



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Minority Health and Health Disparities (MHHD)
Director: Noel Brathwaite, PhD, MSPH

Phone: 410-767-7117 – Fax: 410-333-7525
www.health.maryland.gov/mhhd - Room 500

March 30, 2018

Re: FY 19 MOTA RFA

TO ALL INTERESTED APPLICANTS:

The Office of Minority Health and Health Disparities (MHHD) seeks interested organizations to apply for fiscal year 2019, **Minority Outreach and Technical Assistance (MOTA)** grant for the period July 1, 2018 through June 30, 2019. Based on satisfactory performance, grantees will have the opportunity to apply for a renewal for fiscal year 2020. All non-profit organizations that serve racial/ethnic minorities who reside in Maryland are eligible to apply. This is a competitive grant opportunity.

The **Request for Applications (RFA)** announcement is attached. Please submit a typed, signed in blue-ink, unbound original application and **four copies**, according to the RFA instructions. **Applications must be physically in the MHHD office by Friday, April 20, 2018; no later than 3:30 PM.** Applications will only be accepted by way of U.S. Mail, courier express mail or hand delivery to the address provided in the RFA instructions. **In addition to the hard-copies of the application, please submit an electronic copy of the entire application to:** mdh.mhhdmota@maryland.gov.

A pre-application training session will be held for interested applicants on **Friday, April 6, 2018 from 3:00 PM - 4:00 PM** by webinar / conference call. Access information can be found on the **MHHD Website** (<http://health.maryland.gov/mhhd>) or page 4 of the RFA. It is highly recommended that interested applicants participate in this session.

Interested applicants should address questions or comments to Ms. Namisa Kramer by calling 410-767-8954 or by email at namisak.kramer1@maryland.gov. Thank you for your interest.

Sincerely,

Noel Brathwaite, PhD, MSPH
Director
Minority Health and Health Disparities

Enclosure

cc: Stephanie C. Slowly, Deputy Director
Namisa Kramer, Program Administrator

Maryland Department of Health
MINORITY OUTREACH AND TECHNICAL
ASSISTANCE PROGRAM
(MOTA)

FY 2019



**Minority Health and
Health Disparities**
Maryland Department
of Health

Office of Minority Health & Health Disparities

Pre-Application Training Session

It is strongly recommended that applicants participate in the pre-application training session to review the application process and reporting requirements. Staff proposed to be assigned to the program should participate so that information is disseminated at all levels and each staff is aware of reporting requirements. This may include, but not limited to:

MOTA Program Manager, staff, fiscal agent, outreach worker, public health professionals and any additional support staff.

Questions regarding the funding announcement will be addressed during this session.

The pre-application training session will be held:

Date: Friday, April 6, 2018

Time: 3:00 pm – 4:00 pm

Webinar / Call-in: [Click here to join the WebEx meeting](#)

Meeting number: 643 750 634

To join by phone: +1-240-454-0887 US Toll

Access code: 643 750 634

**REQUEST FOR APPLICATION (RFA)
MINORITY OUTREACH & TECHNICAL ASSISTANCE (MOTA)
Fiscal Year 2019**

TABLE OF CONTENTS

A.	BACKGROUND:	6
1.	Program Purpose and Structure	6
2.	MHHD Expectations	7
B.	ELIGIBILITY AND AWARD INFORMATION:	7
1.	Eligibility Information	7
2.	Award Information	8
C.	APPLICATION INFORMATION	9
1.	The Format	9
2.	Cover Letter	9
3.	Executive Summary	9
4.	Application Narrative	9
5.	Problem Statement	10
6.	Organizational Capability	11
7.	Goals and Objectives	11
8.	Program Work Plan	11
9.	Outcomes	13
10.	Target Populations	13
11.	Partnerships	14
12.	Program Management	14
13.	Evaluation	15
14.	Dissemination	15
15.	Budget	15
D.	SUPPORTING DOCUMENTATION	15
E.	PROGRAM REPORTING REQUIREMENTS	16
F.	FISCAL REPORTING REQUIREMENTS	17
G.	APPLICATION SUBMISSION PROCESS AND DEADLINE	18
H.	APPENDICES	19

REQUEST FOR APPLICATIONS (RFA)
MINORITY OUTREACH & TECHNICAL ASSISTANCE (MOTA)
Office of Minority Health and Health Disparities (MHHD)
March 30, 2018

A. BACKGROUND:

1. Program Purpose and Structure

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

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:** 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. **Asthma:** Asthma is a major cause of activity limitation for adults and especially for children and is responsible for many emergency room visits and hospital admissions that could be prevented. Emergency room visit rates for asthma are four times as high for Non-Hispanic Blacks as for Non-Hispanic Whites.
- f. **Pregnancy Outcomes 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.

2. MHHD Expectations

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

Mandatory requirements are:

- a. Partnership and collaboration with Local Health Departments
- b. Partnership and collaboration with other MOTA grantees as well as other Community Based Organizations (CBOs)
- c. Participation in technical assistance, capacity building (such as workshops, trainings 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 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 2019, MOTA applicants are required to **focus on ONLY ONE** of the following key areas: *Pregnancy outcomes and birth outcomes, cardiovascular disease, diabetes, obesity, cancer, or asthma.*

B. ELIGIBILITY AND AWARD INFORMATION:

1. Eligibility Information

All non-profit organizations within Maryland jurisdictions are eligible to apply for a MOTA grant for the period of July 1, 2018 to June 30, 2019. Organizations that reside in Jurisdictions with 20,000 minorities or less are eligible to apply for up to \$25,000 and organizations that reside in Jurisdictions with 20,001 minorities or more are eligible to apply for up to \$50,000. See [Attachment A](#). *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 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 to receiving your letter of good standing, call 410-260-7434.

