



**DEPARTMENT OF HEALTH**

*Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary*

## Exhibit A

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

**CONTRACT ID NUMBER – BPM 043 813**

**Issue Date: April 26, 2024**

## **MINORITY OUTREACH AND TECHNICAL ASSISTANCE PROGRAM (MOTA)**

### **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 Applications:** Minority Outreach and Technical Assistance Program

**Application Number:** **BPM 043 813**

**RFA Issue Date:** **April 26, 2024**

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

**Contract Officer:** Shirlene Carr  
Office of Minority Health and Health Disparities  
Maryland Department of Health (MDH)  
201 W. Preston Street, Room 500  
Baltimore, Maryland 21201  
410-767-8995  
[mdh.healthdisparitiesRFAapplications@maryland.gov](mailto:mdh.healthdisparitiesRFAapplications@maryland.gov)

**Grant Monitor:** Lindsay Lotter, Program Administrator  
Office of Minority Health and Health Disparities  
Maryland Department of Health  
201 W. Preston Street, 5th Floor Baltimore, MD 21201  
[Lindsay.lotter@maryland.gov](mailto:Lindsay.lotter@maryland.gov)

**Applications are to be sent via:** Submit via eMaryland Marketplace Advantage (eMMA)  
**Attention:** Shirlene Carr

**Closing Date and Time:** **Monday, May 20, 2024, at 2:00 p.m.**

**Applicant can download fillable forms from the MHHD website at [MHHD Grant Documents](#)**  
**If any required forms are not found on this site, notify the Contract Officer and the Grant Monitor at the email addresses above to receive the templates by email.**

**A Pre-application Webinar will be held on Tuesday, May 7, 2024 from 12 PM to 2 PM**  
The purpose of the Webinar is to explain the application process and to answer any questions.  
**Please fill out the form at this link: <https://forms.gle/k7eEBVzTjQkAgsvG9> and email your intent to participate and your contact information to the Contract Officer and the Grant Monitor in advance, so we can notify you of any changes to time or login.**

Meeting ID  
[meet.google.com/sah-ndan-viu](https://meet.google.com/sah-ndan-viu)

Phone Numbers  
**(US)+1 414-885-3001**  
PIN: 674 574 879#

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## **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 health education and health promotion interventions in six health focus areas 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 year, with an option year contingent on satisfactory performance in the initial year. All future years' awards are subject to the availability of funding and successful implementation of the services specified in this RFA.

1.1.3 The Department intends to make 10 to 20 awards of \$25,000 to \$75,000 as a result of this RFA.

1.1.4 Applicants, either directly or through their subcontractor(s), must provide all services and meet all the requirements requested in this solicitation. The successful Applicant shall remain responsible for performance regardless of subcontractor participation in the work.

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### **1.2 Contract Officer**

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

Shirlene Carr  
Office of Minority Health and Health Disparities  
Maryland Department of Health (MDH)  
201 W. Preston Street, Room 500  
Baltimore, Maryland 21201  
410-767-8995  
[mdh.healthdisparitiesRFAapplications@maryland.gov](mailto:mdh.healthdisparitiesRFAapplications@maryland.gov)

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

### **1.3 Grant Monitor**

Lindsay Lotter, Program Administrator  
Office of Minority Health and Health Disparities  
Maryland Department of Health  
201 W. Preston Street, Room 500  
Baltimore, MD 21201  
[Lindsay.lotter@maryland.gov](mailto:Lindsay.lotter@maryland.gov)

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

## 1.4 eMaryland Marketplace Advantage

Each Applicant is required 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.

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 “eMMA” at the top, then click on "New Vendor? Register Now" to begin the process, and then follow the prompts.

## 1.5 Questions

Written questions from prospective Applicants will be accepted by the Contract Officer and Grant Monitor. Questions **shall be submitted via e-mail to the following e-mail addresses:** [mdh.healthdisparitiesRFAapplications@maryland.gov](mailto:mdh.healthdisparitiesRFAapplications@maryland.gov) and [Lindsay.Lotter@Maryland.gov](mailto:Lindsay.Lotter@Maryland.gov) Please **include in the subject line the Solicitation Number, MOTA FY2025 and the applicant organization name.**

Questions are requested to be submitted at least seven (7) days prior to the Application due date. The Contract 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 Contract Officer, via eMMA as listed on the Key Information Summary Sheet, ***no later than 2:00 pm Local Time on Monday, May 20, 2024, to be considered.***

Requests for an 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 Application should be directed by email only (no phone calls) to the Contract Officer.

Applications may be modified or withdrawn by email 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.

We expect to make 10 to 20 awards of \$25,000 to \$75,000 each based on this RFA. Proposal budgets should not exceed \$75,000.

## **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.

Upon receiving an award, should the Grantee fail to fulfill its obligations as outlined in the Scope of Work and/or the documented Narrative submitted in response to this RFA and/or the terms of its contract for this award, the State retains the authority to terminate the contract. The Grantee shall receive a minimum of ten (10) days' advance notice before termination.

