Letter of Intent and Eligibility

On January 3, 2022, the Maryland Department of Health (MDH) announced the allocation of $15 million in emergency funding from the American Rescue Plan Act (ARPA) to address urgent operational needs of Adult Medical Day Care (AMDC) facilities in Maryland. AMDCs are to use the funds to maintain their operations so that they can help respond to COVID-19. Funds may be used to support AMDC operations in areas such as staffing expansions, procurement of supplies, and COVID-19 testing and therapeutics.

The grant funds are to be used to support eligible operational costs incurred between February 15, 2022 and December 31, 2022. To qualify for this emergency funding opportunity, the AMDC must be licensed by and operate in the state of Maryland, have re-opened or plan to re-open within the next three months, and meet certain other requirements. By completing this form, an AMDC will notify MDH of its interest in receiving this funding and confirm the AMDC meets certain eligibility criteria. It should be completed by your organization’s leadership or person of authority who can determine and confirm eligibility to receive this funding. If you are responsible for more than one AMDC organization, please complete a form for each organization.

Please submit this form by Friday, February 11, 2022. Please note that AMDCs that do not submit this form or fail to submit it by the deadline will not be eligible for this emergency funding opportunity.

For technical difficulties, please contact MDH.amdcgrants@maryland.gov.

* Required

1. Email *

Contact Information
2. AMDC organization name *

Mark only one oval.

- Aastha AMDC, LLC
- Active Day of Annapolis
- Active Day of Arbutus
- Active Day of Baltimore
- Active Day of Harford
- Active Day of Parkville
- Active Day of Randallstown
- Active Day of Timonium
- Activities Adult Medical Daycare
- Adult Day Care of Calvert County, Inc.
- Adult Medical Day Care of Overlea
- Advanced Medical Adult Day Care Facility
- Albert And Helen Misler Adult Day Center
- Alice Manor Adult Medical Day Care
- Another Caring Hand Medical Adult Day Care, Inc.
- Arirang Adult Medical Day Care
- Bella’s Reserve
- Caring Hand Medical Adult Day Care, Inc. (A)
- Caring Hands Adult Day Care of Dundalk
- Caring Hands AMDC of Greater Baltimore
- Caroline Medical Adult Day Care
- Ccacc Adult Day Healthcare Center
- Center for Social Change AMDC
- Comfort Life Care
- Comfort Life Care, LLC
- Crescent Ridge Adult Day Health Center
- Cumberland Covenant House LLC
- Dar’s Place Adult Day Center
- Daybreak Adult Day Services
- Delmarva Davbreak - Hurlock
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- Easter Seals Adult Day Services
- Easter Seals Adult Day Services - Hagerstown
- Easter Seals Adult Day Services - Silver Spring
- Emmanuel Adult Medical Day Care
- Evergreen Adult Medical Day Care
- Evergreen Medical Adult Day Care - Kensington
- Fenwick Landing Adult Day Center
- Foundation Medical Adult Day Care
- Friendly Health Services
- Friends and Family Adult Day Services, Inc.
- Friendship Adult Medical Day Center
- Friendship at Owings Mills Adult Medical Day Care
- George's Creek Adult Day Care Center
- Golden Days East Adult Medical Day Center
- Golden Days Medical Day Care Inc
- Golden Doves Senior Medical Adult Day Care
- Golden Pond Adult Day Program, Inc.
- Happy Time Day Care Center LLC
- Healthy Life Adult Medical Day Center, LLC
- Helping Hands Adult Day Services of Capitol Height
- Helping Hands Adult Day Services of Clinton
- Heritage Adult Enrichment Program
- Holy Cross Hospital Medical Adult Day Center
- Hong Lok Adult Medical Day Care
- Hopkins Elder Plus
- Jarher Senior Center
- Jasmine Medical Day Care Center
- Jone L Bowman AMDC at Fahrney-Keedy
- Joseph A. Gilmore Senior Adult Day Center
- Joyful Adult Medical Day Care Center
- Kent County Medical Adult Day Care
- Keswick Adult Day Services
- LI FE Adult Medical Day Care
3. Name of individual completing this form *
4. Primary Point of Contact First Name *


5. Primary Point of Contact Last Name *


6. Primary Point of Contact Salutation *

*Mark only one oval.*

- Ms.
- Mr.
- Dr.
- Mrs.

