



MARYLAND Department of Health

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

Minority Health and Health Disparities

Noel Brathwaite, PhD, MSPH, Director

Phone: 410-767-7117 – Fax: 410-333-7525

www.health.maryland.gov/mhhd - Room 500

March 29, 2019

Re: FY 20 MOTA CONTINUATION GRANT APPLICATION

TO ALL 2019 MOTA Grantees:

The Office of Minority Health and Health Disparities (MHHD) is pleased to invite all 2019 Minority Outreach and Technical Assistance (MOTA) grantees to apply for Year 2 (FY 2020) continuation grant for the period July 1, 2019 through June 30, 2020. Attached are the continuation grant application instructions.

Applications must be emailed to mdh.mhhdmota@maryland.gov by Tuesday, April 30, 2019, no later than 6:00 PM.

A **MANDATORY** pre-application webinar session will be held on **Tuesday, April 9, 2019 from 2:00 PM - 3:00 PM** by webinar /conference call. It is highly recommended that all continuing applicants participate in this session. The webinar information can be found on page 5 of the 2020 continuation application.

All 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, Office of Minority Health and Health Disparities

Enclosure: 2020 MOTA Continuation Grant Application

cc: Namisa K. Kramer, MS, Program Administrator
Kimberly Hiner, MPH, Acting Deputy Director
Olubukola Alonge, MD, MPH, Program Administrative Specialist
Diane Walker, BA, Executive Assistant

Maryland Department of Health

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

FY 2020



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

Office of Minority Health & Health Disparities

Maryland State Office of Minority Health and Health Disparities

MOTA 2020 (Year 2) Continuation Grant Application

Report Guidelines

Continuation Grant Due Date: April 30, 2019

These guidelines have been prepared to assist the grantee in the preparation of their continuation grant application for FY 2020, year 2 of the grant cycle. The Maryland Department of Health (MDH), Office of Minority Health and Health Disparities (MHHD), uses the continuation grant application to evaluate a grantee's progress in planning and conducting project interventions, evaluating the effectiveness of such interventions, and meeting project/ program objectives during the previous reporting year (FY 19) .

CONTINUATION APPLICATION FORMAT

The Continuation Application is comprised of the Face Page, a Table of Contents, Year End Assessment, and Proposed Project for the upcoming fiscal year, Budget, and Work plan. The format and instructions for preparing the Continuation Application are provided below.

FACE PAGE (On Separate Page) (1 Page)

Grantee Project Name

Grantee Project Director's Name

Grantee Project Director's Contact Information: Phone, Fax, E-mail address

Grantee Organization Name and MOTA Organizational Chart

Grantee Organization Address

Year of Grant Cycle:

TABLE OF CONTENTS

PART I: YEAR ONE (1) ASSESSMENT (2-3 Pages)

1. Description of any gaps between proposed annual targets and accomplished targets during the 2019 grant cycle.
2. Describe barriers, challenges, and lessons learned during the 2019 grant cycle.
3. Describe strategies used to resolve barriers and challenges.

PART II: PROPOSED PROJECT FOR YEAR 2 (5 Pages)

1. Project Narrative
 - A. Program Purpose/Strategies/Interventions for Fiscal 2020. (Describe any changes from fiscal Year 2019 and provide rationale for identified changes).
 - B. Project Objectives and Goals for Fiscal Year 2020 (Describe any changes from Fiscal Year 2019 and provide rationale).
 - C. Submit a detailed work plan utilizing the template provide in this guideline.
 - D. Describe Monitoring and Evaluation Plan.
 - E. Desired/Expected Results (Outputs, Outcomes/Impacts, Measures)
 - 1) Proposed Performance Measures and Deliverables (Describe any changes from Fiscal Year 2019 and provide rationale)
 - 2) Proposed Staff to Execute the Project. (Describe any changes from Fiscal Year 2019 and provide rationale).
 - 3) Describe any expected hiring and training time for any new proposed staff.

PART III: PROJECT BUDGET YEAR

1. Provide Year 2 budget on forms 432 A-H
2. Provide Budget Narrative for Year 2 (Fiscal Year 2020).

Each FY 2020 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 \(HSAM\)](#).
 - Grantee must submit program progress reports on a monthly basis using a format provided by MDH and aligns with the fiscal reports. .
 - Grantee must request for initial payment using MDH fiscal Forms 437, 438, an Attestation Form and a Disbursement Journal (General Ledger, Excel Spreadsheet, etc.).
 - Grantee will also supply copies of receipts to support the total of claimed expenses.
 - Grantee must submit an end of year fiscal report, which reconciles actual expenditures and performance measures (MDH 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.

