Applications are to be sent to:** **MDH.HealthDisparities@Maryland.gov**

**Attention:** **Diane Walker**

**Closing Date and Time:** **April 4, 2022 2:00 p.m.**

<b>SECTION 1 - GENERAL INFORMATION.....</b>	<b>4</b>
1.1 Summary Statement.....	4
1.2 Procurement Officer.....	4
1.3 Grant Monitor .....	4
1.4 eMaryland Marketplace Advantage.....	5
1.5 Questions.....	5
1.6 Application Due (Closing) Date and Time .....	5
1.7 Award Basis.....	5
1.8 Revisions to the RFA.....	5
1.9 Cancellations.....	6
<b>SECTION 2 – MANDATORY REQUIREMENTS.....</b>	<b>6</b>
2.1 Applicant Mandatory Requirements .....	6
<b>SECTION 3 – SCOPE OF WORK .....</b>	<b>7</b>
3.1 Background and Purpose .....	7
3.1.2 Award Information.....	<b>Error! Bookmark not defined.</b>
3.2 Scope of Work - Requirements.....	8
3.3 Invoicing .....	11
<b>SECTION 4 – APPLICATION FORMAT.....</b>	<b>11</b>
4.1 Two Part Submission .....	11
4.2 Applications .....	11
4.3 Volume I – Project Narrative.....	12
4.4 Volume II – Budget Narrative .....	14
<b>SECTION 5 – EVALUATION COMMITTEE, EVALUATION CRITERIA, AND SELECTION PROCEDURE.....</b>	<b>14</b>
<b>RFA ATTACHMENTS .....</b>	<b>15</b>
EXHIBIT B – BUDGET FORM .....	16
EXHIBIT C – BUDGET NARRATIVE.....	21
ATTACHMENT A – Standard Grant Agreement /Conditions of Award "Sample" .....	22
<b>Attachment B. Debarment Affirmations</b> .....	26
SUB-CONTRACT AFFIRMATION.....	27

## **SECTION 1 - GENERAL INFORMATION**

### **1.1 Summary Statement**

- 1.1.1 The Maryland Department of Health (MDH or the Department), Office of Minority Health and Health Disparities (MHHD) is issuing this Request for Applications (RFA) to provide community-based interventions to address social determinants of health and obesity in Maryland to reduce health inequity.
- 1.1.2 The State intends to obtain services, as specified in this RFA, from an Agreement between the selected Applicant(s) and the State. The anticipated duration of services to be provided under this Agreement is one (1) year and one (1) option year.
- 1.1.3 The Department intends to make up to 15 awards as a result of this RFA.
- 1.1.4 Applicants, either directly or through their subcontractor(s), must provide all services and meet all of the requirements requested in this solicitation. The successful Applicant shall remain responsible for performance regardless of subcontractor participation in the work. Multiple awards may be given for each Social Determinant of Health (SDOH) and obesity to maximize impact throughout Maryland's jurisdictions.

### **1.2 Procurement Officer**

The sole point of contact in the State for purposes of this solicitation before the award of any Agreement is the Procurement Officer at the address listed below:

Diane D. Walker  
Minority Health and Health Disparities  
Maryland Department of Health (MDH)  
201 W. Preston Street, Room 500 -  
Baltimore, Maryland 21201  
410-382-0791  
mdh.healthdisparities@maryland.gov

The Department may change the Procurement Officer at any time by written notice.

### **1.3 Grant Monitor**

Dr. Arif A. Vega  
Program Manager  
Office of Minority Health and Health Disparities  
Maryland Department of Health  
201 W. Preston Street, 5<sup>th</sup> Floor  
Baltimore, MD 21201

The Department may change the Grant Monitor at any time by written notice.

#### 1.4 eMaryland Marketplace Advantage

Each Applicant is requested to indicate its eMaryland Marketplace Advantage (eMMA) vendor number in the Transmittal Letter (cover letter) submitted at the time of its application submission to this RFA.

eMMA is an electronic commerce system administered by the Maryland Department of General Services. The RFA and associated materials, the solicitation and summary of the Pre-Proposal Conference, the addenda, and other solicitation-related information will be provided via eMMA. All responses provided by the Grant Officer will be sent from the [mdh.healthdisparities@maryland.gov](mailto:mdh.healthdisparities@maryland.gov) email address to all respondents to the RFA.

In order to receive a contract award, **a vendor must be registered on eMMA**. Registration is free. Go to <https://procurement.maryland.gov/>, click on "Register" to begin the process, and then follow the prompts.

#### 1.5 Questions

Written questions from prospective Applicants will be accepted by the Grant Officer. Questions to the Grant Officer **shall be submitted via e-mail to the following e-mail address:** [MDH.HealthDisparities@Maryland.gov](mailto:MDH.HealthDisparities@Maryland.gov). Please **identify in the subject line the Solicitation Number and Title**.

Questions are requested to be submitted at least *seven (7)* days prior to the Application due date. The Grant Officer, based on the availability of time to research and communicate an answer, shall decide whether an answer can be given before the Application due date.

#### 1.6 Application Due (Closing) Date and Time

Applications, in the number and form set forth in Section 4.2 "Applications" must be received by the Grant Officer, at the e-mail address listed on the Key Information Summary Sheet, ***no later than 2:00 pm Local Time on April 4, 2022 in order to be considered.***

Requests for extension of this time or date will not be granted. Applications received after the due date and time listed in this section will not be considered. Questions regarding this solicitation should be directed (**By e-mail only, no phone calls will be accepted**) to the GRANT OFFICER ([mdh.healthdisparities@maryland.gov](mailto:mdh.healthdisparities@maryland.gov)).

Applications may be modified or withdrawn by written-mail notice received by the Grant Officer before the time and date set forth in this section for receipt of Application. Multiple and/or alternate Applications for the same Service Area will not be accepted.

#### 1.7 Award Basis

Grants shall be awarded to responsible Applicants submitting Applications that have been determined to be acceptable to the State, considering proposed budget and evaluation criteria as set forth in this RFA.

#### 1.8 Revisions to the RFA

If it becomes necessary to revise this RFA before the due date for Applications, the Department shall endeavor to provide addenda to all prospective Applicants that were sent this RFA or which are otherwise known by the Grant Officer to have obtained this RFA. Addenda made after the due date for Applications will be sent only

to those Applicants that submitted a timely Application and that remain under award consideration as of the issuance date of the addenda.