2. Award Information

The Minority Outreach and Technical Assistance program (MOTA) will provide funding during the State's fiscal year FY 2019. 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 grant renewal for FY 2020.** 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 2019) 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.

C. APPLICATION INFORMATION

1. The Format

The MOTA application should be no more than 10 pages long (*not including budget pages, appendices and written budget narrative justification*). The application should be 12 pt. font, Times New Roman, 1-inch margins, double-spaced, and each page numbered sequentially.

Applications acceptable for review will contain the following information:

2. Cover Letter

(See required letter sample, [Attachment B](#).) Place on your organization's letterhead a detailed cover letter that states your intent to apply for funding consideration. The purpose of the cover letter is to introduce the organization and the application. The authorizing official should sign and provide the contact name, title, email and phone number for the MOTA Program Director. The federal tax identification number should also be provided.

3. Executive Summary

This section should be succinct, self-explanatory and well organized so that reviewers can understand your organization and proposed program. The executive summary should succinctly state why the program is important, who will be served and how many, what will be done and how the success of the program will be determined.

4. Application Narrative

The application narrative should follow the outline below:

- a. Jurisdiction in which services are being proposed
- b. Problem Statement
- c. Target population
- d. Key focus area of proposed program
- e. Organizational capacity
- f. Goals and Objectives
- g. Program work plan (Provide example of best practice program to be utilized for your proposed program)
- h. Outcomes
- i. Partnerships
- j. Program management
- k. Evaluation
- l. Dissemination
- m. Budget ([see Attachment F](#))
- n. Budget Narrative Justification ([see Attachment H](#))

5. Problem Statement

This section should describe the nature and scope of the problem you are proposing to address. Specify how the program will affect the targeted population, program partners and other stakeholders. Provide specific data and statistics on the focal area/public health issue you are proposing to address.

Describe the need for a local MOTA Program in the Maryland jurisdiction for which you are applying. Include current data on key indicators such as incidence, prevalence, morbidity and mortality by ethnic and racial groups (as available) for the primary health disparity you are proposing to address and identify regions of the jurisdiction where the need and/or disparity is the greatest. Provide a listing and a summary statement of current local efforts to address prevalent health disparities (ex. local coalitions, workgroups, programs, etc.). Describe the population(s) to be targeted. Please include references and bibliography as appropriate.

Health disparities data may be retrieved from the following resources:

- a. Maryland State Health Improvement Process website
<http://health.maryland.gov/ship/Pages/home.aspx>
- b. Infant mortality and general mortality data from Maryland Vital Statistics Administration <http://health.maryland.gov/vsa/Pages/reports.aspx> (main report page)
- c. http://health.maryland.gov/vsa/Documents/14annual_revised.pdf (2014 annual report, infant mortality data starts on page 123)
- d. http://health.maryland.gov/vsa/Documents/imrrep14_draft%201.pdf (2014 infant mortality report)
- e. The Maryland Department of Health website
(<http://health.maryland.gov/Pages/index.aspx>)
- f. The Maryland Health Disparities Chartbook 2012
(<http://health.maryland.gov/mhhd/Pages/Health-Equity-Data.aspx>)
- g. The MDH/MHHD Racial and Ethnic Health Data and Resources Reports
(<http://health.maryland.gov/mhhd/Pages/Health-Equity-Data.aspx>)
- h. The Maryland Comprehensive Cancer Control Plan 2016-2020 - CDC
(https://ftp.cdc.gov/pub/publications/cancer/ccc/maryland_ccc_plan.pdf)
- i. Your local Health Department
- j. Behavioral Risk Factor Surveillance System (BRFSS) (<http://MarylandBRFSS.org>)
- k. Youth Risk Behavioral Survey (YRBS)
(<http://phpa.health.maryland.gov/ccdpc/Reports/Pages/yrbs.aspx>)
- l. American factfinder
<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.

If you have questions about how to find Maryland Health Disparities Data, please send an email to mdh.healthdisparities@maryland.gov

Ultimately, your problem statement should be able to be expressed as the baseline values of the SMART (Specific, Measurable, Attainable/Achievable, Relevant, and Time bound) objectives that you are proposing to improve with the program.

6. Organizational Capability

Your application should include an organizational capability statement. The capability statement should include the applicant's current or previous relevant experience in working with the target population and addressing the topic being proposed. This includes information regarding the organization's ability and experiences in promoting health education with performance-based metrics and evaluation, the agency's background, structure, mission, as well as current and past performances with similar grants. *Provide the most recent audit report if your organization received public funds over \$100,000 annually in the last three years.*

7. Goals and Objectives

This section should consist of a description of the goal(s) and objectives of the proposed program. Objectives must follow the SMART (Specific, Measurable, Attainable/Achievable, Relevant, and Time bound) approach. Writing SMART objectives makes it easier to measure and demonstrate success. Baseline values of the SMART objectives define the problem to be addressed, and the follow-up values of the SMART objectives provide the data on which to perform evaluation and measure success.

8. Program Work Plan

This section should provide a clear and detailed description of the activities to be undertaken, how they address the identified health issue and how they will achieve the goals and objectives of the program. Discuss any barriers you anticipate encountering and approaches you will use to overcome these barriers. In addition to this work plan narrative, you are also required to complete the sample work plan template provided in Attachment C. An editable Work Plan Template can be found on the [MOTA Website](#).