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## **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:

- 2.1.1 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.
- 2.1.2 For social organization Applicants (not local, state government agency, public college, or state university), the Applicant must be a nonprofit organization, classified by the IRS as tax-exempt under section 501(c)(3) of the Internal Revenue Code. Applications must include attachments of the following documentation from the applicant:
  - Documentation of tax-exempt status of the Applicant or the Applicant’s fiscal sponsor (i.e. IRS tax exempt status determination letter)
- 2.1.3 Applicants must have a certificate of good standing issued by the Maryland State Government.

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 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.

#### **Eligibility Information**

Non-profit organizations as described above within Maryland jurisdictions (including Baltimore City) are eligible to apply for this grant for the period of July 1, 2024 to June 30, 2025. Awards will range from a minimum award of \$25,000 to a maximum award of \$75,000. Awards are for one year, with an option for a one- year non-competitive renewal if there is satisfactory initial year performance.

All program proposals should target minority populations in the jurisdiction where the organization maintains an office. If your organization serves minorities in more than one jurisdiction, you are required to submit an application for the one jurisdiction where your organization intends to offer a program, since the applications and awards are jurisdiction-specific. Only one application may be submitted per organization.

- a. Applicants must identify and maintain an operational office within the Jurisdiction proposed. All official records must be maintained at this location and accessible for site visits and audits.
- b. Letters of COMMITMENT (not just “support”) must be obtained from partnering organizations in each Jurisdiction where services are being proposed. Please see Section D for more information on letters of commitment.
- c. Applicants must provide a copy of (a) IRS nonprofit determination for your organization, (b) IRS form 990, (c) financial statement and (d) most recent audit report if your organization received public funds over \$100,000 annually in the last three years.

- d. Applicants must include a letter of good standing with the Maryland State Government in their proposal. A letter of good standing can be obtained by submitting a written request to the Maryland Comptroller, General Accounting Division, Post Office Box 746, Annapolis, Maryland 21404. For guidance on receiving your letter of good standing, call 410-260-7813.

## **Award Information**

The Minority Outreach and Technical Assistance program (MOTA) will provide funding during the State's fiscal year FY 2025. Awards will be issued as Grant Agreements, a form of grant that allows for substantial state involvement, using a cooperative agreement model. Awardees will be given the opportunity to apply for a non-competitive grant renewal for FY 2026, provided that initial year performance is satisfactory.

This is a competitive funding announcement. Applications will be evaluated based on each applicant's ability to demonstrate their capacity and ability to meet the criteria and expectations outlined in the RFA.

### **Substantial involvement by the state may include, but is not limited to, the following functions and activities:**

- a. Review and approval of work plans and budgets before work can begin on a program during the period covered by this assistance or when a change in scope of work is proposed.
- b. Any publications (best practices programs/tool kits, pamphlets, posters, fliers, media messages, etc.) funded with MHHD/MOTA funds must be forwarded to MHHD for review and comment prior to publication, to ensure consistency with MHHD objectives.
- c. Review of proposed personnel, contracts, consultant agreements/sub-grantees.
- d. Involvement in the evaluation of the performance of key recipient personnel supported through this assistance.
- e. In accordance with applicable laws, regulations, and MDH policies, the authority to take corrective action if detailed performance specifications (e.g. activities in this funding guidance; approved work plan activities; budgets; performance measures and reports) are not met.

Funding within this fiscal year (FY 2025) is dependent on the availability of Maryland State Government appropriated funds, an acceptable grant application, and a decision that funding is in the best interest of the state.

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## SECTION 3 – SCOPE OF WORK

### 3.1 Background and Purpose

#### Program Purpose and Structure

Rationale for focus on Pregnancy, Birth Outcomes, Mental Health, and the Targeted Chronic Diseases (cardiovascular disease, cancer, obesity, diabetes).

The purpose of the MOTA program is to improve the health outcomes of racial and ethnic minority communities through community engagement, partnerships, outreach, technical assistance, and ongoing intervention with individuals with demonstrated need. The health conditions targeted by the MOTA program have the following significance for Maryland's minority population:

