



STATE OF MARYLAND

**DHMH**

Maryland Department of Health and Mental Hygiene

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

*Minority Health and Health Disparities (MHHD)  
Director: Shalewa Noel-Thomas, PhD, MPH*

Phone: 410-767-7117 – Fax: 410-333-7525  
[www.dhmh.maryland.gov/mhhd](http://www.dhmh.maryland.gov/mhhd) - Room 500

May 30, 2017

Re: FY 18 MOTA CONTINUATION GRANT APPLICATION

TO ALL 2017 MOTA Grantees:

The Office of Minority Health and Health Disparities (MHHD) is pleased to invite all 2017 Minority Outreach and Technical Assistance (MOTA) grantees to apply for Year 2 (FY 2018,) continuation grant for the period July 1, 2017 through June 30, 2018. Attached is the continuation grant application instructions.

**Applications must be emailed to [dhmh.mhhdmota@maryland.gov](mailto:dhmh.mhhdmota@maryland.gov) by Friday, June 16, 2017; no later than 6:00 PM.**

A pre-application webinar session will be held on **Friday, June 9, 2017 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 2018 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](mailto:namisak.kramer1@maryland.gov).

Thank you for your interest.

Sincerely,

Shalewa Noel-Thomas, PhD, MPH  
Director  
Office of Minority Health and Health Disparities

Enclosure: 2018 MOTA Continuation Grant Application

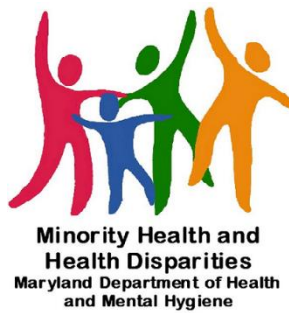
cc: Stephanie Slowly, MSW, LCSW-C, Deputy Director  
Namisa K. Kramer, MS, Program Administrator  
David Mann, MD, PhD, Epidemiologist  
Olubukola Alonge, MD, MPH, Program Administrative Specialist  
Diane Walker, BA, Executive Assistant

**Department of Health and Mental Hygiene**

**MINORITY OUTREACH AND TECHNICAL  
ASSISTANCE PROGRAM**

(MOTA)

**FY 2018**



**Office of Minority Health & Health Disparities**

**Maryland State Office of Minority Health and Health Disparities**

**MOTA 2018 (Year 2) Continuation Grant Application**

**Report Guidelines**

**Continuation Grant Due Date: June 16, 2017**

These guidelines have been prepared to assist the grantee in the preparation of their Continuation Application, in this case for the FY18, year 2 of the grant cycle. The Continuation Application is used by the Maryland Office of Minority Health and Health Disparities (MHHD) to review grantee progress made during the reporting year in planning and conducting project interventions, evaluating the effectiveness of such interventions, and meeting project and program objectives, as well as to keep abreast of managerial and other project matters related to the grant as needed. Such reports of progress are carefully considered relative to plans for future funding.

**CONTINUATION APPLICATION FORMAT**

The Continuation Application is comprised of the Face Page, a Table of Contents, Year End Assessment, 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:

Reporting Month:

**TABLE OF CONTENTS**

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

1. Description of any gaps between proposed monthly performance measures and what was actually achieved during the 2017 grant cycle.
2. Describe Barriers, challenges, and lessons learned during the 2017 grant cycle.
3. Describe strategies to resolve barriers and challenges.

**PART II. PROPOSED PROJECT FOR YEAR 2 (5 Pages)**

1. Project Narrative

- A. Program Purpose/Strategies/Interventions (Describe any changes from Year 1 and provide ratio)
- B. Project Objectives and Goals (Describe any changes from Year 1 and provide rationale)
- C. Evaluation Plan
- D. Provide any upcoming major community activities including trainings, workshops, health fairs, forums, focus group discussions and media events, etc.
- E. Desired/Expected Results (Outputs, Outcomes/Impacts, Measures)
  - 1) Proposed Performance Measures and Deliverables (Describe any changes from Year 1 and provide rationale)
  - 2) Proposed Staff to Execute the Project. (Describe any changes from Year 1 and provide rationale. 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](#).

**Each FY 2018 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 [DHMH Human Services Agreement Manual \(HSAM\)](#). Program progress reports will be submitted on a quarterly basis using a format provided by DHMH and will be used to support fiscal reporting. Fiscal reports are due whenever payment is requested and should be completed by using DHMH Forms [437](#), [438](#) and the Attestation Form. A year-end fiscal report that reconciles actual expenditures and performance measures (DHMH FORMS [438](#)) achieved using the MOTA grant format, along with DHMH Forms 440 and 440A, will be submitted.