Proposals centered around a cohort program design that features repeated contacts with a set of enrolled participants, with a goal of producing a measurable improvement in some health-related characteristic or behavior among those participants over time are preferred. Examples of such characteristics or behaviors include blood pressure, weight, body mass index, blood glucose, hemoglobin A1c, cholesterol levels, quality of the diet, physical activity levels, reduction in number of emergency room visits due to asthma, delivery of normal birth weight infants and adherence to treatment plans (medications, follow-up visits, etc.). Proposals with cohort programs that include a six-month follow up to ascertain linkage and/or continued utilization of services will be considered.

It is desirable that program work plans replicate evidence-based programs. Examples of such evidence-based programs suitable for replication can be found on the [MOTA Website](#). Proposals that adopt such evidence-based programs and provide the relevant citations to the modeled program are preferred over proposals that are not clearly evidence-based.

This section should include a logic model that explains how the tasks proposed will contribute to making a positive impact on the metrics expressed in the SMART

objective(s) that define the problem and that will define success. (See [Attachment D](#) for logic model template). An editable Logic Model Template can be found on the [MOTA Website](#).

For each SMART objective, this section should describe 1) the activities that will be performed, 2) rationale for activities selected (i.e. how activities will help achieve program goals), 3) the timeline for activity performance, 4) the number of persons targeted, 5) the method of measuring the impact of the activities on the persons reached, and 6) strategies that will be used to measure SMART objectives.

This section should include a Gantt chart of the timing and duration of the various program activities (See [Attachment E](#) for sample Gantt Chart).

For the focal area selected (cardiovascular disease, cancer, obesity, diabetes, asthma or pregnancy/birth outcomes), applications must propose program that incorporates one or more of the following activities listed below, (in addition to other mandatory requirements as detailed in section on MHHD Expectations):

- a. Health education and awareness on the continuum of care (prevention, screening, treatment and disease management, survivorship) for the focal area selected. Health education workshops and classes that directly engage participants in a group or individual setting as a cohort are preferred for this application. Social media can be incorporated as an educational awareness tool for information reinforcement; however, it should not be used as a stand-alone intervention.
- b. Improvement in insurance enrollment/linkage to health insurance, primary/preventive care and other support services through intensive case coordination and follow up.
- c. Self-management support through home visiting programs using community health workers, visiting nurses, or other personnel.
- d. Among enrolled participants, improvements 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.

In addition to your individualized programs, all successful grantees will be required to undertake the following activities. Applications must clearly describe how you will engage in the activities below:

- e. Actively participate in your Local Health Improvement Coalition as well as cancer and tobacco coalitions in collaboration with Local Health Department.
- f. Partner and collaborate with other MOTA grantees as well as other Community Based Organizations (CBOs)

- g. Participate in quarterly MOTA grantee meetings that will be hosted by MHHD at DHMH (201 W. Preston Street, Baltimore, MD 21201) and other locations. This will be a mandatory meeting for all MOTA grantees.
- h. Participate in technical assistance programs and trainings offered by the Maryland Minority Health and Health Disparities (MHHD) office, the federal Office of Minority Health and other local, state, and federal programs.
- i. Participate in required phone technical assistance meetings (as needed)
- j. Seek other State, Federal and Private (e.g. foundations, philanthropic organizations) funding to ensure local sustainability. Grantees will be required to report on these sustainability efforts.
- k. Share information regarding MOTA health disparities program activities with local representatives and stakeholders.
- l. Submit 3-month calendar of events for July, August and September. This will be required every quarter if proposal is approved and awarded.

9. Outcomes

This section must clearly identify measurable outcomes that will result from your proposed program. A measurable outcome is an observable end-result that describes how your program will benefit program participants. Programs that do not include measurable outcomes will not be funded. The measurable health outcomes that will be achieved by your program should be your SMART objectives. Examples of such outcomes include:

- a. Rates of hospital admissions, Emergency Department visits, and readmissions among the persons you have reached with your intervention.
- b. Rates of health insurance enrollment, primary care visit use among the persons you have reached with your intervention.
- c. Health behaviors: non-smoking, increased physical activity, healthy eating, etc. among the persons you have reached with your intervention.
- d. Knowledge, attitudes and beliefs regarding health (prevention and education, awareness of health conditions, health behaviors, health disparities, insurance enrollment, insurance use, disease management) among the persons you have reached with your intervention. Measures such as pre/posttest evaluations can be used.
- e. Improvement in measures such as blood pressure, Hemoglobin A1c, fasting blood glucose etc.
- f. Tracking of measures such as weight loss, waist circumference, and number of normal births.

10. Target Populations

This section should describe the minority and underserved populations, the languages spoken, if they are limited English proficient, and the geographic areas you intend to serve. This section should also describe the number of individuals the program will target. Provide a demographic description of the target community which must include the ethnic and racial minority groups.

11. Partnerships

This section should describe the partnerships you will utilize to implement the Program. You should include a list of partners and describe how you plan to involve each partner, especially Local Health Departments, other MOTA grantees and other stakeholders in the planning and implementation of the proposed Program. You will be required to submit letters of commitment from proposed partners (see [Section D](#)).

12. Program Management

This section should include a clear description of the roles and responsibilities of all program staff. Provide resumes or biographical sketches for key program personnel. You should describe how each staff member will contribute to achieving the program's objectives and outcomes. This section should specify key tasks such as: leadership of the program; monitoring the program's progress, preparation and submission of reports; communications with partners and stakeholders; and evaluation of the program.