Acknowledgment of the receipt of all addenda to this RFA issued before the due date shall be included in the Transmittal Letter accompanying the Application. Acknowledgement of the receipt of addenda to the RFA issued after the Application due date shall be in the manner specified in the addendum notice. Failure to acknowledge receipt of an addendum does not relieve the Applicant from complying with the terms, additions, deletions, or corrections set forth in the addendum.

**1.9 Cancellations**

The State reserves the right to cancel this RFA, accept or reject any and all Applications, in whole or in part, received in response to this RFA, waive or permit the cure of minor irregularities, and conduct discussions with all qualified or potentially qualified Applicants in any manner necessary to serve the best interests of the State. The State reserves the right, in its sole discretion, to award a Grant based upon the written Applications received without discussions or negotiations

**SECTION 2 – MANDATORY REQUIREMENTS**

**2.1 Applicant Mandatory Requirements**

The Applicant must provide proof with its application that the following Mandatory Requirements have been met:

The Applicant shall be a social organization as defined per Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland or a local, state government agency, public college or state university.

Applicants must maintain an operational office within Maryland. All official records must be maintained at this location and accessible for site visits and audits. Applicants must be a 501c3 or institute of higher education. Applicants must have a certificate of good standing issued by the Maryland State Government.

Applicants must be registered on eMMA (see <https://procurement.maryland.gov/> for more information). Applicants must have access to relevant data sources, the capacity to deliver planned services, the ability to track performance, and be prepared to submit progress reports on time. Applicants must be able to implement the proposed program/service no later than one month after the Agreement start date.

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## **SECTION 3 – SCOPE OF WORK**

### **3.1 Background and Purpose**

The State is issuing this solicitation for the purposes of reducing health inequity among Maryland's racial and ethnic minorities by providing community-based interventions to address social determinants of health (SDOH) in order to reduce health inequity. Examples of SDOH to be addressed are as follows:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Health Language and literacy skills

The SDOH objectives are organized into five place-based domains: economic stability, education access, health care access and quality, quality, neighborhood and built environment, and social and community context. SDOH content is also interwoven throughout other programs funded by MHHD. SDOH objectives highlight the significance of upstream factors, that are typically outside of health care delivery, that is necessary to reduce health disparities and maintain healthy communities and populations. SDOH objectives are aligned with several state strategies and priorities to improve value-based health care delivery and health outcomes.

CBO's and FBO's should address social determinants of health through five approaches—**Awareness, Adjustment, Assistance, Alignment, and Advocacy**

1. AWARENESS: *Awareness should focus on identifying the social risks and assets of specific minority populations throughout Maryland.*

Consumers engaged in programming with CBO's/FBO's or their partnering healthcare organizations should engage in a social risk screening and answer questions in the context of their care and care planning. screening can be incentivized as part of the program. for instance, we would like to see the inclusion of social screening as a measure of care quality.

2. ADJUSTMENT: *CBO's and FBO's can pursue a strategy that focuses on adjusting Programmatic services to address social determinants of health that impact the mental and behavioral health of a specific demographic. (e.g., Black males, veterans, sexual & Gender minorities, etc.)*

Examples of adjustment strategies include the delivery of language- and literacy-concordant services; small Provider-Consumer panel developed for cases with socially complex needs (e.g., teams caring for homeless patients partnering with the Department of Veterans Affairs; offering open-access scheduling or evening and weekend mental/behavioral health clinic access; and providing telehealth services, especially in rural, impoverished or highly vulnerable areas.

3. ASSISTANCE: *CBO's & FBO's are to focus on developing or pursue strategies to connect consumers with social needs to government and community resources.*

These assistance activities vary in intensity, from lighter touch (one-time provision of resources, information, or referrals) to longer and more intensive interventions that attempt to assess and address consumer-prioritized social needs more comprehensively.

Intensive interventions include relationship building, comprehensive biopsychosocial needs assessments, care planning, motivational interviewing, and the development of long-term community-based supports.

**4. ALIGNMENT:** CBO's, FBO's and FQHC's awarded pursue an alignment strategy that assesses the social care assets in the community and home environments, and organizes those assets to promote self-sustaining and thriving communities to prevent emerging social needs and improve health outcomes.

**5. ADVOCACY:** CBO's and FBO's can form alliances with community leaders, stakeholders, and social care organizations to train foot soldiers on community engagement strategies, increase health literacy and deploy those foot soldiers with the tools to promote self-advocacy skills within their communities. For example, community members holding town halls can call for policy changes to overhaul transportation services in a community, work with CBO's to develop violence reduction programs in a community, etc.

Examples of programs/services that may be appropriate for this grant, include, but are not limited to:

**Housing**

- Case Management
- Eviction Prevention Education
- Home Buying Classes
- Financial Literacy Classes

**Food and nutrition**

- Case Management
- Food Pantry
- Food delivery/distribution
- Nutrition Education
- Healthy Cooking Classes

**Access to primary care**

- Case Management
- Enrollment in health insurance
- Digital health access
- Transportation

**Workforce Readiness/Retention**

- Case Management
- GED Programs
- Resume Writing
- Interview etiquette Classes
- Dress for Success Clothing Bank

**Violence Reduction**

- After-School Program
- Behavioral Health Services
- Teen Mentoring, Apprenticeship, and Leadership Programs
- Police and Community Bonding Programs
- Recreation Programs
- Non-traditional Therapeutic Services

**3.2 Scope of Work - Requirements**

Services will be provided in specific geographic areas to include but not limited to:

- Hagerstown,
- Nanjamoy,
- Crisfield,
- Cherry Hill. (Baltimore City)

As proposed by the Applicant with the goal of reducing disparities in one of the following social determinants of health (SDOH): housing instability, food and nutrition deficiencies, transportation, access to primary care services, job opportunities, and obesity.

Organizations may apply to address more than one SDOH focal area. However, each proposal must identify and include the individual program outline, and fully identify funding allocation in the budget narrative for each focal area being addressed.

The Applicant shall complete the following activities and requirements.



### **3.2.1 General Requirements**

3.2.1.1 The Applicant shall provide services to a specific population in a specific geographic area, focusing on one of the following social determinants of health (SDOH): housing instability, food and nutrition deficiencies, transportation, access to primary care services, job opportunities, or obesity.

- A. The services will reduce inequities in SDOH and reduce health inequities among racial and/or ethnic minorities in Maryland.
- B. "Specific population" will be identified by the Applicant as a specific racial or ethnic group within Maryland.
- C. "Geographic area" will be identified by the Applicant as a specific jurisdiction, zip code, census tract within Maryland.
- D. "Service" is defined as practice, clinical service, social services, education, training, case management, referrals, community program, or other work appropriate to the goal of reducing SDOH disparities.