2. **Available Funds:** Program funds are available on an annual basis depending upon the appropriations by the Maryland General Assembly through June 30, 2020. Grantees

MAY receive additional funding for FY 2020. Additional funding amount will be determined based on performance in 2019.

3. **Start-up Costs:** All MOTA awardees are eligible for an advance of 25% of the total grant award. To request start-up costs, grantees are required to submit the MDH form [437](#).
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:** All 2020 MOTA applicants must submit MDH 440 and 440A by August 31, 2020.
6. **Fiscal Forms:** Completion of MDH Forms [432 A-H](#), [FORM 433](#) and [Form 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:** All 2020 MOTA applicants should have the appropriate accounting/file storage/grant management systems in place to receive and account for grant funds.
8. **Administrative Costs:** For fiscal year 2020, 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.
9. **Letter of Good Standing:** Applicants **must** include a letter of good standing with the Maryland State Government in the 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 receive your letter of good standing, call 410-260-7434.

SUPPORTING DOCUMENTATIONS

- **Letters of Commitment:** A **letter of commitment** from at least three (3) community partners or collaborators **must be submitted**. Each letter must be printed on the respective organization's letterhead. Letters should indicate the specific contributions the partner or collaborator will provide to support the proposed project.
- **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.

PART IV: WORK PLAN YEAR 2

1. Provide a [Work Plan for Year 2](#) (see below).
2. Provide a [CALENDAR of program activities](#). (see attached sample)

2020 MOTA APPLICATION SUBMISSION

Partners must submit their application electronically via email by 6:00 p.m. Eastern Time on **Tuesday, April 30, 2019 to MDH.MHHDOTA@Maryland.gov** . If you have questions, you should contact Namisa Kramer at 410-767-8954 or namisak.kramer1@maryland.gov.

All pages of the document must be numbered clearly and sequentially beginning with the Table of Contents. The narrative should be typed double-spaced, no smaller than 12-point font, and contain 1" margins. The Year End Report and Continuation Application are not to exceed a total of 15 pages (appendices/attachments not included).

Technical Assistance

For questions related to the program or assistance in preparing the document, please contact Namisa Kramer at 410-767-8954 or via email at namisak.kramer1@maryland.gov.

2020 MOTA CONTINUATION GRANT APPLICATION WEBINAR

We strongly recommend that APPLICANTS participate in the WEBINAR to review the application process and reporting requirements. Staff assigned to the program should participate to ascertain dissemination of information at all levels and each staff is aware of reporting requirements. This may include, but not limited to,

- Program Manager
- Fiscal Agent
- Outreach Worker
- Public Health Professionals
- Additional Support Staff

All questions and concerns will be addressed during the webinar session. The webinar session will be held on:

Date: Tuesday, April 9, 2019
Time: 2:00 pm – 3:00 pm

Webinar Access

Link:

<https://mdhealth.webex.com/mdhealth/j.php?MTID=m9422e537e09b29a8f8535408b29a6d27>

Phone: 1-240-454-0887

Meeting Number (access code): 640 164 430

APPENDICES

Attachment A: Work Plan Template

Attachment B: Sample Calendar of Program Activities (This will be updated monthly)

Attachment C: Sample MDH Program Budget Forms 432A through H

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

Attachment E: Sample Program Budget Narrative Justification

Attachment A: Work Plan Template

Goal 1:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>A responsible person must be identified for each action step.</i>	<i>Comments are optional.</i>
Goal 2:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
Goal 3:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
Goal 4:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments

Attachment B: Sample Calendar



Minority Outreach and
Technical Assistance

Name of Organization:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
		NOTES:				

Attachment C: Sample MDH Program Budget [Forms 432A-H](#)

PROGRAM BUDGET

PROGRAM ADMINISTRATION:			
GRANT NUMBER:	<u>CHA2008MG</u>	DATE SUBMITTED:	<u>06/XX/2019</u>
CONTRACT PERIOD:	<u>07/01/19 -- 06/30/20</u>	FISCAL YEAR:	<u>2020</u>
ORGANIZATION:	<u>The Peoples Racial/ethnic Outreach Program</u>	PHONE #:	<u>410-555-1212</u>
STREET ADDRESS:	<u>Any Street</u>		
CITY, STATE, COUNTY:	<u>Any City, Any State</u>	ZIP:	<u>21201</u>
PROGRAM TITLE:	<u>MOTA Grant</u>		
CHARGEABLE SERVICES (Y/N)	<u></u>	MDH PROVIDES 50% OR MORE OF FUNDING (Y/N)	
FOR MDH USE ONLY	<u></u>		