- a. **Cardiovascular diseases:** Heart disease is the leading cause of death in Maryland and stroke is the third leading cause. Heart disease accounts for just under one quarter of deaths in Maryland. Heart disease death rates have the largest minority disparity from the perspective of excess minority deaths per 100,000 people.
- b. **Cancer:** Cancer is the second leading cause of death in Maryland, very close behind heart disease. Cancer accounts for just under one quarter of deaths in Maryland. Cancer death rates have the second largest minority disparity from the perspective of excess minority deaths per 100,000 people.
- c. **Obesity:** Obesity rates are higher for minority persons than for Whites. Obesity is a cause of cardiovascular disease, some cancers, diabetes, high blood pressure, and some types of arthritis.
- d. **Diabetes/Prediabetes:** Diabetes is the sixth leading cause of death in Maryland. Black diabetes death rates are twice as high as White death rates. Rates of emergency room visits and hospital admissions for diabetes are about three times as high for Non-Hispanic Blacks as compared to Non-Hispanic Whites. Diabetes is also a risk factor for heart disease, stroke, amputations, blindness, kidney failure, and nerve damage.
- e. **Pregnancy and Birth Outcomes:** Poor birth outcomes such as infant mortality, low birth weight, need for neonatal intensive care, and subsequent lifelong health problems, are more common in Maryland's minority population. Non-Hispanic Black infant mortality is generally about 2.5 to 3.0 times as high as Non-Hispanic White infant mortality. Minority maternal mortality is also significantly higher.
- f. **Mental Health:** Accurate measurement of mental health disparities is limited by low use of mental health services by minority populations, leading to undercount of the frequency of these disorders among minorities. Some analysis has indicated that minority mental health disorders are at least as frequent if not higher, but the use of mental health services is about half, compared to the Non-Hispanic White population. Substance use disorders and overdose death rates are also higher in some minority populations.

## MHHD Expectations

The following are MHHD's expectations for every MOTA funded partner in any Maryland Jurisdiction serving racial and ethnic minorities.

- a. Partnership and collaboration with Local Health Departments include:
  - Scheduling and meeting with the Health Officer in your Jurisdiction to introduce your organization as the MOTA partner
  - Express interest in being a member of the Local Health Improvement Council (LHIC)
  - Share your monthly reports and data summaries with your Local Health Department to avoid duplication of efforts and data
  - Request a contact person from the Local Health Department that will directly work with your organization as a MOTA partner.
  - Collaborate on activities to avoid duplication of efforts and maximize inputs.
  - Stratify data by race and ethnicity
  - Attend collaborative meetings with MHHD and provide minutes showing attendance.
- b. Partnership and collaboration with other MOTA grantees as well as other Community and Faith Based Organizations (CBOs & FBOs)
- c. Participation in technical assistance, capacity building (such as workshops, training and conferences, etc.) and program sustainability activities (such as grant writing, networking, fundraising, etc.)
- d. Attendance at all MHHD/MOTA Quarterly Partnership Meetings.
- e. Provide community-based health education using best practices curricula based on selected disease focus area
- f. Increase knowledge of prevention, health screening, access to primary care resources for the disease focus area selected.
- g. Demonstrate improvement in focus-area-specific health indicators (such as BMI, blood pressure, blood glucose or A1c, physical activity, fruit and vegetable consumption, sodium (salt) consumption, respiratory peak flow readings, cancer screenings, maternal smoking and substance use, prenatal care, full-term delivery and normal birth weight, and emergency department visits and hospitalizations). These improvements will be demonstrated by measuring before, during and after intervention values of these indicators in participants who will have ongoing contact with the program.

For FY 2025, MOTA applicants are required to **focus on ONLY ONE** of the following key areas: *Pregnancy outcomes and birth outcomes, mental health, cardiovascular disease, diabetes and/or obesity, and cancer.*

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## 3.2 Scope of Work Requirements

### 3.2.1 General Requirements

**3.2.1.0 The Americans with Disabilities Act:** The Americans with Disabilities Act (<https://www.ada.gov/>) protects qualified individuals with disabilities from discrimination on the basis of disability in services, programs, and activities. Accessibility and inclusion of diverse populations are essential to reduce health disparities for vulnerable populations. Contractors must comply with all ADA requirements in their work to ensure the needs of persons with disabilities and other vulnerable populations are met. This includes, but is not limited to:

- facilities and any venues used for meetings/conferences are accessible;
- requested accommodations are provided in a timely manner; and
- written and printed materials developed in accessible formats (easy to read, large print, etc.), or providing access to alternative formats.

For contracts which include direct patient care or service delivery through a program, the ADA requires entities provide full and equal access for people with disabilities. This includes, but is not limited to:

- reasonable modifications of policies, practices, and procedures;
- effective communication; and
- accessible facilities.

3.2.1.1 The applicant shall provide the required two components of general health education and longitudinal health promotion program to a cohort of enrolled participants (MHHD expectations e, f, and g above).

- A specific population" will be identified by the Applicant as s specific racial or ethnic groups.
- A geographic area will be identified by the Applicant as a specific jurisdiction, zip code, census tract within Maryland.

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

3.2.1.3 The Applicant shall not make or enact changes in the work plan 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 services to racial or ethnic minority populations in a specific geographic area within Maryland.

Services will have two components:

- General health education
- Longitudinal health promotion program to enrolled participants.

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

3.2.2.3 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, having clearly defined program requirements (i.e., curriculum, service delivery model, staff qualification), fidelity measures, and performance measures.
- B. If the Applicant implements an EBP, all requirements of the evidence-based program must be met, including but not limited to qualifications of staff, service delivery, and target population.
- C. 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.

3.2.2.4 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 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 10th of the month following completion (e.g., report for October 2024 is due November 10, 2024). 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 eating of fruits/vegetables).

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 an annual report, due no later than August 31, 2025, using a template provided by MHHD.

