



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

EXHIBIT A

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

CONTRACT ID NUMBER – **(BPM055355)**

Issue Date: February 11, 2026

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 Contract Officer, and that wishes to assure receipt of any changes or additional materials related to this RFA, should immediately contact the Contract 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: **BPM055355**

RFA Issue Date: February 11, 2026

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

Grant Monitor: Lindsay Lotter, Program Administrator
Office of Minority Health and Health Disparities
Maryland Department of Health (MDH)
201 W. Preston Street, Room 500
Baltimore, Maryland 21201
410-320-2829
mdh.motamhhd@maryland.gov

Applications are to be submitted via: Submit via eMaryland Marketplace Advantage (eMMA)

Attention: Shirlene Carr

Closing Date and Time: March 11, 2026, 5:00 p.m. local time

Pre-Application Conference:

Applicants can download fillable forms from the MHHD website at [Grant Application 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 February 25, 2026, from 12 PM to 2 PM The purpose of the Webinar is to explain the application process and to answer any questions.

Please register at this link: <https://www.eventbrite.com/e/mota-pre-application-webinar-tickets-1980494078101?aff=oddtcreator> in advance, so we can notify you of any changes to time or login that might occur. The webinar will be recorded and posted to our website.

TABLE OF CONTENTS

SECTION 1 – GENERAL INFORMATION	4
1.1 Summary Statement	4
1.2 Contract Officer	4
1.3 Grant Monitor	4
1.4 eMaryland Marketplace Advantage	5
1.5 Questions	5
1.6 Application Due (Closing Date and Time)	5
1.7 Award Basis	5
1.8 Revisions to the Application	6
1.9 Cancellations	6
SECTION 2 – MANDATORY REQUIREMENTS	7
2.1 Applicant Mandatory Requirements	7
SECTION 3 – SCOPE OF WORK	9
3.1 Background and Purpose	9
3.2 Scope of Work Requirements	10
3.3 Invoicing	13
SECTION 4 – APPLICATION FORMAT	15
4.1 Two Part Submission	15
4.2 Applications	15
4.3 Volume I - Technical Proposal	15
4.3.1.1 Transmittal Letter	
4.3.1.2 Table of Contents	
4.3.1.3 Project Narrative	
4.3.1.4 Application Attachments	
4.4 Volume II - Budget Proposal	19
SECTION 5 - EVALUATION: COMMITTEE, CRITERIA, AND SELECTION PROCEDURE	
5.1 Evaluation Committee	20
5.2 Technical Proposal Evaluation Criteria	20
5.3 Budget Proposal Evaluation Criteria	20
5.4 Selection Procedures	21
SECTION 6 - PROPOSAL ATTACHMENTS	22
6.1 - Exhibit B: Budget Form	24
6.2 - Exhibit C: Budget Narrative	25
6.3 - Attachment A: Standard Grant Agreement, Conditions of Award	26
6.4 - Attachment B: RFA Document Checklist	37
6.5 - Attachment C: Work Plan Template	38
6.6 - Attachment D: Work Plan Gantt Chart Template	43
6.7 - Attachment E: Grantee Required Performance Measures Table	44
6.8 - Attachment F: Grantee Required Performance Measures Monthly Table	48

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 education and health promotion interventions in six health focus areas to reduce health inequity.
- 1.1.2 It is the State's intention to provide 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 optional second continuation year contingent on satisfactory performance in the initial year.
- 1.1.3 The Department intends to make up to 18 awards of \$25,000 to \$75,000 as a result of this RFA. All awards are subject to the availability of funding and successful implementation of the services specified in this RFA.
- 1.1.4 Applicants, either directly or through their subcontractor(s), must provide all services and meet all requirements requested in this request. The successful Applicants shall remain responsible for performance regardless of subcontractor participation in the work.

1.2 Contract Officer

The primary 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

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

1.3 Grant Monitor

The Grant Monitor is:

Lindsay Lotter, Program Administrator
Office of Minority Health and Health Disparities
Maryland Department of Health (MDH)
201 W. Preston Street, Room 500
Baltimore, Maryland 21201
410-320-2829
mdh.motamhhd@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. All responses provided by the Grant Officer will be sent from the mdh.healthdisparitiesRFAapplications@maryland.gov email address to all respondents to the RFA.