Additionally, provide the names (if available), position titles, education, experience and resume of the proposed local MOTA Program Manager, outreach workers, consultants and all others who will be paid by MOTA Program funds. Describe the role and responsibilities of each person. Identify who will be responsible for financial management, submission of fiscal forms and interface with the MOTA Program Fiscal Officer and/or Program Manager.

13. Evaluation

This section should describe the methods you will use to evaluate whether or not your proposed program achieves the measurable outcomes. You are required to describe the tools and techniques you will use to measure outcomes. In this section, you should describe the data you will gather and how you will gather the data. The following evaluation components will be required:

- a. **Outcome evaluation:** An evaluation of how well the program changed the health status, health behaviors, or health knowledge, attitudes and beliefs of either the entire community or the intervened cohort (those touched by the intervention). Since these outcomes should be your SMART objectives, outcome evaluation is a comparison of the baseline (pre-intervention) values of the SMART objective metrics with the end of program (post-intervention) values of the SMART objective metrics. You must specify the metrics and specify how you will obtain the baseline (pre-intervention), during-intervention, and after-intervention values of the metrics for your SMART objectives. This may come from existing data systems (not part of your funded program) or may come from data collection undertaken as a funded part of your program.
- b. **Productivity and effort evaluation:** Sometimes referred to as process evaluation, is an evaluation of how well your program implemented its work plan and delivered the proposed intervention. It measures the number of persons reached with the

intervention, and the intensity of the intervention. It determines whether the program met pre-specified expected levels of reach and intensity promised in the application. The evaluation is monthly and throughout the program so that modifications can be made if expectations are not being met. All activities specified in the work plan should have performance targets and a way to measure the amount and intensity of that activity being delivered. This evaluation is usually done by data collection undertaken as a funded part of your program.

- c. Capacity development evaluation: An evaluation of how well the program set up the capacity to operate as proposed in the application. It measures whether needed capacity was deployed, in terms of employees hired or assigned, materials or curriculum developed, etc.

14. Dissemination

This section will describe your plans for informing the public, policymakers and other key stakeholders of the process, progress and results of your program. This is also mandatory for all grantees.

15. Budget

Submit a one-year, 12-month line-item budget (see sample MDH 432B [Attachment F](#)) and an accompanying budget narrative (see sample [Attachment H](#)) that explains in detail how each line item budget figures are estimated. In addition, include in the work plan (see sample [Attachment C](#)) an estimate of what portion of the budget is devoted to delivering activities and objectives listed in the work plan. All required original and editable budget documents can be found on the [MOTA Website](#).

D. SUPPORTING DOCUMENTATION

1. **Requested Budget (MDH HSAM Forms):** Applicants must use the MDH fiscal forms 432 A through H, [433](#), and [434](#). All forms are to be completed according to MDH policy and procedures and included in the application. Forms that do not meet the necessary requirements will be returned for revision. Applicants are advised to obtain accounting services to maintain its general ledger for all grant related expenses. Applicants are urged to call the MOTA Program Office to request technical assistance to minimize the need for corrections. A sample budget (MDH 432B [Attachment F](#), MDH 432C, [Attachment G](#)) is provided as guidance. Using this sample in its entirety will eliminate your application from the grant competition. All required original and editable MDH HSAM Fiscal Forms can be found on the [MOTA Website](#).
2. **Budget Justification Narrative:** A budget narrative justifying each line item must be included. The budget justification must explain how the applicant intends to utilize the funding. A sample written budget justification ([Attachment H](#)), is provided as guidance. Using this sample in its entirety will eliminate your application from the grant competition.

3. **Letters of Commitment: A letter of commitment from each partner or collaborator must be submitted.** Each letter must be printed on the respective organization's letterhead. The letters should indicate specific contributions to support the proposed program.
4. **Health Department Support Letter:** There *must be one (1) letter of support*, from the local health officer, or other representative from the local health department in the focal jurisdiction. The letter must be printed on the local health department's letterhead. Support letters should indicate the intent of the collaborative effort between the applicant and the health department.
5. **Additional Mandatory Forms** – The authorizing official of the agency must complete and sign MDH Form 433, 434, Condition of Human Service Agreement Statement and MDH Form 434, Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964, and Section 503 and 504 of the Rehabilitation Act of 1973 as Amended. Applicants are urged to request technical assistance to minimize the need for corrections.

See [Attachment J](#) for **Grant Application Checklist** to assist in guiding your application. An editable version of the Checklist can be found on the [MOTA Website](#). Please include a completed copy of the checklist with your application.

6. **Organization Chart:** Provide a copy of the organization structure detailing the names and position of all staff assigned to provide assistance on the MOTA Program.

E. PROGRAM REPORTING REQUIREMENTS

Each FY 2019 MOTA grantee will be expected to comply with the following program reporting requirements regarding Performance Reports. A comprehensive narrative report is due alongside a performance data report quarterly while an abridged narrative report and performance data report is due monthly. **The following components will be required and the comprehensive Program Reporting Guidelines will be disseminated to all approved grantees before program implementation.**

1. **Performance Data Report:** Grantees will be required to submit a report describing the reach and intensity of the deliverable performance measure promised in the proposal. This will be done on a data reporting template that will be jointly designed by MHHD and the grantee after the award. This data reporting will include a racial and ethnic breakdown of the persons served in specific categories of reporting, where appropriate.
2. **Narrative Report:** The Narrative Report should describe proposed activities outlined in the action plan for the reporting period. It should provide a detailed explanation of the activities that were implemented and/or completed addressing successes and challenges encountered. The report should also include an evaluation section highlighting evaluation methods undertaken for implemented programs. (You can include pictures, logs, attendance sheets, evaluation forms, surveys, sign-in sheets etc.).