7. Primary Point of Contact Professional Designation

*Mark only one oval.*

- MD
- PhD

8. Primary Point of Contact Email *


9. Primary Point of Contact Phone Number *
10. Alternative Phone Number, if desired

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AMDC Grant Requirements

Please acknowledge the following grant requirements. These requirements will be formalized in the Grant Agreement.

11. The AMDC shall use the funds awarded to their facility only for the following purposes and expenditures: Bolster staff at the Grantee’s facility; Support increased testing for Grantee’s employees, clients, and visitors; Support overall operating expenses during the COVID pandemic. *

Check all that apply.

- [ ] My AMDC acknowledges this requirement and agrees to use the funding for the above purposes.
- [ ] My AMDC does not acknowledge this requirement and does not agree to use the funding for the above purposes.

12. The AMDC must hold an active license with the Office of Health Care Quality (OHCQ) to qualify for funding. *

Check all that apply.

- [ ] Yes, my AMDC holds an active license with OHCQ.
- [ ] No, my AMDC does not currently hold an active license with OHCQ.

13. To qualify for funding, the ADMC must either (1) be actively operating or (2) intend to reopen within the next 3 months. *

Check all that apply.

- [ ] Yes, my AMDC is currently open and operating.
- [ ] Yes, my AMDC has temporarily closed due to the COVID pandemic and we intend to reopen within the next 3 months.
- [ ] No, my AMDC will not reopen within the next 3 months.
- [ ] No, my AMDC has closed permanently.
14. If your AMDC plans to reopen, you must provide updated reopening plans for review by OHCQ at least two weeks prior to reopening and no later than April 30, 2022.*

Check all that apply.

☐ Yes, my AMDC will provide reopening plans at least two weeks prior to reopening and no later than April 30, 2022.
☐ No, my AMDC will not provide reopening plans for review by OHCQ.
☐ Not applicable. My AMDC has already reopened.
☐ Not applicable. My AMDC has closed permanently.

15. To qualify for funding, the AMDC must submit a brief preliminary report outlining how the funds are being used by July 1, 2022.*

Check all that apply.

☐ Yes, my AMDC will agree to submit a brief report outlining how the funds are being used by July 1, 2022.
☐ No, my AMDC will not agree to submit a brief report outlining how the funds are being used by July 1, 2022.

16. To qualify for funding, the AMDC must submit a final report outlining how the funds are being used by January 1, 2023.*

Check all that apply.

☐ Yes, my AMDC agrees to submit a final report outlining how funds were spent by January 1, 2023.
☐ No, my AMDC will not agree to submit a final report outlining how funds were spent by January 1, 2023.
17. The AMDC must agree to return any unused funds to the MDH by February 1, 2023. *

Check all that apply.

☐ Yes, my AMDC agrees to return any unused funds to MDH by February 1, 2023.
☐ No, my AMDC organization will not agree to return any unused funds to MDH by February 1, 2023.

18. The AMDC must agree to repay any funds that have been determined through the federal or State audit process to have been misspent, misapplied, or otherwise not properly accounted for, and further agrees to pay any collection fees that may subsequently be imposed by the federal and/or State government. *

Check all that apply.

☐ My ADMC will agree to repay any funds that have been determined through the federal or State audit process to have been misspent, misapplied, or otherwise not properly accounted for, and further agrees to pay any collection fees that may subsequently be imposed by the federal and/or State government.
☐ My AMDC will not agree to repay any funds that have been determined through the federal or State audit process to have been misspent, misapplied, or otherwise not properly accounted for, and further agrees to pay any collection fees that may subsequently be imposed by the federal and/or State government.