In order to receive a contract award, **a vendor must be registered on eMMA**. Registration is free. Go to <https://procurement.maryland.gov/>, click on "eMMA" at the top right, 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 and mdh.motamhhd@maryland.gov. **Please include in the subject line MOTA FY2027 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 5:00 pm Local Time on Monday, March 11, 2025, 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 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 up to 18 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 on the written Applications received without discussion 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 thirty (30) days' advance notice before termination. Should the vendor wish to terminate the contract, a minimum of sixty (60) days' written advance notice is required.

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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.
- 2.1.4 Applicants must maintain an operational office within Maryland. All official records must be maintained at this location and accessible for site visits and audits.
- 2.1.5 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.
- 2.1.6 **Applicants must be able to implement the proposed program/service workplan as close as possible to the grant agreement start date.** Applications with workplans that begin to deliver client services closer to the grant agreement start date (in other words, with less startup delay for staff hiring and training) will score higher in the proposal evaluation.

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, 2026, to June 30, 2027. 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 non-neighboring 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 2027. 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 2028, provided that the 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 2027) 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.

SECTION 3 – SCOPE OF WORK

3.1 Background and Purpose

Rationale for focus on pregnancy, birth outcomes, asthma, mental health, and various 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. Asthma: Asthma is a life-threatening chronic lung disease which can result in episodes of chest tightness, coughing, wheezing, and shortness of breath. Asthma attacks can be triggered by environmental and lifestyle factors such as air pollution, allergens, tobacco smoke, infections and exercise. Rates of asthma-related emergency department visits are almost four times as high for Non-Hispanic Blacks compared to non-Hispanic Whites.
- b. 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.
- c. 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.
- 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. 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.
- f. 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.
- g. Mental Health and Substance Use Disorders: Accurate measurement of mental health disparities is limited by low use of mental health services by minority populations, leading to an 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 the Local Health Departments include:
 - i. Scheduling and meeting with the Health Officer in your Jurisdiction to introduce your organization as the MOTA partner
 - ii. Express interest in being a member of the Local Health Improvement Council (LHIC)
 - iii. Share your monthly reports and data summaries with your Local Health Department to avoid duplication of efforts and data
 - iv. Request a contact person from the Local Health Department that will directly work with your organization as a MOTA partner.
 - v. Collaborate on activities to avoid duplication of efforts and maximize inputs.
 - vi. Stratify data by race and ethnicity
 - vii. 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 areas.
- 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 2027, MOTA applicants are required to focus on **ONLY ONE of the following key areas:**

Pregnancy outcomes and birth outcomes, mental health, asthma, cardiovascular disease, diabetes and/or obesity, and cancer.

3.2 Scope of Work - Requirements

3.2.1 General Requirements

3.2.1.1 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.

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

3.2.1.3 The Applicant will submit a finalized work plan prior to the date of contract execution. Applications with workplans that begin to deliver client services closer to the grant agreement start date (with less startup delay for staff hiring and training) will score higher in the proposal evaluation.

3.2.1.4 The Applicant shall not make or enact changes in the work plan, budget, or performance measures without written approval from the Office of Minority Health and Health Disparities (MHHD).

3.2.1.5 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. All such materials must acknowledge funding from the Maryland Department of Health and include the applicable contract number. This acknowledgement is for identification and compliance purposes only and does not imply endorsement by MHHD.

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

3.2.1.7 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 and/or other disadvantaged populations in a specific geographic area within Maryland.

Services will have two components:

- General health education
- Health promotion programming 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.

- 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.
- 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.
- 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 to clients as close as possible to the Grant Agreement start date. Applications with workplans that begin to deliver client services closer to the grant agreement start date (with less startup delay for staff hiring and training) will score higher in the proposal evaluation.

3.2.3 Staffing:

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

- Employees must have the experience, education, certification, and/or license needed to fulfill their job responsibilities.

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 on the 10th of the month following completion (e.g., the report for October 2026 is due November 10, 2026). If the 10th of the month falls on a weekend or holiday, the report will be due on the following business day. 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

- 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.
- 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, 2027, using a template provided by MHHD.

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

3.3 Invoicing

3.3.1 General

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](#) [GAD's Online Service Center](#)

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 will not be processed for payment until the Grantee provides the required information.

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 if 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.