3. **Site Visits:** One (1) site visit will be required. MOTA 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.
4. **Needs Assessment:** For quality improvement and evaluation purposes, a grantee and stakeholder need assessment may be conducted by MHHD personnel. Participants are expected to actively participate in the data collection process. A needs assessment tool may be developed and utilized pending approval from MDH Institutional Review Board.
5. **Program Evaluation:** A process and outcome evaluation of the MOTA program may be conducted. MHHD will lead the data collection process. These may include surveys, focus groups, and key informant interviews. The collected data may be used for program evaluation and process improvement

F. FISCAL REPORTING REQUIREMENTS

Each FY 2019 MOTA grantee will be expected to comply with the following fiscal guidance for this grant:

1. **Fiscal Reports:** The applicant will follow guidance as provided in the MDH Human Services Agreement Manual (HSAM). Program progress reports will be submitted on a quarterly basis using a format provided by MDH and will be used to support fiscal reporting. Fiscal reports are due whenever a payment is requested and should be completed by submitting a MDH 437, MDH 438 and an MHHD Attestation Form. Grantees will be required to submit **copies of receipts** to support **all** expenditures listed on the MDH 438 and a **Disbursement Log** (an example can be found on the [MOTA Website](#)) whenever a payment request is submitted. A year-end fiscal report that reconciles actual expenditures and performance measures achieved using MDH Forms 440 and 440A will be required.

The HSAM provides guidance for the financial management of grant programs. The applicant must complete and submit the applicable MDH 432A-H HSAM forms. A program grant award will only be issued by the funding administration after each fiscal form is complete, accurate, and acceptable.

***All fiscal documents are available on the [MOTA Website](#).**

2. **Available Funds:** Program funds are available on an annual basis depending upon the appropriations by the Maryland General Assembly through June 30, 2018. A renewal application must be submitted and approved each year.
3. **Start-up Costs:** Successful applicants are eligible for an advance of 25% of the total grant award. To request start-up costs, grantees are required to submit a MDH 437, signed in blue ink.
4. **Personnel:** Program funds used for personnel, contractors, consultants, sub-grantees, etc. should be reasonable based on the program design. Program funds should be

directed towards maximizing programmatic services and materials versus salaries, clinical services, and promotional materials.

5. **Closeout Fiscal Report:** Successful applicant must submit MDH 440 and 440A by August 23, 2019.
6. **Fiscal Forms:** Completion of MDH Forms 432 A-H, 433 and 434 in their entirety are required at the time of application submission. An omission of any of these forms will render an application incomplete and may not be reviewed at the discretion of the funding administration.
7. **Accounting System:** Applicant should have the appropriate accounting/file, software and/or grant management systems in place to receive and account for grant funds.
8. **Administrative Costs:** For fiscal year 2019, no more than 7% of the program budget should be used for administrative costs. This is to ensure that maximum funds are dedicated to direct program services.

G. APPLICATION SUBMISSION PROCESS AND DEADLINE

Applications must be physically and electronically in the MOTA office by: **Friday, April 20, 2018; no later than 3:30 PM.**

IMPORTANT: Submit one original unbound copy, for each jurisdiction which you are applying, along with four (4) additional copies. In addition to the hard-copies of the application, an electronic copy of the entire application must be sent to: mdh.mhhdmota@maryland.gov

For additional information, please contact Ms. Namisa Kramer by email at namisak.kramer1@maryland.gov or phone (410-767-8954). You may visit <https://health.maryland.gov/mhhd/MOTA> to find out more about MOTA.

Issued by: Maryland Department of Health
Office of Minority Health and Health Disparities
Minority Outreach and Technical Assistance
201 West Preston Street, Room 500
Baltimore, Maryland 21201
410-767-7117
Noel Bratwaite, PhD, MSPH
Director

H. APPENDICES

- Attachment A: Racial/Ethnic Minority Population Data for Maryland
- Attachment B: Cover Letter Format
- Attachment C: Sample Work Plan Template
- Attachment D: Logic Model Template
- Attachment E: Sample Gantt Chart
- Attachment F: Sample MDH Program Budget Form 432 B
- Attachment G: Sample Program Performance Measures; DHMH 432 C Form
- Attachment H: Sample Program Budget Narrative Justification
- Attachment I: Definitions and Terms
- Attachment J: MOTA Grant Application Checklist