3.2.1.2 The Applicant will submit a finalized workplan no later than 30 calendar days after the grant start date.

3.2.1.3 The Applicant shall not make or enact any changes in the workplan or budget without written approval from the Office of Minority Health and Health Disparities (MHHD).

3.2.1.4 The Applicant will submit any publications (best practices programs/tool kits, pamphlets, posters, fliers, media messages, etc.) to MHHD for review and comment prior to publication, to ensure consistency with MHHD objectives.

3.2.1.5 The Applicant will take corrective action if detailed performance specifications are not met.

3.2.1.6 MHHD staff will conduct at least one (1) site visit. Grantee program staff will be expected to be present on site to answer questions, demonstrate program workflow, and review procedures and program materials with the MHHD representatives. MHHD staff may require additional site visits to provide technical assistance and/or conduct additional assessment.

### **3.2.2 Services**

3.2.2.1 The Applicant will implement a service to a specific racial or ethnic minority population in a specific geographic area within Maryland.

3.2.2.2 The Applicant will implement a service to address one of the following SDOH: housing instability, food and nutrition deficiencies, transportation, access to primary care services, job opportunities, or obesity.

3.2.2.3 The Applicant will implement a service to a targeted number of individuals, as proposed in the Application.

3.2.2.4 The Applicant may implement an evidence-based practice, a service the Applicant has experience in providing, or a new service.

- A. An evidence-based practice (EBP) is defined as a practice, program, or service designated as an EBP by a national EBP clearinghouse, have clearly defined program requirements (i.e., curriculum, service delivery model, staff qualification), fidelity measures, and performance measures.
- B. If the Applicant implements an EBP, the Applicant will have the approval of the EBP purveyor.
- C. If the Applicant implements an EBP, all requirement of the evidence-based program must be met, including but not limited to qualifications of staff, service delivery, and target population.

- D. If the Applicant implements an EBP, fidelity and performance measures established by the purveyor of the EBP will be included in the Applicant's performance measures.

Standard Project Performance Measures
# Of Encounters (individuals touched)
# Of Engagements (Individuals with whom information and materials were exchanged)
# Of Individuals linked to Health Care Professional or FQHC (Federally Qualified Health Center)
# Of Newly enrolled Individuals in the Program
# Of Individuals enrolled in After-School Program
# Of Individuals who Completed 60 days, 90 days, 120 days, 180 days
# Of Individuals enrolled in Case Management services
# Of Individuals enrolled in Mental Health/Therapeutic Services
# Of Individuals enrolled in health insurance
# Of Individuals linked to temp/perm housing
# Of Individuals linked to employment opportunities
# Of Individuals gainfully employed for 90 days or more
# Of Individuals who Successfully Completed and Graduated Program
# Of Individuals who Completed Exit Survey

3.2.2.5 The Applicant will implement services no later than one (1) calendar month from the Grant Agreement start date.

### 3.2.3 Staffing

The Applicant will maintain sufficient staffing levels to successfully provide the service.

- A. Employees must have the experience, education, certification, and/or license needed to fulfill their job responsibilities.
- B. The Applicant will conduct criminal background checks on all employees; no individual who has been convicted of a felony or other crime will carry out any responsibilities for the services.

### 3.2.4 Reports

3.2.4.1 Monthly reports will be submitted by the grantee to MHHD including data required through this RFA and evaluation requirements. Reports are due the 15th of the month following completion (e.g., report for October 2021 is due November 15, 2021). The Applicant will use a template provided by MHHD.

3.2.4.2 The Applicant will provide a narrative progress report, including implementation activities, challenges/barriers, plans to address challenges/barriers, and other elements to be determined by MHHD.

3.2.4.3 The Applicant will report the following data to MHHD:

- A. Process measures include numbers of individuals served, number of service interactions (i.e., number of education training sessions, number of attendees at an event, etc.), and completion of specific activities.
- B. Health outcomes that address health changes in health behavior, health risk, and health status (i.e., change in BMI, change in consumption of fruits and vegetables).
- C. SDOH outcomes that address changes in access or use of community resources (i.e., transportation, jobs, health care, housing), and quality of community resources.

3.2.4.4 If the Applicant is implementing an EBP, the Applicant will report to MHHD fidelity and performance measures required by the EBP.

3.2.4.5 The Applicant will report additional data to MHHD, as required by MHHD, specific to the service, population, and geographic area.

3.2.4.6 The Applicant will provide baseline data at the time of the Application.

3.2.4.7 The Applicant will provide end-of-year data in a final report, due no later than August 15, 2022, using a template provided by MHHD.

3.2.4.8 The Applicant may submit additional information and data to MHHD.

### **3.3 Invoicing**

#### **3.3.1 General**

A. All invoices for services shall be signed by the Grantee and submitted to the Procurement Officer using MDH 438 and MDH 437 forms – which include the following information:

- Grantee name;
- Remittance address;
- Federal taxpayer identification number (or if sole proprietorship, the individual's social security number);
- Invoice period;
- Invoice date;
- Invoice number
- State assigned Contract number;
- State assigned (Blanket) Purchase Order number(s);
- Goods or services provided; and
- Amount due.

Invoices submitted without the required information cannot be processed for payment until the Contractor provides the required information.

B. The Department reserves the right to reduce or withhold Grant payment in the event the Grantee does not provide the Department with all required deliverables within the time frame specified in the Grant or in the event that the Grantee otherwise materially breaches the terms and conditions of the Grant until such time as the Grantee brings itself into full compliance with the Grant.

## **SECTION 4 – APPLICATION FORMAT**

### **4.1 Two Part Submission**

Offerors shall submit Proposals in separate volumes:

- Volume I – Project Narrative
- Volume II – Budget Justification/Narrative

### **4.2 Applications**

A. Applications must be submitted by email to the email address listed on the Key Information Summary Sheet. The Grant Officer will not accept submission after the date and exact time stated in the Key Information Summary Sheet. The date and time of submission is determined by the date and time of arrival in the Grant Officer email box. Time stamps on outgoing email from Applicants shall not be accepted.

The email submission subject line shall state the RFA Title and number and either Project Narrative or Budget Justification/ Narrative.