3.3.2 Invoice Submission Schedule

The Grantee shall submit invoices in accordance with the following schedule:

Quarter	Period of Reimbursement Request	Due Date
1	July 2026 – September 2026	October 15, 2026
2	October 2026 – December 2026	January 15, 2027
3	January 2027 – March 2027	April 15, 2027
4	April 2027 – June 2027	July 15, 2027

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SECTION 4 – APPLICATION FORMAT

4.1 Two Part Submission

Offerors shall submit Applications in separate volumes:

- Volume I – Technical Proposal (Project Narrative)
- Volume II – Budget Proposal (Justification, 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 eMMA.

4.2.1.1 Two Part Submission:

- A. Technical Proposal (See 4.3.)
- B. Budget Proposal (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.**

4.3 Volume I – Technical Proposal

Note: No pricing information is to be included in the Technical Proposal (Volume I). 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:**

- Applicant
- Solicitation Title and Solicitation Number that the Proposal is in response to;
- Signature, typed name, and title of an individual authorized to commit the Applicant to its Proposal

- Federal Employer Identification Number (FEIN) of the Applicant, or if a single individual, that individual's Social Security Number (SSN);
- Applicant's eMMA number
- Applicant's MBE certification number (if applicable)
- Applicant's SBR number (if applicable) – please contact eMMA at 410-767-1492 if you don't know your number.
- Applicant's email address
- Completed RFA document checklist (RFA Attachment B)

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

4.3.1.2 The Table of Contents

4.3.1.3 The Project Narrative shall include the scope of work, including the work plan. Project Narrative is to be no longer 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. 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. Services may only be provided in one (1) county jurisdiction, with two notable exceptions: (1) the community being served straddles the border between two adjacent jurisdictions, and (2) programs in rural areas where multi-jurisdiction focus may be necessary to increase the pool of potential clients.
 - c. **Targeted 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.
 - i. **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. 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.

- ii. 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.
- d. **Work Plan Overview** - Describe objectives to be accomplished and how they address the identified health issue. Discuss barriers you may encounter and approaches to overcome these barriers. A detailed work plan table will be submitted as Attachment C (see Section 4.3.1.3 A). That table, revised for 2027, is designed to explicitly show how program staff generate a specific number and frequency of activities, and how those activities generate the reach and impact on the population served (as illustrated in the performance measures). Attachment C coordinates closely with Attachments E and F.
- e. **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.
- f. **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. **Provide an organizational chart for the project**, including roles, primary persons in the roles, and the backup persons for the roles if the primary person is unavailable.
- g. **Partnerships** - Provide the names and describe the roles of any partner whose performance is required to deliver the proposed program. Provide a letter of commitment from each of such partners. If the program can operate without partners, this is not required.
- h. **Dissemination** - Describe any plans for disseminating program results, including submissions to journals, agency reports, newsletters, etc.
- i. **Proposed Performance Measures and Deliverables** - Three (3) types of measures should be included: activity measures, reach measures, and health outcome measures. Refer to and include Appendices E and F).
 1. Process measures that include the 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:
 - a. Identify data sources, data collection, and analysis methodology, and reporting frequencies.
 - b. Provide baseline data.

Suggested performance measures are listed in Attachment E. Proposed targets for these measures as applicable to the proposed program must be provided on Attachment E and on the 432-C Form. If your program is only using MHHD funds, then only complete column 2 of attachment E. If your program is mixing MHHD funds with other funds, then complete both column 2 with the outputs attributable to the MHHD funding, and column 3 with the total output of the program for all funds. If there is no itemized way to attribute outputs to MHHD funds, then the MHHD attributable portion is the % of the total output that matches the % of total funds coming from MHHD MOTA funds.

In addition, the proposed monthly delivery of the performance measures must be provided on Attachment F. This will clarify any seasonal variation in performance, and account for any initial startup time (hiring, training, etc.) that might delay performance measure production. Less startup delay is preferred in scoring proposals. Attachment F is completed with the monthly breakdown of the column 2 numbers (MHHD funds) from Attachment E.

4.3.1.4 The Application Narrative will include the following attachments. Attachments should be included using the number ordering below. Each attachment should have a title page with the attachment title.