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

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### 3.3 Invoicing

#### 3.3.1 General

**No advance payments to provide start-up funding can be made with this award. All payments must be a reimbursement of invoiced expenses. Therefore, grantees will be expected to support from their own funds the first three months (plus invoice processing time) of program activities. Quarterly invoices are due 15 days after the end of a quarter, and invoice processing will take approximately 30 days from receipt. All receipts must be categorized to align with the invoice.**

**COMPTROLLER OF MARYLAND GENERAL ACCOUNTING DIVISION (p.33) states: *Since the State of Maryland is exempt from all forms of taxes, except excise tax on air flights, tax items should not be included in any invoice payments.***  
[Comptroller of Maryland Accounting Procedures Manual](#)

**All awardees are strongly encouraged to obtain ACH/Direct Deposit. You can access the links to the General Accounting Division (GAD) for applying for ACH/Direct Deposit transactions and researching your payments using the links below.**

**State of Maryland ACH/Direct Deposit Authorization for Vendor Payments**  
[State of Maryland ACH/Direct Deposit Authorization for Vendor Payments](#)  
[GAD's Online Service Center](#)

- A. All invoices for services shall be signed by the Grantee and submitted to the Contract Officer using the MDH 432 and MDH 438 forms which include the following:

Grantee Name	Invoice Number
Remittance address	Invoice Date
Federal taxpayer identification (or if sole proprietorship, the individual's social security number)	State assigned (Blanket) Purchase Order number(s)
Goods or services provided	State assigned contract number
Invoice period	Amount due
Invoice	

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.

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## SECTION 4 – APPLICATION FORMAT

### 4.1 Two Part Submission

Offerors shall submit Proposals in separate volumes:

Volume I – Technical Proposal (Project Narrative)

Volume II – Budget Proposal (Narrative and Spreadsheets)

### 4.2 Applications

4.2.1 Applications must be submitted via eMMA (eMaryland Marketplace Advantage) as listed on the Key Information Summary Sheet. The Contract 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 Contract Officer eMMA inbox. Time stamps on outgoing email from Applicants shall not be accepted.

4.2.1.1 The email submission subject line shall state the RFA Title and number and either Technical Application or Budget Narrative.

4.2.1.2 Two Part Submission:

A. Technical Application (See 4.3.)

B. Budget Narrative (See 4.4)

4.2.2 Applications will be shown only to State employees, members of the Evaluation Committee, or other persons deemed by the Department to have a legitimate interest in them.

**\*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.**

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## 4.3 Volume I – Technical Proposal (Project Narrative)

**Note: No pricing information is to be included in the Technical Proposal (Volume 1). Pricing information is to be included only in the Budget Proposal (Volume II).**

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

**4.3.1.1 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
9. Completed RFA document checklist (Attachment B)

Applicant may download fillable forms from the MHHD website at [MHHD Grant Documents](#)

**4.3.1.2 The Project Narrative** shall include the Scope of Work, including the Work Plan. The Project Narrative will be no more than 10 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 focus area 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 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. Please describe the Applicant's ability to initiate programming prior to the disbursement of MDH funds.

**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. Please 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 and include Appendix D**) Three types of measures should be included: activity measures, reach measures, and health outcome measures.

- 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) 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).
- 3) For all measures:
  - i. Identify data sources, data collection and analysis methodology, and reporting frequencies.

- ii. Provide baseline data.

Required performance measures are listed in Appendix D. Proposed targets for these measures as applicable to the proposed program must be provided on Appendix D and on the 432-C Form.

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

**4.3.1.3 The Application Narrative 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. **Work plan for Year 1** - Work plan 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.

- D. **Completed Attachment D**

Applicant may download fillable forms from the MHHD website at [MHHD Grant Documents](#)

**4.3.1.4 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
- b. Applicant shall acknowledge they have read the American with Disabilities Act Statement in Section 3.2 and will meet all requirements.

**4.3.1.5 Signed W-9 with Contact Person Names and Phone Number**

## **4.4 Volume II – Budget Proposal (Narrative and Spreadsheets)**

- 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.

Applicant may download fillable forms from the MHHD website at [MHHD Grant Documents](#)

## **SECTION 5 – EVALUATION COMMITTEE, 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 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 are listed below in descending order of importance.

5.2.1 Program Design: 70% of score, composed of

- Proposed program
- Work plan overview
- Performance measures
- Problem statement
- Target population

5.2.2 Operational details: 30% of score, composed of

- Organizational Capacity
- Partnerships
- Program Management
- Geographic area
- References
- Dissemination plan
- 

5.2.3 Acknowledged agreement to meet the American with Disabilities Act Statement in Section 3.2 and will meet all requirements.

### **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**

#### **5.4.1 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 non-responsive and/or an Applicant's Application to be not reasonably susceptible of being selected for award at any time after the initial closing date for receipt of Applications and prior to Grant award. If the State finds an Applicant to be not responsive and/or an Applicant's Project Narrative to be not reasonably susceptible of being selected for award, that Applicant's Budget Narrative will be returned if the Budget Narrative is unopened at the time of the determination.