Attachment A: Racial/Ethnic Minority Population Data for Maryland

Region And Political Subdivision	Total	Non Hispanic White	Minority Population	Percent Minority	Percent African American	Percent Asian/PI	Percent AI/AN	Percent Hispanic
Maryland	5,887,776	3,418,336	2,469,440	47.5 %	29.9 %	5.9 %	0	8.8 %
Northwest Area	492,087	415,999	76,088					
Garrett	29,945	29,174	771	3.2 %	0.8 %	0.4 %	0.1 %	0.9 %
Allegany	73,976	65,687	8,289	12.6 %	8.1 %	0.9 %	0.1 %	1.6 %
Washington	148,913	125,480	23,433	18.9 %	10.4 %	1.6 %	0	3.9 %
Frederick	239,253	195,658	43,595	23.8 %	8.7 %	4.2 %	0.1 %	7.9 %
Baltimore Metro Area	2,704,957	1,658,901	1,046,056					
Baltimore City	622,271	188,380	433,891	72.3 %	63 %	2.5 %	0	4.5 %
Baltimore County	817,720	522,396	295,324	40.2 %	26.8 %	5.4 %	0	4.6 %
Anne Arundel	550,269	411,659	138,610	29.4 %	15.7 %	3.5 %	0.1 %	6.7 %
Carroll	167,399	155,306	12,093	9.4 %	3.2 %	1.6 %	0	2.8 %
Howard	299,269	181,806	117,463	43.3 %	18.1 %	15.6 %	0	6.1 %
Harford	248,029	199,354	48,675	22.1 %	13.2 %	2.6 %	0	3.9 %
National Capital Area	1,889,851	754,312	1,135,539					
Montgomery	1,005,087	565,216	439,871	53.7 %	17.4 %	14.3 %	0	17.9 %
Prince George's	884,764	189,096	695,668	86.6 %	63.8 %	4.3 %	0	15.9 %
Southern Area	349,225	233,487	115,738					
Calvert	89,793	73,139	16,654	20.5 %	13.1 %	1.3 %	0	3.1 %
Charles	150,960	74,611	76,349	53.6 %	41.6 %	3.1 %	0.1 %	4.8 %
Saint Mary's	108,472	85,737	2,735	24.4 %	14.3 %	2.5 %	0	4.3 %
Eastern Shore Area	451,656	355,637	96,019					
Cecil	101,803	90,952	10,851	13.6 %	6.9 %	1.3 %	0	3.8 %
Kent	20,016	16,350	3,666	21.8 %	15.5 %	0.9 %	0 %	4.4 %
Queen Anne's	48,439	43,387	5,052	12.9 %	7.1 %	0.8 %	0	3.3 %
Caroline	32,759	26,447	6,312	22.8 %	14.1 %	0.5 %	0.1 %	5.9 %
Talbot	37,894	31,185	6,709	22.8 %	14.1 %	0.5 %	0.1 %	5.9 %
Dorchester	32,614	21,917	10,697	34.7 %	28 %	1.2 %	0	4 %
Wicomico	100,376	68,961	31,415	34.8 %	24.3 %	2.9 %	0	4.9 %
Somerset	26,197	13,855	12,342	49.7 %	41.6 %	1.2 %	0	3.6 %
Worcester	51,558	42,583	8,975	20.3 %	14.3 %	1.2 %	0.1 %	3.3 %

Source: 2014 American Community Survey (ACS) Demographics and Housing Estimates
factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP05&prodType=table

Attachment B: Cover Letter Format

DATE, XXXX

Mr./Ms./Dr. FULL NAME
TITLE
NAME OF ORGANIZATION
STREET ADDRESS
City, State, Zip Code

Dear Mr./Ms./Dr. FULL NAME:

BODY OF LETTER

Sincerely,

NAME, TITLE
AGENCY NAME

Enclosures (XX)

cc: OTHER PERSONS IN YOUR AGENCY
OTHER PERSONS AT THE FUNDING AGENCY

Program Work Plan Template

Disease Focus Area:						
Overarching Goal:						
Objective 1:						
Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Staff Responsible	Budget Allocation	Comments
<i>List 3 – 5 activities for each objective. You can add rows to the table as needed.</i>	<i>An expected completion date (month and year) must be defined for each activity.</i>	<i>An expected outcome must be defined for each activity.</i>	<i>An evaluative measure must be defined for each activity.</i>	<i>A responsible person must be identified for each activity.</i>	<i>A proposed budget for accomplishing each objective</i>	<i>Comments are optional.</i>
Objective 2:						
Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Staff Responsible	Budget Allocation	Comments
Objective 3:						
Activities	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Staff Responsible	Budget Allocation	Comments

If you have more than one goal for your disease focus area, please use another template for each goal.

Attachment D: Logic Model Template

Program: _____ (name) _____ Logic Model
Situation: _____

	Inputs
	Activities
	Outputs
	Participation
	Short
	Outcomes -- Impact
	Medium
	Long

Attachment E: Sample Gantt Chart

PROGRAM TITLE		Project Duration : 1 year											
[Organization Name]		Jul, 2018	Aug, 2018	Sept, 2018	Oct, 2018	Nov, 2018	Dec, 2018	Jan, 2019	Feb, 2019	Mar, 2019	Apr, 2019	May, 2019	June, 2019
[Program Director]		Display Month:											
GOAL													
Activities touching all objectives													
Activity 1													
Activity 2													
Activity 3													
Monthly data report													
Quarterly Narrative Report													
Objective 1													
Activity 1													
Activity 2													
Activity 3													
Activity 4													
Activity 5													
Objective 2													
Activity 1													
Activity 2													
Activity 3													
Activity 4													
Activity 5													
Objective 3													
Activity 1													
Activity 2													
Activity 3													
Activity 4													
Activity 5													
Objective 4													
Activity 1													
Activity 2													

Attachment F: Sample MDH Program Budget Form 432 B

PROGRAM BUDGET

PROGRAM ADMINISTRATION: Office of Minority Health and Health Disparities (MHHD)	
GRANT NUMBER:	DATE SUBMITTED: 4/1/2018
CONTRACT PERIOD: 07/01/2018 - 06/30/18	FISCAL YEAR: 2019
ORGANIZATION: Changes For A Better Day	PHONE #: 410-395-2015
STREET ADDRESS: 123 Help Street	
CITY, STATE, COUNTY: Any Town, Maryland	ZIP: 21613
PROGRAM TITLE: Changes For A Better Day	
CHARGEABLE SERVICES (Y/N) _____	MDH PROVIDES 50% OR MORE OF FUNDING (Y/N) _____
FOR MDH USE ONLY	