1. Workplan Table (Attachment C)
 - a. The work plan table is redesigned for FY 2027. The organizational focus of the table is now the performance measures from attachment E, (rather than goals and objectives in prior work plan tables). Staff and activities are now organized in rows that correspond to the performance measures of attachment E. This should provide a clearer picture of how program activity delivers the promised performance measure targets.
2. Workplan Gantt Chart (Attachment D)
 - a. Using the Gantt Chart template provided as a guide, summarize the timeline of your workplan over the one-year grant period. Rows should include the relevant activities of your program and be more specific than the general descriptions in the template.
3. Letters of Commitment
 - a. Provide at least two letters of commitment from program partners, if applicable. Combine all letters of commitment into one PDF.
4. References

- a. At least two (2) reference letters from previous/current funding organizations or partner organizations. Combine all reference letters into one PDF.
5. Completed Attachment E
6. Completed Attachment F
7. Signed W-9 form with contact person's names and phone numbers
8. IRS Determination Letter
9. Maryland Comptroller Certificate of Good Standing

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

4.3.1.5 Mandatory Requirements Documentation

1. IRS Determination Letter of 501(c)(3) status (per RFA section 2.1.2)
2. Maryland Comptroller Certificate of Good Standing (per RFA section 2.1.3)

4.3.1.6 Applicant Technical Response to RFA Requirements and Proposed Work Plan:

1. The Applicant shall address each Scope of Work requirement (Section 3.2) in its 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.
2. Applicant shall acknowledge they have read the American with Disabilities Act Statement in Section 3.2 and will meet all requirements.

4.3.1.7 Signed W-9 with Contact Person Names and Phone Number

4.4 Volume II – Budget Proposal

- 4.4.1 In a separate document from the Technical Proposal and clearly identified in the format identified in Section 4.2 “Applications,” the applicant shall submit an original copy of the Budget Narrative. The Budget Proposal 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.

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

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

5.1 Evaluation Committee

Evaluation of Applications will be performed by a committee established for that purpose and based on the evaluation criteria set forth below. The 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 listed below in descending order of importance. (See Section 3.2)

5.2.1 Program Design: 70% of score, composed of

- Proposed program 20%
- Work plan overview 15%
- Performance measures 15%
- Problem statement 10%
- Target population 10%

5.2.2 Operational details: 30% of score, composed of

- Organizational Capacity 10%
- Program Management 10%
- Geographic area 5%
- References 3%
- Dissemination plan 2%

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 Proposal Evaluation Criteria

All Qualified Applicants will be ranked from the most advantageous to the least advantageous based on the rating of the Project Narratives. The Budget Proposal (including the Budget Forms and Budget Justification 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 Proposal will be returned if the Budget Proposal is unopened at the time of the determination.

5.4.2 Award Determination

Upon completion of the Project Narrative and Budget Proposal 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.

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SECTION 6 – PROPOSAL 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 Standard 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 Technical Proposal and Budget Proposal are completed.

ATTACHMENT C – Work Plan Template

ATTACHMENT D – Grantee Work Plan Gantt Chart Template

Using the Gantt Chart template provided as a guide, summarize the timeline of your workplan over the one-year grant period. Rows should include the relevant activities of your program and be more specific than the general descriptions in the template.

ATTACHMENT E – Grantee Required Performance Measures Table

ATTACHMENT F – Grantee Required Performance Measures Monthly Table

Attachments E and F are to be submitted in the Technical Proposal

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

EXHIBIT B – BUDGET FORMS MDH 432 A-H

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

EXHIBIT B – BUDGET FORM

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](#)
Use the Excel spreadsheet version on our website for submission.

Submitted By:

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

Company Name: _____

Company Address: _____

Location(s) from which services will be performed (County/City/State): _____

FEIN: _____ eMMA #: _____

Telephone: (____) _____ - _____ Fax: : (____) _____ - _____

E-mail: _____

Budget Summary

Line Item	Qty	Unit Cost	Total Cost
Salary			
Fringe			
Contractual			
Travel			
Operating Costs			
Supplies			
Other (specify)			
Other (specify)			
Other (specify)			
36Other (specify)			
TOTAL			

Budget cannot exceed \$ _____

IDC % CAP

EXHIBIT C – BUDGET NARRATIVE

BUDGET NARRATIVE TEMPLATE

Sample Line-Item Justification - Salaries

Program Budget Narrative Justification

Salaries **\$40,345.00**

Program Manager/Patient Navigator .49 FTE \$24,687.00

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

Survivorship & Mental Health Coordinator .05 FTE \$2,642.00

Schedules and organizes mental health support, administers instruments, responds to client’s specific needs, works closely with consultants.