#### **5.4.2 Award Determination**

Upon completion of the Project Narrative and Budget Narrative evaluations and rankings, each Applicant will receive an overall ranking. The Contract Officer will recommend award of the Grant to the responsible Applicant that submitted the Application determined to be the most advantageous to the State. In making this most advantageous Application determination, technical factors and financial factors will be weighted equally.

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK**

## **RFA ATTACHMENTS**

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

This must be completed and submitted as a separate pdf formatted document and as an excel spreadsheet using the downloadable spreadsheet version and submitted in the Budget Proposal, separate from the Technical Proposal (Project Narrative).

### **EXHIBIT C—Budget Narrative**

This form must be completed and submitted in the Budget Proposal as a separate document from the Technical Proposal (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. Completed checklists are to be submitted as the last item in the transmittal letter.

### **ATTACHMENT C – Work Plan Template** (submitted in the Technical Proposal)

### **ATTACHMENT D – Grantee Required Performance Measures Table**

(Attachment D submitted in the Technical Proposal)

Applicant may download fillable forms from the MHHD website at [MHHD Grant Documents](#)

**EXHIBIT B – BUDGET FORM**

This is provided for informational purposes only. Please submit using the spreadsheet version downloadable as described below.

Applicant may download fillable forms from the MHHD website at [MHHD Grant Documents](#)

**BUDGET FORM**

**MDH 432A**

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 BUDGET**

<b>PROGRAM ADMINISTRATION:</b>			
<b>GRANT NUMBER:</b>		<b>DATE SUBMITTED:</b>	
<b>CONTRACT PERIOD:</b>		<b>FISCAL YEAR:</b>	
<b>ORGANIZATION:</b>			<b>PHONE #:</b>
<b>STREET ADDRESS:</b>			
<b>CITY, STATE, COUNTY:</b>			<b>ZIP:</b>
<b>PROGRAM TITLE:</b>			

**MDH PROVIDES 50% OR MORE OF FUNDING (Y/N)**

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

-----  
 -----  
 -----  
 -----  
 -----

**OTHER DIRECT FUNDING**

<b>LINE ITEMS MAY NOT BE CHANGED</b>	<b>MDH FUNDING REQUEST</b>	<b>SUPPLEMENTAL FUNDING REDUCTION</b>	<b>FED./STATE LOCAL &amp; GOV'T</b>	<b>ALL OTHER AGENCY</b>	<b>TOTAL OTHER FUNDING</b>	<b>PROGRAM BUDGET</b>
SALARIES/SPECIAL PAYMENTS	0	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/	0					0
MAINTENANCE/REPAIRS	0					0
POSTAGE	0					0
PRINTING/DUPLICATION	0					0
STAFF DEVELOPMENT/	0					0
TRAINING	0					0
CLIENT ACTIVITIES	0					0

ADVERTISING	0					0
INSURANCE	0					0
LEGAL/ACCOUNTING/AUDIT	0					0
PROFESSIONAL DUES	0	0	0	0	0	0
OTHER	0					0
(ATTACH ITEMIZATION)	0					0
TOTAL DIRECT COSTS	0	0	0	0	0	0
INDIRECT COST		0	0	0	0	0
TOTAL COSTS	0	0	0	0	0	0
LESS: CLIENT FEES						0
MDH FUNDING	0					0

MDH 432B (2/19)



**PROGRAM BUDGET  
ESTIMATED PERFORMANCE MEASURES**

<b>PROGRAM ADMINISTRATION:</b>	[REDACTED]	<b>AWARD NUMBER:</b>	[REDACTED]
<b>FISCAL YEAR:</b>	[REDACTED]	<b>CONTRACT PERIOD:</b>	[REDACTED]
<b>ORGANIZATION</b>	[REDACTED]	<b>PHONE NUMBER:</b>	[REDACTED]
<b>ADDRESS:</b>	[REDACTED]	<b>ZIP:</b>	[REDACTED]
<b>PROGRAM TITLE:</b>	[REDACTED]		

	<b>PERFORMANCE MEASURE</b>	<b>BUDGET YEAR FY _____ ESTIMATE</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		





**MDH 432F**

**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)



**MDH 432H**

**ANTICIPATED SOURCES OF FUNDING MDH 432H**

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

MDH432H (Rev. 3/19)

Applicant may download fillable forms from the MHHD website at [MHHD Grant Documents](#)

**EXHIBIT C – BUDGET NARRATIVE**

**BUDGET NARRATIVE TEMPLATE**

**Sample Line-Item Justification**

**Program Budget Narrative Justification**

**Salaries** **\$40345.00**

**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 consultants.

**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.

**Etc. (address all non-zero line items on the 432-B form)**

# ATTACHMENT A – Standard Grant Agreement “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: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

SEAL  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_

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

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

**APPENDIX A**

The Department's Grant Monitor is:

<Name and Title of MDH grant monitor>  
address,  
<Office>  
Maryland Department of Health  
201 W. Preston Street  
Baltimore, Maryland 21201  
Phone:  
Email:

The Grantee's Grant Monitor is:

<enter name, title, office, grantee agency,  
phone number and email >

**I. BACKGROUND INFORMATION OF AGREEMENT**

<Enter background information of the agreement>

**II. DUTIES OF THE GRANTEE**

**SCOPE OF WORK:**

<Enter all duties and scopes of work for the grant agreement>

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**APPENDIX B (insert revised budget)**

**Cost Estimate for:**

**<Name of Project>**

---

**PERIOD OF PERFORMANCE - <Date of Project>**

**<Enter Budget>**

## II. DUTIES OF THE DEPARTMENT

Other than awarding the funds to the <grantee/sub-recipient/sub-awardee> for this project <MDH awarding agency> will:

- Provide necessary technical support and monitoring to <grantee/sub-recipient/sub-awardee> to ensure state and federal grant compliance.

This includes but is not limited to:

- Completion of the MDH Office of the Inspector General Risk Assessment
- Completion of the Standard Grant Agreement Checklist
- Determination of Good Standing with The State of Maryland
- Review for Debarment, Suspension, or any Exclusion from doing business with Maryland
- Determination regarding No Conflicts of Interest
- Review of Single Audits
- Review for Debarment, Suspension, or any Exclusion from doing business with the Federal Government

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**SECTION IV. INCORPORATION BY REFERENCE**

Both parties hereby agree that the documents described below, if any, are hereby incorporated into and made an integral part of this Agreement: (Type "None", if none)

Exact Title of Document(s)	Number of Pages
<u>Conditions of Award- Attachment A</u>	<u>2</u>
<u>Federal Funds- Attachment B</u>	<u>2</u>
<u>Debarment Affirmation- Attachment C</u>	<u>2</u>
<u>Certification Regarding Tobacco Smoke- Attachment D</u>	<u>1</u>
<u>Certification Regarding Lobby- Attachment E</u>	<u>5</u>
<u>Additional Information required for Prevention and Health Promotion Administration Grants – Attachment F</u>	<u>2</u>

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**CONDITIONS OF AWARD**

**Maryland Department of Health (MDH)**

<Enter Department Here>

<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 <Enter Department Here> 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 <Enter Department Here> 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.

**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 [<Enter Department Here>](#) 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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**FEDERAL FUNDS**

A Summary of Certain Federal Fund Requirements and Restrictions  
[Details of particular laws, which may levy a penalty for noncompliance,  
are available from the Maryland Department of Health.]

1. Form and rule enclosed: 18 U.S.C. 1913 and section 1352 of P.L. 101-121 require that all *prospective* and present subgrantees (this includes all levels of funding) who receive more than \$100,000 in federal funds must submit the form "Certification Against Lobbying". It assures, generally, that recipients will not lobby federal entities with federal funds, and that, as is required, they will disclose other lobbying on form SF- LLL.
2. Form and instructions enclosed: "Form LLL, Disclosure of Lobbying Activities" must be submitted by those receiving more than \$100,000 in federal funds, to disclose any lobbying of federal entities (a) with profits from federal contracts or (b) funded with nonfederal funds.
3. Form and summary of Act enclosed: Sub-recipients of federal funds on any level must complete a "Certification Regarding Environmental Tobacco Smoke," required by Public Law 103-227, the Pro-Children Act of 1994. Such law prohibits smoking in any portion of any indoor facility owned or leased or contracted for regular provision of health, day care, early childhood development, and education or library services for children under the age of 18. Such language must be included in the conditions of award (they are included in the certification, which may be part of such conditions.) This does not apply to those solely receiving Medicaid or Medicare, or facilities where WIC coupons are redeemed.
4. In addition, federal law requires that:
  - a) OMB 2 CFR 200, Subpart F, Audit Requirements requires that grantees (both recipients and sub-recipients) which expend a total of \$750,000 or more in federal assistance shall have a single or program-specific audit conducted for that year in accordance with the provisions of the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. and the Office of Management and Budget (OBM) 2 CFR 200, Subpart F.
  - b) All sub-recipients of federal funds comply with Sections 503 and 504 of the Rehabilitation Act of 1973, the conditions of which are summarized in item (C).
  - c) Recipients of \$10,000 or more (on any level) must include in their contract language the requirements of Sections 503 (language specified) and 504 referenced in item (B).

Section 503 of the Rehabilitation Act of 1973, as amended, requires recipients to take affirmative action to employ and advance in employment qualified disabled people. An affirmative action program must be prepared and maintained by all contractors with 50 or more employees and one or more federal contracts of \$50,000 or more.