LINE ITEMS MAY NOT BE CHANGED	MDH FUNDING REQUEST	SUPPLEMENTAL FUNDING REDUCTION	OTHER DIRECT FUNDING			PROGRAM BUDGET
			FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	
SALARIES/SPECIAL PAYMENTS	12,000	0	0	0	0	12,000
FRINGE	919					919
CONSULTANTS	2,000					2,000
EQUIPMENT	-					-
PURCHASE OF SERVICE	-					-
RENOVATION	-					-
CONSTRUCTION	-					-
REAL PROPERTY PURCHASE	-					-
UTILITIES	300					300
RENT	2,000					2,000
FOOD	460					460
MEDICINES & DRUGS	-					-
MEDICAL SUPPLIES	-					-
OFFICE SUPPLIES	2,100					2,100
TRANSPORTATION/TRAVEL	436					436
HOUSEKEEPING/	-					-
MAINTENANCE/REPAIRS	-					-
POSTAGE	150					150
PRINTING/DUPLICATION	500					500
STAFF DEVELOPMENT/	500					500
TRAINING	-					-
CLIENT ACTIVITIES	1,500					1,500
ADVERTISING	250					250
INSURANCE	-					-
LEGAL/ACCOUNTING/AUDIT	250					250
PROFESSIONAL DUES	-	0	0	0	0	-
OTHER	-					-
(ATTACH ITEMIZATION)	-					-
TOTAL DIRECT COSTS	23,365	0	0	0	0	23,365
INDIRECT COST	1,636	0	0	0	0	1,636
TOTAL COSTS	25,000	0	0	0	0	25,000
LESS: CLIENT FEES						0
MDH FUNDING	25,000					25,000

MDH 432B (Rev. March 2018)

Attachment G: Sample Program Performance Measures; MDH 432 C Form

PROGRAM BUDGET ESTIMATED PERFORMANCE MEASURES

PROGRAM ADMINISTRATION:	Office of Minority Health and Health Disparities	AWARD NUMBER:	
FISCAL YEAR:	2019	CONTRACT PERIOD:	
ORGANIZATION:	Changes For A Better Day	PHONE NUMBER:	410-221-0795
ADDRESS:	123 Help Street	ZIP:	21211
PROGRAM TITLE:	A Better Day For All		

	PERFORMANCE MEASURE	BUDGET YEAR FY <u>2019</u> ESTIMATE
1	Number of participants recruited to participate in the six DPP cohorts.	200 participants recruited
2	Number of outreach activities conducted on pre-diabetes education	10 outreach activities conducted annually
3	Number of participants reached through outreach activities on pre-diabetes education	500 participants reached
4	Number of participants who lose 2% of their body weight upon completion of six months of the DPP	36 participants
5	Number of participants who improve their goal of 150 minutes of brisk physical activity each week	60 participants
6		
7		
8		
9		
10		
11		

MDH 432C March 2018

Attachment H: Sample Program Budget Narrative Justification

**MINORITY OUTREACH AND TECHNICAL ASSISTANCE
(MOTA) FY 2017**

<u>A. Salaries/Special Payments</u>	\$12,000
<u>Program Director</u>	\$6,000
Margaret Doe: To direct the Charles County MOTA program; implement and monitor the DHMH approved action plan, supervise employees, guide consultants, manage Purchase-of-Service agreements, manage invoices and all financial procedures, evaluate progress and submit all required program and fiscal reports.	
<u>Outreach Worker A</u>	\$4,500
Vacant: To provide community outreach for African-American populations. Prepares and presents group educational presentations, distributes written information. Responds to inquiries and coordinates community presentations under the direction of the MOTA Program Director	
<u>Secretary/Fiscal Officer</u>	\$1,500
Cindy Doe: To provide administrative support for the MOTA program to include establishing files, maintaining program and fiscal records, and ensuring effective flow of work. Prepares materials and assembles packets, handles and processes electronic correspondence, works with accounting experts, and serves as liaison to the MDH MOTA program.	
<u>B. Fringe Benefits</u>	\$919
Calculated at a rate of 7.65% to include health and dental insurance, life insurance, workers compensation and state unemployment costs. This rate is computed on the total salary amount.	
<u>C. Consultants</u>	\$3,900
Consultant fees to cover health educator training of community groups, developing educational materials, convening workgroups and conferences, and accounting technical assistance.	
<u>D. Utilities</u>	\$300
To cover cost of lights for office.	
<u>E. Rent</u>	\$2,000
To cover the cost of space for office	
<u>F. Food</u>	\$460
To cover costs of food provided at four church MOTA programs with about 30 persons in attendance at each; eight youth MOTA workshops with about 20 youth in attendance at each; and six recruitment lunch meetings with racial/ethnic groups and community leaders. Full documentation will be submitted with invoices to the MOTA program. Documentation will be maintained on file for audit.	
<u>G. Office Supplies</u>	\$2,100
Stationery, file folders, desk supplies, hanging files, copy paper, and notebooks.	