Director of Research .15 FTE \$7,808.00

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

Community Health Worker .25 FTE \$5,208.00

A Bilingual Community Health Worker will be hired 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 \$2,811.00

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

B. Consultants \$1,800.00

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 from 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: _____

By: _____

SEAL

SEAL

Name: _____

Name: _____

Title: _____

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>Additional Information required for Prevention and Health Promotion Administration Grants – Attachment B</u>	<u>1</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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ATTACHMENT B

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.

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

Technical Proposal Checklist:

- Transmittal Letter and completed project and budget checklists
- Project Narrative
- Work Plan Table (see RFA Attachment C for the template)
- Work Plan Gantt Chart (see RFA Attachment D for the template)
- Letters of Commitment (if applicable)
- References
- Performance measures tables (see RFA Attachments E and F)
- IRS determination letter of non-profit status (per RFA section 2.1.2)
- Maryland Comptroller Certificate of Good Standing (per RFA section 2.1.3)
- W-9 Form (per RFA section 4.3.1.4)

Budget Proposal Checklist:

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

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

ATTACHMENT C – Work Plan Table Template

Instructions: Complete this work plan template to demonstrate how the staffing being funded produces a certain type, number, and frequency of activities, and how the expected attendance at those activities produce the proposed performance measure deliverables. This format makes the relationships between the program staff, the program elements, and the performance measure deliverables very explicit. The rows here match the rows in attachments E and F (performance measure tables).

Items in purple font are hypothetical examples for illustrative purposes only. Your entries will fit your program.

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

Cardiovascular Disease	Participating staff and approximate FTE on this activity	Number/type of Activities	Participants per activity (unduplicated)	PM target (should match att. E, unduplicated)
# reached out to	Program Director ?%	10 monthly group presentations	100	1,000
	CHW 1 ?% CHW2 ?% Consultant 1 ? %	Fall health fair	500	500
# participating	Program Director ?%	10 monthly group presentations	100	1,000
	CHW 1 ?% CHW2 ?% Consultant 1 ? %	Fall health fair (not all have meaningful participation)	250	250
# Of newly enrolled (which outreach did they come from?)	Program Director ?%	10 monthly group presentations	5	50
	CHW 1 ?% CHW2 ?% Consultant 1 ? %	Fall health fair	25	25
# with improvement in health outcomes	Program Director ?% CHW 1 ?% CHW2 ?% Consultant 1 ? %	Activity 1 (freq?) Activity 2 (freq?)		75
# who maintain improvement for 60d				70
# who maintain improvement for 90d				60
# who maintain improvement for 180d				50

# linked to healthcare	Program Director ?% CHW 1 ?% CHW2 ?% Consultant 1 ? %			200 (not all may need this)
# who completed exit survey				70

Mental Health	Participating staff and approximate FTE on this activity	Number/type of Activities	Participants per activity (unduplicated)	PM target (should match att. E, unduplicated)
# reached out to				
# participating				
# linked to services				
# Of newly enrolled <i>(which outreach did they come from?)</i>				
# with 60d of services				
# with 90d of services				
# with 180d of services				
# with improvement in health outcomes				
# complete exit survey				

Cancer	Participating staff and approximate FTE on this activity	Number/type of Activities	Participants per activity (unduplicated)	PM target (should match att. E, unduplicated)

# reached out to				
# participating				
# linked to screening				
# Of newly enrolled <i>(which outreach did they come from?)</i>				
# with 60d of services				
# with 90d of services				
# with 120d of services				
# with more knowledge				
# complete exit survey				

Obesity or Diabetes	Participating staff and approximate FTE on this activity	Number/type of Activities	Participants per activity (unduplicated)	PM target (should match att. E, unduplicated)
# reached out to				
# participating				
# Of newly enrolled <i>(which outreach did they come from?)</i>				
# with decrease BMI <i>(if applicable)</i>				
# maintain decrease in BMI for 60d				

# maintain decrease in BMI for 90d				
# maintain decrease in BMI for 180d				
# linked to care				
# complete exit survey				