This clause must appear in subcontracts of \$10,000 or more:

- i. The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
- ii. The contractor agrees to comply with the rules, regulations, and relevant orders of the secretary of labor issued pursuant to the act.
- iii. In the event of the contractor's non-compliance with the requirements of this clause, actions for non-compliance may be taken in accordance with the rules, regulations and relevant orders of the secretary of labor issued pursuant to the act.
- iv. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the director, provided by or through the contracting office. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.
- v. The contractor will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1973, and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.
- vi. The contractor will include the provisions of this clause in every subcontract or purchase order of \$10,000 or more unless exempted by rules, regulations, or orders of the [federal] secretary issued pursuant to section 503 of the Act, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the director of the Office of Federal Contract Compliance Programs may direct to enforce such provisions, including action for non-compliance.

Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 791 et seq.) prohibits discrimination on the basis of handicap in all federally assisted programs and activities. It requires the analysis and making of any changes needed in three general areas of operation-programs, activities, and facilities and employment. It states, among other things, that:

*Grantees that provide health...services should undertake tasks such as ensuring emergency treatment for the hearing impaired and making certain that persons with impaired sensory or speaking skills are not denied effective notice with regard to benefits, services, and waivers of rights or consents to treatments.*

- D) All sub-recipients comply with Title VI of the Civil Rights Act of 1964 that they must not discriminate in participation by race, color, or national origin.
- E) All sub-recipients of federal funds from SAMHSA (Substance Abuse and Mental Health Services Administration), NIH (National Institute of Health), CDC (Center for Disease Control and Prevention), and HHS (Health and Human Services) are prohibited from paying any direct salary at a rate of Executive Level II or more than \$189,600 per year. (This includes, but is not limited to, sub-recipients of the Substance Abuse Prevention and Treatment and the Community Mental Health Block Grants and NIH research grants, Public Health and Emergency Preparedness and Hospital Preparedness Program Cooperative Agreements.)
- F) There may be no discrimination on the basis of age, according to the requirements of the Age Discrimination Act of 1975.
- G) For any education program, as required by Title IX of the Education Amendments of 1972, there may be no discrimination on the basis of sex.
- H) For research projects, a form for Protection of Human Subjects (Assurance/Certification/Declaration) should be completed by each level funded, assuring that either: (1) there are no human subjects involved, or that (2) an Institutional Review Board (IRB) has given its formal approval before human subjects are involved in research. [This is normally done during the application process rather than after the award is made, as with other assurances and certifications.]
- I) In addition, there are conditions, requirements, and restrictions which apply only to specific sources of federal funding. These should be included in your grant/contract documents when applicable.

**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]:

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D. 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: X \_\_\_\_\_

By: X \_\_\_\_\_

(Authorized Representative and Affiant)

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**DEPARTMENT OF HEALTH & HUMAN SERVICES**

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Public Health Services  
Health Resources and Service Administration  
Rockville, MD 20857

**CERTIFICATION REGARDING ENVIRONMENT TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned, or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences, portions of facilities used for inpatients drug or alcohol treatment, service providers whose sole sources of applicable Federal funds are Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply will result with the monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offer or/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

X

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Signature of Authorized Certifying Official

4/2004

## **Certification Regarding Lobbying**

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 U.S. 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.

Grant Award No.	Organizational Entry
Name and Title 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 U.S.C. 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 1st 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 Application (RFP) number, Invitation for BID (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/application 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, D.C. 20503.

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**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S. 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>_____ 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>_____ Congressional District, <i>if known</i></p>
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p>	
<p>8. Federal Action Number, <i>if known</i>;</p>	<p>9. Award Amount, <i>if known</i>:</p>	
<p>10. a. Name and Address of Lobbying Entity: (If individual, last name, first name, MI):</p>	<p>11. Individuals Performing Services (Including address if different from No. 10a) (last name, first name, MI):</p>	
<p>11. Amount of Payment (<i>check all that apply</i>):</p> <p>\$ _____ actual _____ planned</p>	<p>13. Type of Payment (<i>Check all that apply</i>):</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 (<i>check all that apply</i>):</p> <p>___ a. Cash</p> <p>___ b. In-kind: specify: nature _____</p> <p>_____ value</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:

(attached Continuation Sheet(s) SF-LLL-A *if necessary*)

15. Continuation Sheet(s) SF-LLL-A attached: \_\_\_\_\_yes \_\_\_\_\_ no

16. Information required through this form is authorized by title 31 U.S.C. sections 1352. This disclosure of lobbying activities is a material 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 U.S.C. 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.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Date: \_\_\_\_\_

Federal Use Only:

Authorized for Local Reproduction Standard form-LLL

Continuation Sheet

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED FOR PREVENTION AND HEALTH PROMOTION  
ADMINISTRATION GRANTS**

1. The grant period or term is: \_\_\_\_\_(insert start and end dates)\_\_\_\_
2. There ( are / \_\_\_\_\_ are not) programmatic conditions that apply to this grant, regardless of the type of funding. If applicable, these conditions are contained in Appendix D.
3. Within 60 calendar days after the close of any grant period, the Grantee shall provide to the MDH Department of Program Cost and Accounting and the PHPA grantor an itemized statement of expenditures showing how the funds were expended for the grant period.
4. Interim fiscal reporting requirements for this grant are listed below. All interim fiscal reports must be sent to the grant monitor within 30 days of the listed dates. Failure to submit the interim reports as described may delay further disbursement of grant funds.