<u>H. Transportation and Travel</u>	\$436
Mileage reimbursement for staff travel at .0.545	
<u>I. Postage</u>	\$150
357 contact persons x 1 mailings x .42 Postage for educational mailings and recruitment of minorities	
<u>J. Printing/Duplication</u>	\$500
1,000 brochures for mailing to community racial/ethnic groups	
<u>K. Staff Development</u>	\$500
Staff attendance at workshop and MHHD Conference	
<u>L. Client Activities</u>	
Health materials and event expenses during promotion of Minority Health Month	\$1,500.
<u>M. Advertising</u>	\$ 250
If any, must be itemized and details given showing how the costs are calculated.	
<u>N. Legal/Accounting/Audit</u>	\$250
To obtain accounting technical assistance to support establishing acceptable business and financial practices, and to advise on financial reporting, invoicing, closeout and audit.	
<u>O. Indirect Costs</u>	\$1,636
Indirect costs are a component of administrative costs. Administrative costs do not exceed 7% of total MHHD grant and are included in the above line items.	
<u>P. Total Costs</u>	\$25,000
This total is the same as DHMH funding because no other funds are being received for services provided under the MOTA grant agreement.	

Attachment I: Definition and Terms

1. **Minority:** defined within Maryland House Bill 86 as, “African Americans, Hispanics, Asian and Pacific Islanders, and American Indians.”
2. **Local Health Disparities Committee (LHDC):** a MOTA coordinated community health committee that addresses health disparities or chronic disease management within that geographic area.
3. **Meeting:** an assembly of people, especially the members of a society or committee, for discussion or entertainment.
4. **Health Education Materials:** medical and/or health related documents (flyers, pamphlets, etc.)
5. **Ith Event:** a social gathering that takes place at a designated time and has a focus on health or a social determinant of health (may include a program, group presentation, health fair, expo, workshop).
6. **Health Presentation:** a formal set up arranged to provide health information to attendees.
 - a. *Workshop:* a gathering or training session which may be several days in length. It emphasizes problem-solving, hands-on training, and requires the involvement of the participants.
 - b. *Session:* a meeting or series of connected meetings devoted to a single order of business, program, agenda, or announced purpose.
 - c. *Individual:* a face-to-face, or individual-to individual conversation on health-related matter.
7. **Cultural Competency:** A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations.
*(Source: National Technical Assistance Center for Children’s Mental Health, 1989).
8. **Social Determinants of Health:** The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural societal factors. *(Source: World Health Organization, 2008).
9. **Capacity Building:** often refers to assistance which is provided to entities, organizations, which have a need to develop a certain skill or competence, or for general upgrading of performance ability.
10. **Technical Assistance:** training provided to entities and/or organizations, to enhance their ability to perform a task.
 - a. *One-on-One:* (Phone or In-Person): to provide guidance on how to implement/use a certain skill or practice.

- b. *Workshop*: within a group setting provide guidance on the implementation of a skill or practice.
- 11. **Goal**: consists of a projected state of affairs which a person or a system plans or intends to achieve or bring about —not easily achieved in the immediate future.
- 12. **Objective**: a set of steps/processes a person takes to achieve a desired goal.
- 13. **Performance Measure**: a numerical value placed on an **event/activity/task to track its progress**.
- 14. **Partnership**-under a formal agreement entered into by two or more persons (groups) in which each agrees to produce/furnish a part of and agreed upon outcome/purpose/event.
- 15. **Consultant**-is someone who provides a specific service to a client.
- 16. **Sub grantee**- a person or group hired to provide and/or support a portion of the program to

Attachment J: MOTA Grant Application Checklist (an editable Checklist can be downloaded from [RFA Website](#))

**Office of Minority Health and Health Disparities (MHHD)
 Minority Outreach and Technical Assistance (MOTA)
 MOTA Grant Application Checklist FY 2019**

The Office of Minority Health and Health Disparities (MHHD) accepts only timely and completed applications for consideration of a MOTA grant. Your application will only be accepted if accompanied by all supporting documents. It is your responsibility to ensure that all information is submitted with your application AND by the deadline stated. The checklist provided below is designed as an aid to guide applicants through the application process. Please include a completed copy of your MOTA Grant Application checklist at the beginning of your application. Your application is considered incomplete if it does not include all that is mentioned in the checklist below OR does not include justification for missing documents.

Organization _____

County/Political Subdivision _____

Date of Submission _____

Is organization name a current MOTA Grantee? Circle one. **Yes** or **No**

Did you (applicant) provide the following: If you chose no, please provide reasons why.

Application	Yes/No	Pg #	Comment
Format (page number, font, margins, etc.)			
Cover Letter			
Executive Summary			
Application Narrative			
<ul style="list-style-type: none"> ● Problem statement 			
<ul style="list-style-type: none"> ● Organizational capability 			
<ul style="list-style-type: none"> ● Goals and objectives 			
<ul style="list-style-type: none"> ● Program work plan (Work Plan Narrative, Work Plan Template, Logic Model, Gantt Chart) 			
<ul style="list-style-type: none"> ● Outcomes 			
<ul style="list-style-type: none"> ● Target population 			

• Partnerships			
• Program management (including resumes as applicable)			
• Evaluation			
• Dissemination			
• Budget			
Eligibility Information & Supporting Documentation			
IRS non-profit determination			
IRS 990			
Financial Statement			
Most recent audit (if your organization received public funds over \$100,000 annually in the last three years)			
Letter of Good Standing			
Requested Budget (MDH HSAM Forms)			
• Forms MDH432A - H {signed}*			
• Form MDH433 {signed}*			
• Forms MDH434 {signed} *			
Budget Justification Narrative			
Letters of Commitment			
Health Department Support Letter			

Submitted an electronic copy to MHHD	Yes	No
Is your application signed?	Yes	No

Applicant's Signature

Date

Note: **All signatures must be done using a blue ink pen.**