Pregnancy or Birth Outcomes	Participating staff and approximate FTE on this activity	Number/type of Activities	Participants per activity (unduplicated)	PM target (should match att. E, unduplicated)
# reached out to				
# participating				
# linked to care				
# Of newly enrolled <i>(which outreach did they come from?)</i>				
# completed training in 90 days				
# complete training				
# complete exit survey				

Asthma	Participating staff and approximate FTE on this activity	Number/type of Activities	Participants per activity (unduplicated)	PM target (should match att. E, unduplicated)

# reached out to				
# participating				
# linked to care				
# Of newly enrolled <i>(which outreach did they come from?)</i>				
# greater knowledge				
# increase adherence				
# greater confidence				
# decrease oral steroids				
# decrease ED/hosp				
# decrease absences				
# complete exit survey				

ATTACHMENT E – Grantee Required Performance Measure Tables

Complete this attachment for the focus area of your application.

*Instructions: In column 2, list your feasible FY 2027 annual performance measures targets attributable to MHHD funding. If your program combines MHHD funds with other funds, also complete column 3 for the total output of all program funding combined. If MHHD funding is the **ONLY** funding source for the intended program, please complete column 2 only.*

*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 Disease	<i>PMs attributable to MHHD</i>	<i>PMs attributable to all funds</i>
Total # of Individuals Reached Out To , whether or not they participated (<i>Person- to-person encounters only. Website hits, email blasts, twitter views, etc. should be reported elsewhere.</i>)		
Total # of Individuals with some level of program participation		
# Of individuals enrolled in cardiovascular prevention or management program		
# Of individuals who experienced health 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		
# Of individuals who maintained improvement for 90 days		
# Of individuals who maintained improvement for 180 days		
# Of individuals linked to healthcare professional		
# Of individuals who completed exit survey		

Mental Health	<i>PMs attributable to MHHD</i>	<i>PMs attributable to all funds</i>
Total # of Individuals Reached Out To , whether or not they participated (<i>Person- to-person encounters only. Website hits, email blasts, twitter views, etc. should be reported elsewhere.</i>)		
Total # of Individuals with some level of program participation		
# Of individuals linked/referred to mental health services		
# Of unduplicated (newly enrolled) individuals enrolled in the care services		
# Of individuals who completed 60 days in services		
# Of individuals who completed 90 days in services		
# Of individuals who completed 180 days in services		
# Of individuals who expressed improvement of mental health and/or substance use disorder concerns at treatment end		
# Of individuals who completed exit survey		

Cancer	<i>PMs attributable to MHHD</i>	<i>PMs attributable to all funds</i>
Total # of Individuals Reached Out To , whether or not they participated (<i>Person- to-person encounters only. Website hits, email blasts, twitter views, etc. should be reported elsewhere.</i>)		
Total # of Individuals with some level of program participation		
# 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 of programming		
# Of individuals who completed 90 days of programming		
# Of individuals who completed 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	<i>PMs attributable to MHHD</i>	<i>PMs attributable to all funds</i>
Total # of Individuals Reached Out To , whether or not they participated (<i>Person- to-person encounters only. Website hits, email blasts, twitter views, etc. should be reported elsewhere.</i>)		
Total # of Individuals with some level of program participation		
# Of individuals enrolled in weight loss or diabetes program		
# Of individuals who experienced a decrease in BMI (if applicable)		
# Of individuals who maintained weight loss for 60 days		
# Of individuals who maintained weight loss for 90 days		
# Of individuals who maintained weight loss for 180 days		
# Of individuals linked to healthcare professional		
# Of individuals who completed exit survey		

Pregnancy and Birth Outcomes	<i>PMs attributable to MHHD</i>	<i>PMs attributable to all funds</i>
Total # of Individuals Reached Out To , whether or not they participated (<i>Person- to-person encounters only. Website hits, email blasts, twitter views, etc. should be reported elsewhere.</i>)		
Total # of Individuals with some level of program participation		
# 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		