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5. All expenditure reports must be signed by the Chief Executive Officer or the Chief Financial Officer of the grantee's organization.
6. Before any grant funds are distributed, the Grantee shall provide a budget detailing how the grant funds are to be expended.
7. PHPA may call for annual independent financial audits of past and future grants to verify the propriety of reported expenditures.
8. Whenever funds must be distributed prior to the beginning of the grant period, subsequent payments to the Grantee will be made only after the Grantor verifies, through detailed expenditure reports, that the initial funds have been spent.
9. Federal Funding Acknowledgement ( if applicable)
  - a. This grant ( \_\_\_\_\_ does/ \_\_\_\_\_ ) does not contain federal funds.
  - b. The total amount of federal funds allocated for the \_\_\_\_\_ is \$ \_\_\_\_\_ in Maryland State fiscal year \_\_\_\_\_. This represents \_\_\_\_\_% of all funds budgeted for unit in that fiscal year. This does not necessarily represent the amount of funding available.

c. If contained, the source of these federal funds is:

\_\_\_\_\_.

d. The CFDA number is \_\_\_\_\_. The conditions that apply to all federal funds awarded by the Prevention and Health Promotion Administration are contained in Appendix B. Any additional conditions that apply to this federally funded grant are contained in Appendix D

10. This grant ( \_\_\_\_ does/\_\_\_\_) does not contract with subproviders on a cost reimbursement basis.

## ATTACHMENT B – RFA Document Checklist

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

- Transmittal Letter and completed narrative and budget checklists
- Project Narrative
- Work Plan
- Letters of Commitment
- References
- Performance measures table (Attachment D)

### **Budget Narrative Checklist:**

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

Applicant may download fillable forms from the MHHD website at [MHHD Grant Documents](#)

**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.				

Applicant may download fillable forms from the MHHD website at [MHHD Grant Documents](#)

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**ATTACHMENT D – Grantee Required Performance Measures Table**

**Complete this attachment for the focus area of your application.**

*Additional performance measures (items for which an annual target can be predicted) or reportable results (items where annual targets are less predictable due to variable community need) that are specific to your program design should be added to this list.*

**Submit this Appendix with the Project Narrative/Technical Proposal (Volume 1).**

**Cardiovascular Diseases**

	<b>FY 2025 Proposed</b>
# Of encounters (individuals touched)	
# Of engagements (Individuals with whom information was exchanged)	
# Of individuals enrolled in cardiovascular prevention or management program	
# Of individuals who experienced improvement (lower BMI, lower blood pressure, lower cholesterol, lower blood sugar or A1c, stopped smoking, better diet, more exercise, better sleep, lower stress depending on program design)	
# Of individuals who maintained improvement for 60 days, 90 days, 180 days	
# Of individuals linked to healthcare professional	
# Of individuals who completed exit survey	

**Mental Health**

# Of encounters (individuals touched)	
# Of individuals that expressed interest in mental health services/resources	
# Of individuals Linked/referred to mental health services	
# Of unduplicated (newly enrolled) individuals enrolled in the mental health services	
# Of individuals who Completed 60 days, 90 days, 120 days, 180 days in services	
# Of individuals who expressed improvement of mental health concerns at treatment end	
# Of individuals Who Completed Exit Survey	

Applicant can download fillable forms from the MHHD website at [MHHD Grant Documents](#)

**Cancer**

	<b>FY 2025 Proposed</b>
# Of Encounters (individuals touched)	
# Of Engagements (Individuals with whom information or services were exchanged)	
# Of individuals linked to Health Care Professional or FQHC (Federally Qualified Health Center) for screening	
# Of unduplicated (newly enrolled) Individuals in the Program	
# Of individuals who completed 60 days, 90 days, 120 days of programming	
# Of individuals who exhibited greater knowledge of cancer prevention, education, and services at program completion	
# Of individuals who completed exit survey	

**Obesity/Diabetes**

# Of encounters (individuals touched)	
# Of engagements (Individuals with whom information was exchanged)	
# Of individuals enrolled in weight loss or diabetes program	
# Of individuals who experienced decrease in BMI (if applicable)	
# Of individuals who maintained weight loss for 60 days, 90 days, 180 days	
# Of individuals linked to healthcare professional	
# Of individuals who completed exit survey	

**Pregnancy Outcomes and Birth Outcomes**

# Of Encounters (individuals touched)	
# Of Engagements (individuals with whom information or services were exchanged)	
# Of individuals linked to Health Care Professional or FQHC (Federally Qualified Health Center)	
# Of unduplicated (newly enrolled) individuals in the Program	
# Of individuals who completed programming within 90 days	
# Of individuals who successfully completed training (i.e., prenatal care, breastfeeding, parenting, nutrition etc.)	
# Of individuals who completed exit survey	