OTHER DIRECT FUNDING

LINE ITEMS MAY NOT BE CHANGED	MDH FUNDING REQUEST	SUPPLEMENTAL FUNDING REDUCTION	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS	12,000					12,000
FRINGE	2,400					2,400
CONSULTANTS	2,500					2500
EQUIPMENT	500					500
PURCHASE OF SERVICE	0					0
RENOVATION	0					0
REAL PROPERTY PURCHASE	0					0
UTILITIES	0					0
RENT	0					0
FOOD	480					480
MEDICINES & DRUGS	0					0
MEDICAL SUPPLIES	0					0
OFFICE SUPPLIES	200					200
TRANSPORTATION/TRAVEL	430					430
HOUSEKEEPING/ MAINTENANCE/REPAIRS	0					0
POSTAGE	390					390
PRINTING/DUPLICATION	1,000					1,000
STAFF DEVELOPMENT/ TRAINING	0					0
TELEPHONE	100					100
ADVERTISING	0					0
INSURANCE	0					0
LEGAL/ACCOUNTING/AUDIT	0					0
PROFESSIONAL DUES	0					0
OTHER (repair phone line) (ATTACH ITEMIZATION)	0					0
TOTAL DIRECT COSTS	20,000					20,000
INDIRECT COST	0					0
TOTAL COSTS	20,000					20,000
LESS: CLIENT FEES						0
MDH FUNDING	20,000					20,000

Attachment D: Sample Program Performance Measures; [MDH 432 C Form](#)

PROGRAM BUDGET
ESTIMATED PERFORMANCE MEASURES

PROGRAM ADMINISTRATION:	MOTA	AWARD NUMBER:	
FISCAL YEAR:		CONTRACT PERIOD:	SUBMITTED:
ORGANIZATION		PHONE NUMBER:	
ADDRESS:		ZIP:	
PROGRAM TITLE:			

PERFORMANCE MEASURE	BUDGET YEAR FY _20__ ESTIMATE

Attachment E: Sample Program Budget Narrative Justification
Grant Program NAME
(GRANT) FY 2020

A. Salaries/Special Payments
\$12,000

<u>Program Director</u>	Grade 14/3	.60 FTE	\$6,000
<p>Margaret Doe: To direct the Charles County MOTA program; implement and monitor the MDH 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.</p>			

<u>Outreach Worker A</u>	Grade 7/9	.40 FTE	\$4,500
<p>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</p>			

<u>Secretary/Fiscal Officer</u>	Grade 8/9	.25 FTE	
<p style="text-align: center;">\$2,500</p> <p>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.</p>			

B. Fringe Benefits **\$2,400**
Calculated at a rate of 20% to include health and dental insurance, life insurance, workers compensation and state unemployment costs. This rate is computed on the total salary amount.

C. Consultants **\$2,500**
Consultant fees may cover health educator training of community groups, developing educational materials, convening workgroups and conferences, and accounting technical assistance.

D. Equipment **\$500**
1 computer, printer and software

E. Telephone **\$100**
To cover cost of two phones used half time for MOTA program.

F. Purchase of Service

Agreement(s) with community racial/ethnic group(s) to outreach to Native American, Asian, Hispanic and African American populations to recruit their participation in the MHHD.

G. Food**\$480**

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.

H. Office Supplies**\$200**

Stationery, file folders, desk supplies, hanging files, copy paper, and notebooks.

I. Postage**\$390**

500 contact persons x 2 mailings x .39 = \$ 370

Postage for educational mailings and recruitment of minorities

J. Printing/Duplication**\$1,000**

1,000 brochures for mailing to community racial/ethnic groups

K. Travel In-State**\$430**

15 trips X 50 Miles X 56.5 cent per mile

For Outreach Worker travel to provide community presentations and follow-up

L. Legal/Accounting/Audit

To obtain accounting technical assistance to support establishing acceptable business and financial practices, and to advise on financial reporting, invoicing, closeout and audit.

M. Other

If any, must be itemized and details given showing how the costs are calculated.

N. Indirect Costs

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.

O. Total Costs**\$20,000**

This total is the same as MDH funding because no other funds are being received for services provided under the MOTA grant agreement.

P. MDH Funding**\$20,000**