**\*All information submitted as part of this Application is subject to release under the Public Information Act (PIA). If you would like the Maryland Department of Health (MDH) to consider redactions in the event that your application is subject to a PIA request, submit a proposed PIA copy including justifications for each redaction and under what statute that justification is qualified for redaction.**

### 4.3 Volume I – Project Narrative

**Note: No pricing information is to be included in the Project Narrative (Volume 1). Pricing information is to be included only in the Budget Justification/Narrative (Volume II).**

**4.3.1 The Technical Proposal** shall include the following documents and information in the order specified as follows:

**A. Transmittal Letter:**

1. Applicant;
2. Solicitation Title and Solicitation Number that the Proposal is in response to;
3. Signature, typed name, and title of an individual authorized to commit the Applicant to its Proposal;
4. Federal Employer Identification Number (FEIN) of the Applicant, or if a single individual, that individual's Social Security Number (SSN);
5. Applicant's eMMA number;
6. Applicant's MBE certification number (if applicable);
7. Applicant's SBR number (if applicable) – please contact eMMA at 410-767-1492 if you don't know your number.
8. Applicant's email address

**B. The Project Narrative** shall include the Scope of Work, including the Work Plan. The Project Narrative will be no more than 8 pages (standard letter size). The Application will be 12 pt. font, Times New Roman or Calibri, 1-inch margins, double-spaced, and each page numbered sequentially. Information in tables may be 11 pt. font. All following items must be included, using the outline and letter/number order below.

1. **Executive Summary** - The executive summary of the selected SDOH or Obesity should succinctly describe the proposed service, the need for the service in the proposed areas, target populations to be served, and how the success of the program will be determined.
2. **Application Narrative** - The application narrative should follow the outline below:
  - a. **Problem Statement** - Describe the nature and scope of the public health problem in the targeted geographic area(s). Specify how the proposed intervention or initiative will affect the targeted population, program partners and other stakeholders. Provide specific data regarding expected outcomes.
  - b. **Geographic Area(s)** – Identify the targeted jurisdiction(s) in which services will be provided. Identify any additional geographic boundaries, such as ZIP Code or census tract.

c. **Target population** - Describe the target population to be served. Include information on race/ethnicity, languages spoken, age, gender, and/or other relevant demographic data. Provide evidence of disparate health outcomes and disparate SDOH for the selected target population. Include current data that demonstrates disparities in the target population and provide citations for all data. Provide the expected number of individuals to be served annually, and the eligibility criteria for services.

d. **Proposed program** – Provide specific information on the service/program model to be used. Include information on recruitment of clients to the program, grantee staff qualifications, service delivery model (i.e., individual or group; telephone, virtual, or in-person; community development, etc.). Provide expected length of service per individual (or community), including number of sessions or contact, length of sessions/contact, etc. Provide all information needed to fully explain the proposed service/program.

1) If the proposed program is evidence-based, provide relevant citations and links to peer-reviewed research, evidence-based clearinghouse ratings, or other information that demonstrates this status.

e. **Work plan overview** – Provide a description of objectives to be accomplished and how they address the identified health issue. Discuss any barriers you anticipate encountering and approaches you will use to overcome these barriers. (A detailed work plan will be submitted as an Attachment; see Section 4.3.1.3 A).

f. **Organizational capacity** – The Application should describe the Applicant's ability to deliver the program to the target population and to meet all grant requirements. This includes: the organizational structure, financial stability, relevant partnerships, experience in working with the target population, addressing the topic being proposed, and current and past performances with similar grants.

g. **Program management** – Describe the roles and responsibilities of all program staff, such as leadership, service providers, and fiscal staff. Provide a summary of the education and experience of identified personnel. Do not attach resumes.

h. **Partnerships** - Describe the roles of two partnerships with internal or external programs, such as recruitment sources, health care practices and systems, current programs, partners providing training space, materials, and/or technology, and others.

i. **Performance Measures** – (Refer To the list on page 10) Three types of measures should be included: process measures, SDOH outcomes, and health outcomes.

- 1) Process measures that include numbers of individuals served, number of service interactions (i.e., number of education training sessions, number of attendees at an event, etc.), and completion of specific activities.
- 2) SDOH outcomes that include changes in access or use of community resources (i.e., transportation, jobs, health care, housing), and quality of community resources.
- 3) Health outcomes measures that address health changes in health behavior, health risk, and health status (i.e., change in BMI, change in consumption of fruits and vegetables).
- 4) For all measures:
  - i. Identify data sources, data collection and analysis methodology, and reporting frequencies.
  - ii. Provide baseline data.

**j. Dissemination** – Describe any plans for disseminating program results, including submissions to journals, agency reports, newsletters, etc.

**4.3.2 The Application will include the following attachments.** Attachments should be included using the numbering order below. Each Attachment should have a title page with the Attachment Title and organization name. All attachments must be submitted as separate pdf files.

- A. **Workplan for Year 1** - Workplan with specific Objectives and one to five Activities per Objective. For each Activity, the following elements must be included: Activity, Expected Start Date, Expected End Date, Measure of Completion, and Responsible Staff. Objectives should follow the SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) approach.
- B. **Letters of Commitment** - At least two (2) letters of commitment. Combine all letters of commitment into one (1) PDF.
- C. **References** – At least two (2) references. Combine all reference letters into one (1) PDF.

**4.3.3 Applicant Technical Response to RFA Requirements and Proposed Work Plan:**

- A. The Applicant shall address each Scope of Work requirement (Section 3.2) in the Project Narrative and describe how its proposed services, including the services of any proposed subcontractor(s), will meet or exceed the requirement(s). If the State is seeking Applicant agreement to any requirement(s), the Applicant shall state its Agreement or disagreement. Any paragraph in the Project Narrative that responds to a Scope of Work (Section 3.2) requirement shall include an explanation of how the work will be done. Any exception to a requirement, term, or condition may result in having the Application classified as not reasonably susceptible of being selected for award or the Applicant deemed non-responsive.

**4.4 Volume II – Budget Narrative**

- 4.4.1 Under separate sealed cover from the Project Narrative and clearly identified in the format identified in Section 4.2 "Applications," the Applicant shall submit an original unbound copy of the Budget Narrative. The Budget Narrative shall contain all price information in the format specified in **Exhibit C**. The Applicant shall complete the Budget Narrative Form only as provided in the Budget Narrative Form.
- 4.4.2 The Applicant shall attach to the Budget Form **Exhibit B** document that details the total cost of the proposed activities. The budget categories may include: Personnel (salary and fringe), Consultants; Travel; Contractual; Supplies; Operating Costs; and Other project-related costs.