Asthma	<i>PMs attributable to MHHD</i>	<i>PMs attributable to all funds</i>
Total # of Individuals Reached Out To , whether or not they participated (<i>Person- to-person encounters only. Website hits, email blasts, twitter views, etc. should be reported elsewhere.</i>)		
Total # of Individuals with some level of program participation		
# Of individuals linked to healthcare professionals (including CHWs)		
# Of unduplicated (newly enrolled) individuals in programming		
# Of individuals who exhibited greater knowledge of asthma management including individualized care plans		
# Of individuals who report an increase in adherence to asthma care including asthma controller medications and other individualized care plans.		
# Of individuals who report greater confidence in recognizing and responding to asthma symptoms according to individualized care plans		
# and % of individuals who previously used oral corticosteroids who report a decrease in such use.		
# and % of individuals who previously used hospital services for asthma-related concerns (ED or hospital admissions) who now report a decrease in such use.		
# and % of individuals who previously had asthma related absences from work or school who now report a decrease in such absences		
# Of individuals who completed exit survey		

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ATTACHMENT F – MOTA Performance Measure Monthly Table

Complete this attachment for the focus areas of your application. The monthly number estimate in columns 2-13 should add up to your FY 2027 annual totals in Attachment E column 2 (MHHD funding) to demonstrate the anticipated pacing of your program’s progress. All performance measures shown in Attachment E should be represented in Attachment F

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 Disease:

PM for CVD	FY 2027 Proposed Monthly Estimate											
	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27	Apr 27	May 27	Jun 27
# Of individuals reached out to												
# Of individuals participating												
# Of individuals enrolled in CVD program												
# Of individuals who experienced health improvement												
# Of individuals who maintained improvement for 60 days												
# Of individuals who maintained improvement for 90 days												
# Of individuals who maintained improvement for 180 days												
# Of individuals linked to healthcare professional												
# Of individuals who completed exit survey												

Mental Health:

PM for Mental Health	FY 2027 Proposed Monthly Estimate											
	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27	Apr 27	May 27	Jun 27
# Of individuals reached out to												
# Of individuals participating												
# 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 in services												
# Of individuals who completed 90 days in services												
# Of individuals who completed 180 days in services												
# Of individuals who expressed improvement of mental health concerns at treatment end												
# Of individuals who completed exit survey												

Cancer:

PM for Cancer	FY 2027 Proposed Monthly Estimate											
	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27	Apr 27	May 27	Jun 27
# Of individuals reached out to												

# Of individuals participating												
# Of individuals linked to Health Care Professional or FQHC for screening												
# Of unduplicated (newly enrolled) individuals in the program												
# Of individuals who completed 60 days of programming												
# Of individuals who completed 90 days of programming												
# Of individuals who completed 120 days of programming												
# Of individuals who exhibited greater knowledge												
# Of individuals who completed exit survey												

Obesity/Diabetes:

PM for Obesity/Diabetes	FY 2027 Proposed Monthly Estimate											
	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27	Apr 27	May 27	Jun 27
# Of individuals reached out to												
# Of individuals participating												
# 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												
# Of individuals who maintained weight loss for 90 days												
# Of individuals who maintained weight loss for 180 days												
# Of individuals linked to healthcare professional												
# Of individuals who completed exit survey												

Pregnancy and Birth Outcomes:

PM for Pregnancy/Birth Outcomes	FY 2027 Proposed Monthly Estimate											
	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27	Apr 27	May 27	Jun 27
# Of individuals reached out to												
# Of individuals participating												
# Of individuals linked to Health Care Professional or FQHC												
# Of unduplicated (newly enrolled) individuals in the Program												
# Of individuals who completed programming within 90 days												
# Of individuals who successfully completed training												
# Of individuals who completed exit survey												

Asthma:

PM for Asthma	FY 2027 Proposed Monthly Estimate											
	Jul 26	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27	Apr 27	May 27	Jun 27
# of Individuals Reached Out To												
# of Individuals participating												
# Of individuals linked to healthcare professionals												
# Of unduplicated (newly enrolled) individuals in programming												
# Of individuals who exhibited greater knowledge of asthma management												
# Of individuals who report an increase in adherence to asthma care												
# Of individuals who report greater confidence in recognizing and responding to asthma symptoms												
# and % of individuals who previously used oral corticosteroids who report a decrease in such use.												
# and % of individuals who used hospital services for asthma-related concerns (ED or hospital admissions) who now report a decrease in such use.												
# and % of individuals who had asthma related absences from work or school who now report a decrease in such absences												
# Of individuals who completed exit survey												

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