The HSAM provides guidance for the financial management of grant programs. The applicant must complete and submit the applicable [DHMH 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 will be provided to awardees in a separate packet.**

- 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. **All FY 2018 applicants will be funded at the same level as FY 2017.**
- 3. **Start-up Costs:** All MOTA applicants are eligible for an advance of 25% of the total grant award. To request start-up costs, grantees are required to submit the DHMH form [437](#), [438](#) and the attestation.

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 2018 MOTA applicants must submit DHMH 440 and 440A by August 31, 2019.
6. **Fiscal Forms:** Completion of DHMH 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 2018 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 2018, 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 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 each partner or collaborator **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)

## **2018 MOTA APPLICATION SUBMISSION**

Partners must submit their application electronically via email by 6:00 p.m. Eastern Time on **Friday, June 16, 2017**. If you have questions, you should contact Namisa Kramer at 410-767-8954 or [namisak.kramer1@maryland.gov](mailto: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 pitch 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 e-mail at [namisak.kramer1@maryland.gov](mailto:namisak.kramer1@maryland.gov).

## **2018 MOTA CONTINUATION GRANT APPLICATION WEBINAR**

It is strongly recommended that APPLICANTS participate in the WEBINAR 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:

- 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:** Friday, June 9, 2017

**Time:** 2:00 pm – 3:00 pm

**Webinar / Call-in:** Go to <https://dhmh.webex.com/dhmh/k2/j.php?MTID=t71c36760862d94455fe1ec740362c11d>

2. Enter your name and email address.
3. Enter the session password: This session does not require a password.
4. Click "Join Now".
5. Follow the instructions that appear on your screen.

To view in other time zones or languages, please click the link

<https://dhmh.webex.com/dhmh/k2/j.php?MTID=tee83209470012823facb9c186dbe5a7d>

Meeting number: **312 850 630**

**To join by phone:** +1-415-655-0003 US TOLL

Access code: **312 850 630**



## **APPENDICES**

Attachment A: Work Plan Template

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

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

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

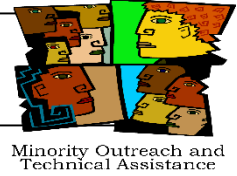
Attachment E: Sample Program Budget Narrative Justification

## 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

**Name of Organization:**



**July 2017**

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 DHMH Program Budget [Forms 432A-H](#)

### PROGRAM BUDGET

#### PROGRAM ADMINISTRATION:

<b>GRANT NUMBER:</b>	<b>CHA2008MG</b>	<b>DATE SUBMITTED:</b>	<b>06/XX/2017</b>
<b>CONTRACT PERIOD:</b>	<b>07/01/16 -- 06/30/17</b>	<b>FISCAL YEAR:</b>	<b>2017</b>
<b>ORGANIZATION:</b>	The Peoples Racial/ethnic Outreach Program	<b>PHONE #:</b>	410-555-1212
<b>STREET ADDRESS:</b>	Any Street		
<b>CITY, STATE, COUNTY:</b>	Any City, Any State	<b>ZIP:</b>	21201
<b>PROGRAM TITLE:</b>	MOTA Grant		
<b>CHARGEABLE SERVICES (Y/N)</b>	<b>DHMH PROVIDES 50% OR MORE OF FUNDING (Y/N)</b>		
<b>FOR DHMH USE ONLY</b>			

### OTHER DIRECT FUNDING

	DHMH	SUPPLEMENTAL	FED./STATE	ALL	TOTAL	
LINE ITEMS MAY	FUNDING	FUNDING	LOCAL &	OTHER	OTHER	PROGRAM
NOT BE CHANGED	REQUEST	REDUCTION	GOV'T	AGENCY	FUNDING	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/DUPPLICATION	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
DHMH FUNDING	20,000					20,000

DHMH 432B (Rev. Feb. 1997)

## Attachment D: Sample Program Performance Measures; [DHMH 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 SAMPLE

PERFORMANCE MEASURE	BUDGET YEAR FY <u>17</u> ESTIMATE
Number of people referred for ACA enrollment	
Number of people referred to smoking cessation classes	
Number of people who attended healthy eating workshop	
<b>SAMPLE</b>	

DHMH 432C (Feb. 1997)

**Attachment E: Sample Program Budget Narrative Justification**  
**Grant Program NAME**  
**(GRANT ) FY 2018**

**A. Salaries/Special Payments**

**\$12,000**

Program Director

Grade 14/3

.60 FTE

\$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.

Outreach Worker A

Grade 7/9

.40 FTE

\$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

Secretary/Fiscal Officer Grade 8/9

.25 FTE

\$2,500

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 DHMH MOTA program.

**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 to 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 DHMH funding because no other funds are being received for services provided under the MOTA grant agreement.

**P. DHMH Funding**

**\$20,000**