**SECTION 5 – EVALUATION COMMITTEE, EVALUATION CRITERIA, AND SELECTION PROCEDURE**

**5.1 Evaluation Committee**

Evaluation of Applications will be performed by a committee established for that purpose and based on the evaluation criteria set forth below. The Evaluation Committee will review Applications, participate in Applicant oral

presentations and discussions, and provide input to the Grant Officer. The Department reserves the right to utilize the services of individuals outside of the established Evaluation Committee for advice and assistance, as deemed appropriate.

## **5.2 Project Narrative Evaluation Criteria**

The criteria to be used to evaluate each Project Narrative is listed below in descending order of importance.

- Proposed program
- Target population
- Work plan (overview and year 1)
- Organizational capacity
- Performance measures
- Problem statement
- 
- Partnerships and letters of commitment
- References
- Geographic area
- Program management
- Dissemination

## **5.3 Budget Narrative Evaluation Criteria**

All Qualified Applicants will be ranked from the lowest (most advantageous) to the highest (least advantageous) based on the rating of the Project Narratives. The Budget Narrative (including the Budget Form and Budget Narrative), will be evaluated based on reasonable cost given the time and effort described in the Project Narrative. The budget line items must be within the stated guidelines set forth in this RFA and as submitted on **Exhibit C – Budget Narrative**.

## **5.4 Selection Procedures**

### **A. General**

The Grant will be awarded in accordance with the Standard Grant Agreement method outlined in the Announcement. The State may determine an Applicant to be ineligible award at any time after the initial closing date for receipt of Applications and prior to Grant award.

### **B. Award Determination**

The Grant Officer will recommend award of Grants to the Applicants determined to be acceptable to the State, considering the evaluation criteria and proposed budget.

## **RFA ATTACHMENTS**

### **EXHIBIT B – Budget Forms (MDH 432A-H)**

This must be completed and submitted with the Project Narrative in a separate envelope.

### **EXHIBIT C—Budget Narrative**

This form must be completed and submitted with the Budget Form in a separate envelope from the Project Narrative.

### **ATTACHMENT A – Standard Grant Agreement and Conditions of Award “Sample”**

This is the sample grant agreement and Conditions of Award used by the Department. **It is provided with the RFA for informational purposes and is not required to be submitted at Application submission time.** Upon

notification of recommendation for award, a completed standard grant agreement and conditions of award will be sent to the recommended awardees for signature. The recommended awardees must return to the Grant Officer three (3) executed copies of the Standard Grant Agreement within five (5) Business Days after receipt. Upon award, a fully executed copy will be sent to the Grantee.

**ATTACHMENT B – RFA Document Checklist**

Use this checklist to ensure that the required documents for the Project Narrative and Budget Narrative are completed.

**ATTACHMENT C – Work Plan Template**

**EXHIBIT B – BUDGET FORM**

**BUDGET FORM**

The Budget Narrative shall contain all price information in the format specified on these pages. Complete the Budget Form only as provided in the Budget Form format. Do not amend, alter or leave blank any items on the Budget Form. Failure to adhere to any of these instructions may result in the Budget Narrative being determined non-responsive and rejected by the Department.

Submitted By:  
Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name and Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Location(s) from which services will be performed (City/State): \_\_\_\_\_  
FEIN: \_\_\_\_\_  
eMMA #: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
Fax: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_  
E-mail: \_\_\_\_\_



**MDH 432B**

PROGRAM  
ADMINISTRATION:

GRANT NUMBER:  
CONTRACT PERIOD:  
ORGANIZATION:

STREET ADDRESS:  
CITY, STATE,

PROGRAM TITLE:

CHARGEABLE SERVICES (Y/N) \_\_\_\_\_  
FOR MDH USE ONLY \_\_\_\_\_

DATE  
SUBMITTED:

FISCAL YEAR:

PHONE #:

ZIP:

MDH PROVIDES 50% OR MORE OF FUNDING (Y/N) No

**OTHER DIRECT FUNDING**

LINE ITEMS MAY NOT BE CHANGED	MDH FUNDING REQUEST	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS	0	0	0	0	0
FRINGE	0				0
CONSULTANTS	0				0
EQUIPMENT	0				0
PURCHASE OF SERVICE	0				0
RENOVATION	0				0
CONSTRUCTION	0				0
REAL PROPERTY PURCHASE	0				0
UTILITIES	0				0
RENT	0				0
FOOD	0				0
MEDICINES & DRUGS	0				0
MEDICAL SUPPLIES	0				0
OFFICE SUPPLIES	0				0
TRANSPORTATION/TRAVEL	0				0
HOUSEKEEPING/ MAINTENANCE/REPAIRS	0 0				0 0
POSTAGE	0				0
PRINTING/DUPLICATION	0				0
STAFF DEVELOPMENT/ CLIENT ACTIVITIES	0 0				0 0
ADVERTISING	0				0
INSURANCE	0				0
LEGAL/ACCOUNTING/AUDIT	0				0
PROFESSIONAL DUES	0	0	0	0	0
OTHER (ATTACH ITEMIZATION)	0 0				0 0
TOTAL DIRECT COSTS	0	0	0	0	0
INDIRECT COST	0	0	0	0	0
TOTAL COSTS	0	0	0	0	0
LESS: CLIENT FEES					0
MDH FUNDING	0				0

MDH 432B (2/19)





**SCHEDULE OF EQUIPMENT COSTS (MDH 432F)**

			MDH FUNDING	TOTAL PROGRAM BUDGET
<b>LIST OF MISCELLANEOUS EQUIPMENT COSTING UNDER \$500 EACH</b>				
DESCRIPTION	CLIENT or OFFICE	NEW or REPLACEMENT		
				0.00

<b>LIST BELOW EACH EQUIPMENT ITEM COSTING OVER \$500</b>				
DESCRIPTION	CLIENT or OFFICE	NEW or REPLACEMENT		
<b>TOTAL (MUST EQUAL 432B)</b>				<b>0.00</b>

MDH432F (Rev.3/19)



**ANTICIPATED SOURCES OF FUNDING  
MDH 432H**

SOURCES	AMOUNT
MDH AWARD	0
MDH SUPPLEMENT	
LOCAL GOV'T	
OTHER AWARD - FED, STATE OR PRIVATE AGENCY (SPECIFY)	
FEEES	
MDH CLIENT FEE COLLECTIONS	
OTHER CLIENT FEE COLLECTIONS	
MEDICAID PAYMENTS	
MEDICARE PAYMENTS	
INSURANCE/PRIVATE	
SSI	
OTHER - IDENTIFY	
FUNDRAISING/DONATIONS	
UNITED CHARITIES	
INTEREST	
<b>Total Funding (Must Equal Total Costs in Total Program Budget on Budget Face Sheet)</b>	<b>0.00</b>
IN-KIND CONTRIBUTIONS (IDENTIFY)	VALUE
	0
<b>TOTAL CASH PLUS IN-KIND</b>	<b>0.00</b>

MDH432H (Rev. 3/19)

**BUDGET NARRATIVE TEMPLATE**

**Sample Line Item Justification**

**Program Budget Narrative Justification**

**Salaries**

**\$40,345.00**

**Patient Navigator**

**.49 FTE**

**\$24687.00**

Program Manager/Patient Navigator

Implements program activities including outreach, education, one-on-one patient navigation, and preventive cancer screening.

**Survivorship & Mental Health**

**.05 FTE**

**\$2642.00**

MA: Schedules and organizes mental health support, administers instruments, responds to client's specific needs, works closely with consultant.

**Director of Research**

**.15 FTE**

**\$7808.00**

Completes analysis of all data, instruments, and evaluations. Supports writing of report narratives, attends MOTA meetings and Technical Assistance trainings.

**Community Health Worker**

**.25 FTE**

**\$5208.00**

A Bilingual Community Health Worker will be hired based upon the recommendation of MOTA to assist in Outreach & Education, data intake, scheduling of clients and all other tasks as dictated by The Baltimore Program Manager. This is a part-time position of 5 hours a week at \$20.00/hr.

**A. Fringe Benefits**

**\$2811.00**

Fringe benefits are calculated for the total salary amount at 8% to include health/dental insurance.

**B. Consultants**

**\$1800.00**

Calculated at \$50/hour for a total amount of 36 hours to provide mental health support. See 432E.

## ATTACHMENT A – Standard Grant Agreement /Conditions of Award "Sample"

### ORGANIZATIONS RECEIVING APPROPRIATIONS FROM THE STATE STANDARD GRANT AGREEMENT

This Agreement, which is executed in compliance with Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland, is made this <enter day> day of <month, year>, between the State of Maryland (the "State"), acting through the Maryland Department of Health, (the "Department"), located at <enter MDH Address> and the <grantee name> (the "Grantee"), located at <grantee address> in <county / city> County, <state, zip>, a Maryland Limited Liability Company / Corporation. .

1. Effective on the date of execution of this Agreement, the State is extending to the Grantee a grant in the amount of <amount in words> Dollars (\$ xx.xxx.xx) (the "Grant"), which the Grantee shall use only for the following purposes: <grant purpose>

2. Any expenditure of Grant funds that is not consistent with purposes stated in paragraph 1 may, at the sole discretion of the Department, be disallowed. Should any expenditure be disallowed or should the Grantee violate any of the terms of this Agreement, the State may require repayment to the State Treasury, an offset from any State Grant to the Grantee in the current or succeeding fiscal year, or other appropriate action. The Grantee shall repay to the State any part of the Grant that is not used for the purposes stated in paragraph 1 within 3 months after the date of this Agreement.

3. The Grantee may not sell, lease, exchange, give away, or otherwise transfer or dispose of real or personal property, or any part of or interest in real or personal property, acquired with Grant funds without the prior written consent of the Department. This includes transfer or disposition to a successor on the merger, dissolution, or other termination of the existence of the Grantee. The Grantee shall give the Department written notice at least 30 calendar days before any proposed transfer or disposition. Any proceeds from a permitted transfer or disposition shall be applied to repay to the State a percentage of that portion of the Grant allocable to the particular real or personal property transferred or disposed of, unless the Department and the Grantee agree to other terms and conditions. The percentage shall be equal to the percentage of the unadjusted basis of the property that would remain if the property had been recovery property placed in service after December 31, 1980 and if all allowable deductions had been taken up to the time of disposition under the Accelerated Cost Recovery System (ACRS) specified in the United States Internal Revenue Code, Section 168(b)(1).

4. For any item of real or personal property that is acquired with Grant funds and has an original fair market value of Five Thousand Dollars (\$5,000) or more, the Grantee shall, at its own expense, and for the reasonable useful life of that item or for 5 years, whichever is less, obtain and maintain insurance. The insurance shall provide full protection for the Grantee and the State against loss, damage, or destruction of or to the real or personal property. The Grantee shall, on request, provide the Department with satisfactory evidence of its compliance with this requirement. Proceeds of insurance required by this paragraph shall be applied toward replacement of the real or personal property or toward the partial or total repayment of the State of the Grant, in the sole discretion of the Department.

5. The Grantee may not discriminate against any employee or Applicant for employment because of race, color, religion, sex, national origin, or any other characteristic forbidden as a basis for discrimination by applicable laws, and certifies that its Constitution or by-laws contains a non-discrimination clause consistent with the Governor's Code of Fair practices.

6. The person executing this Agreement on behalf of the Grantee certifies, to the best of that person's knowledge and belief, that:

A.) Neither the Grantee, nor any of its officers or directors, nor any employee of the Grantee involved in obtaining contracts with or grants from the State or any subdivision of the State, has engaged in collusion with respect to the Grantee's Application for the Grant or this Agreement or has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States;

B.) The Grantee has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee or agent working for the Grantee, to solicit or secure the Grant or this Agreement, and the Grantee has not paid or agreed to pay any such entity any fee or other consideration contingent on the making of the Grant or this Agreement; **the grantee understands and complies with the Conflicts of Interest provision of the Public Ethics Law, Maryland Code Annotated, General Provisions, Title 5, Subtitle 5.**

C.) The Grantee, if incorporated, is registered or qualified in accordance with the Corporations and Associations Article of the Annotated Code of Maryland, **is in good standing**, has filed all required annual reports and filing fees with the Department of Assessments and Taxation and all required tax returns and reports with the Comptroller of the Treasury, the Department of Assessments and Taxation, and the Department of Labor, Licensing and Regulation, and has paid or arranged for the payment of all taxes due to the State; and



D.) No money has been paid to or promised to be paid to any legislative agent, attorney, or lobbyist for any services rendered in securing the passage of legislation establishing or appropriating funds for the Grant.

E.) Neither the Grantee, nor any of its officers or directors, nor any person substantially involved in the contracting or fund raising activities of the Grantee, is currently suspended or debarred from contracting with the State or any other public entity or subject to debarment under the Code of Maryland Regulations, COMAR 21.08.04.04.

7. Within 60 calendar days after the close of any grant period in which the Grantee receives funds under this Agreement, the Grantee shall provide to the Department an itemized statement of expenditures, showing how the funds were expended for that grant period. In addition, a copy of the statement shall be mailed to the Director, General Accounting Division, Office of the Comptroller of the Treasury, Room 200, Louis L. Goldstein Treasury Building, Annapolis, Maryland 21401. The Grantee shall retain bills of sale or other satisfactory evidence of the acquisition of any real or personal property for at least 3 years after the date of this Agreement. The Department, the Department of Budget and Management, the State Comptroller, and the Legislative Auditor, or any of them, may examine and audit this evidence, on request, at any reasonable time within the retention period.

8. The Grantee shall comply with Section 7-221, 7-402, and 7-403 of the State Finance and Procurement Article of the Annotated Code of Maryland, as applicable.

9. The laws of Maryland shall govern the interpretation and enforcement of this Agreement.

10. This Agreement shall bind the respective successors and assigns of the parties.

11. The Grantee may not sell, transfer, or otherwise assign any of its obligations under this Agreement, or its rights, title, or interest in this Agreement, without the prior written consent of the Department.

12. No amendment to this Agreement is binding unless it is in writing and signed by both parties.

13. The following items are incorporated by referenced and made a part of this Agreement .Appendix A & B. Attachment A, B, C, D, E.&F.

IN TESTIMONY WHEREOF, WITNESS the hands and seals of the parties.

GRANTEE

DEPARTMENT

\_\_\_\_\_  
(Name of Corporation or Association)

\_\_\_\_\_  
Maryland Department of Health.  
(Name of Corporation or Association)

By:

SEAL

By:

SEAL

Name:

Name:

Title:

Title:

Date:

Date:

## CONDITIONS OF AWARD

### Maryland Department of Health (MDH)

#### Office of Minority Health and Health Disparities

<Enter Federal Awarding Agency Here>

<Enter Name of Federal Award and Grant Number Here>

**Period of Performance:**            <Enter From and To Dates Here>

#### **Important Dates:**

- <Enter Date Here>:            Quarterly progress report
- <Enter Date Here>:            All funds obligated
- <Enter Date Here>:            All funds must be spent
- <Enter Date Here>:            Final progress and fiscal report due to MDH

The grantee/sub-grantee/sub-recipient (**circle one**), shall comply with these conditions. Consequences for failure to comply with these conditions may include: a point reduction in score for future competitive and non-competitive applications, a reduction of overall award, audit exceptions and/or reduction in future awards.

#### **Program Requirements:**

1. The grantee/sub-grantee/sub-recipient, <Enter Grantee Name Here > agrees to comply with MDH guidelines and initiatives with regards to their expenditures/purchases.
2. When procuring equipment, the recipient must comply with the procurement standards at 45 CFR Part 92.36 and 45 CFR 74.40 through 74.48, including 74.45, which requires the performance and documentation of some form of cost or price analysis with every procurement action.
3. The grantee/sub-grantee/sub-recipient, will perform activities that coordinate, integrate, prioritize and sustain improvements in public health emergency preparedness.
4. The grantee/sub-grantee/sub-recipient, shall cite < Enter Name of Federal Award > and the MDH Office of Minority Health and Health Disparities as a funding source when publishing or presenting data or programs partially or fully funded by MDH grants.
5. The grantee/sub-grantee/sub-recipient, should inform the MDH Office of Minority Health and Health Disparities as a courtesy when a presentation or publication is made public that involves programs or data partially or fully funded by MDH, and any federal grants. All reports, data, software, or presentations generated from federal funded projects must be made available to MDH for review and comment prior to release or distribution.

#### **Fiscal Requirements:**

1. The grantee/sub-grantee/sub-recipient, shall **not** use <Enter Name of Federal Award> to:
  - a. Support the costs of operating clinical trials of investigational agents, equipment or treatments;
  - b. Make payments directly to recipients of services, except for reimbursement of reasonable and allowable out-of-pocket expenses associated with consumer participation in State or consortia activities;
  - c. Support legal services;
  - d. Provide direct maintenance expenses of privately owned vehicles or any other costs associated with a vehicle, such as lease or loan payments, vehicle insurance, or license registration fees;
  - e. Purchase or improve land, or to purchase, construct, or make permanent improvements to any building, except for minor remodeling;
  - f. Pay property taxes;
  - g. Fund capital improvement projects;

- h. Supplant personnel costs and/or other activities.
  - i. Prepare, distribute, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body.
2. The grantee/sub-grantee/sub-recipient will comply with all MDH and federal fiscal requirements for timely submission of detailed budgets and budget modifications, including monthly invoice requirements.
  3. The grantee/sub-grantee/sub-recipient will return any unspent and unobligated funds to MDH and provide the necessary supporting documentation.
  4. The grantee/sub-grantee/sub-recipient will provide monthly reports on approved performance measures by the 15<sup>th</sup> of each month (Example see below)

Process Performance Measure	Budget Estimate
1. Number of Individuals Services	
2. Number of attendees at event	
SDOH Outcome Performance Measure	
1. Units of Transportation Provided	
2. Employment Provided	

**Audits:**

The grantee/sub-grantee/sub-recipient shall submit audits in accordance with Federal OMB 2 CFR 200, Subpart F - Audit Requirements. An electronic copy of all audits (2 CFR 200 Subpart F, as well as independent auditors) performed against federal funding should be forwarded to the Department for review.

**Site Visits and Surveys:**

1. As requested, the grantee/sub-grantee/sub-recipient shall participate fully in the [MDH Office of Minority Health and Health Disparities Quality Improvement and Technical Assistance](#) activities, which may include, but are not limited to:
  - a. Comprehensive site visits at the Department's request within the project period;
  - b. Interviews of staff, review of fiscal and program records, **monitoring, risk assessment**, review of inventory purchased against federal funding, interviews with administrators, and observation of program activities/facility.

**Equipment Inventory Requirements:**

Equipment purchased with federal funds may be recalled or requested to support local, regional and/or statewide emergency response efforts and must be catalogued for future reference and review. Cataloging of equipment should be updated and maintained throughout the project period.

**Risk Assessment:**

The grantee/sub-grantee/sub-recipient shall be required to participate in an MDH Risk Assessment in accordance with Federal OMB 2 CFR §200.205 (b) thru (d), §200.207, and §200.331 (b) thru (h). As part of this requirement, sub- recipients will be monitored based on a risk level of High, Medium or Low. Each risk level imposes certain monitoring requirements set by the MDH Office of the Inspector General in accordance with the above federal guidelines.

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**DEBARMENT AFFIRMATIONS**

In accordance with the requirements of United States Office of Management and Budget's Grants and Cooperative Agreements with State and Local Governments OMB 2 CFR 200.213, Suspension and debarment:

A. AUTHORIZED REPRESENTATIVE

I HEREBY AFFIRM THAT:

I am the \_\_\_\_\_  
(Title)

and the duly authorized representative of

\_\_\_\_\_  
(Name of Grantee/sub-recipient/sub-awardee)

and that I possess the legal authority to make this Affidavit on behalf of myself and the entity for which I am acting.

B. AFFIRMATION REGARDING DEBARMENT

I HEREBY AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above entities, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, except as follows [list each debarment or suspension providing the dates of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the entity, the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension]:

\_\_\_\_\_  
\_\_\_\_\_

C. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES

I FURTHER AFFIRM THAT:

1. The entity was not established and it does not operate in a manner designed to evade the Application of or defeat the purpose of debarment pursuant to Sections 16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and
2. The entity is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred entity, except as follows [indicate the reason(s) why the affirmations cannot be given without qualification]:

\_\_\_\_\_  
\_\_\_\_\_

SUB-CONTRACT AFFIRMATION

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above entity, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date:  \_\_\_\_\_

By:  \_\_\_\_\_  
(Authorized Representative and Affiant)

**The Remainder of This Page is Left Blank**

The undersigned certifies to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with the awarding of any Federal contract the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension continuation, renewal amendment or modification of any Federal contract, grant loan or cooperative Agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract grant loan or cooperative Agreement, the undersigned shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbying" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contract, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered unto. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352 title US Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

Award No.	Organizational Entry
Name and Time of Official signing for Organizational Entry <input checked="" type="checkbox"/>	Telephone No. of Signing Official <input checked="" type="checkbox"/>
Signature of Above Official <input checked="" type="checkbox"/>	Date Signed <input checked="" type="checkbox"/>

## INSTRUCTIONS FOR COMPLETION OF SF-LLL DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing pursuant to title 31 USC section 1352. The filing of a form is required for each payment or Agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A continuation sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or sub-award recipient. Identify the tier of the sub-awardee, e.g. the first sub-awardee of the prime is the 1<sup>st</sup> tier. Sub-awards Include but are not limited to subcontracts, sub-grants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Sub-awardee", then enter the full name, address, city, State, and zip code of the prime Federal recipient. Include Congressional District if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational Level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in item 1 (e.g. Request for Proposal (RFP) number, Invitation for BID (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g. "RFP-DE-90-001".
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name First Name, and Middle initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal Official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-FFF-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instruction searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**The Remainder of This Page is Left Blank**



**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 US C 1352 (See reverse for public burden disclosure.)

<p>1. Type of Federal Action:</p> <p>a. Contract</p> <p>b. Grant</p> <p>c. Cooperative Agreement</p> <p>d. Loan</p> <p>e. Loan guarantee</p> <p>f. Loan insurance</p>	<p>2. Status of Federal Action:</p> <p>a. Bid/offer/application</p> <p>b. Initial award</p> <p>c. Post-award</p>	<p>3. Report Type</p> <p>a. Initial filing</p> <p>b. Material change</p> <p>For Material Change Only:</p> <p>Year _____ quarter _____</p> <p>Date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p>_____ Prime _____ Sub-awardee</p> <p>Tier _____ if known:</p> <p>_____</p> <p>Congressional District, <i>if known</i></p>		<p>5. If Reporting Entity in No. 4 is Sub-awardee, enter Name and address of Prime:</p> <p>_____</p> <p>Congressional District, <i>if known</i></p>
<p>6. Federal Department/Agency:</p> <p>_____</p>		<p>7. Federal Program Name/Description:</p> <p>_____</p>
<p>8. Federal Action Number, <i>if known</i>:</p> <p>_____</p>		<p>9. Award Amount, <i>if known</i>:</p> <p>_____</p>
<p>10. a. Name and Address of Lobbying Entity:</p> <p>(If individual, last name, first name, MI):</p> <p>_____</p>		<p>11. Individuals Performing Services</p> <p>(Including address if different from No. 10a)</p> <p>(last name, first name, MI):</p> <p>_____</p>
<p>11. Amount of Payment (check all that apply):</p> <p>\$ _____ actual _____ planned _____</p>		<p>13. Type of Payment (Check all that apply):</p> <p>___ a. Retainer</p> <p>___ b. One-time fee</p> <p>___ c. Commission</p> <p>___ d. Contingent fee</p> <p>___ e. Deferred</p> <p>___ f. Other, specify: _____</p>
<p>12. Form of Payment (check all that apply):</p> <p>___ a. Cash</p> <p>___ b. In-kind: specify: nature _____</p> <p>value _____</p>		
<p>14 Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</p> <p>_____</p> <p align="center">(attached Continuation Sheet(s) SF-LLL-A <i>if necessary</i>)</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: _____ yes _____ no</p>		
<p>16. Information required through this form is authorized by title 31 USC sections 1352. This disclosure of lobbying activities is a maternal representation of fact upon which reliance was placed by the per above when this transaction was made or entered into. This disclosure is required pursuant to 31 USC 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,00 for each such failure.</p>		<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>
<p>Federal Use Only:</p>		<p>Authorized for Local Reproduction Standard form-LLL</p>

**Continuation Sheet**

<p>Reporting Entity: _____ Page _____ of _____</p>
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**ATTACHMENT B – RFA Document Checklist**

**Project Narrative Checklist: Project Narrative Checklist:**

- Transmittal Letter
- Project Narrative
- Work Plan
- Letters of Commitment
- References

**Budget Narrative Checklist:**

- Budget Forms
  - MDH 432B
  - MDH 432D
  - MDH 432E
  - MDH 432 F
  - MDH 432H
  
- Budget Narrative (*See Exhibit C – Budget Narrative*)

**ATTACHMENT C – Work Plan Template**

<b>Objective:</b>	<b>Implement social media campaign.</b>			
<b>Activity</b>	<b>Expected Start Date</b>	<b>Expected End Date</b>	<b>Measure</b>	<b>Responsible Staff</b>
Identify appropriate social media platforms.	9/1/2021	9/31/2021	Identification of three social media platforms.	Communications Director
Develop and post content (social media messages)	10/15/2021	6/30/2023	Posting one unique message on social media platforms each week.	Social Media Manager
Etc.				