



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

EXHIBIT A

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

PROCUREMENT ID NUMBER – PHPA 1527 BPM024065

Issue Date: May 6, 2021

COVID-19 and Overdose Response Grants Initiative

NOTICE

A Prospective Applicant that has received this document from the Maryland Department of Health, or that has received this document from a source other than the Procurement Officer, and that wishes to assure receipt of any changes or additional materials related to this RFA, should immediately contact the Procurement Officer and provide the Prospective Applicant's name and mailing address so that addenda to the RFA or other communications can be sent to the Prospective Applicant.

**STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
RFA KEY INFORMATION SUMMARY SHEET**

Request for Proposals: COVID-19 and Overdose Response Grants Initiative

Solicitation Number: PHPA 1527 BPM024065

RFP Issue Date: May 6, 2021

RFP Issuing Office: Maryland Department of Health
Center for Harm Reduction Services

Procurement Officer: Robert Bruce
Chief Operations Officer
Prevention and Health Promotion Administration
201 W Preston St. Room 322
Baltimore, MD 21201
Phone: (410) 767-0783 Fax: (410) 333-5995
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Grant Monitor: Dana Heilman
Center for Harm Reduction Services
500 N Calvert Street, 5th floor
Baltimore, MD 21202
Phone number: (410) 767-2955
E-mail: dana.heilman1@maryland.gov

Applications are to be sent to: Preferred by email: phpa.procurement@maryland.gov
Subject : Robert Bruce PHPA 1527 BPM024065

Closing Date and Time: June 4, 2021, 2:00 PM Local Time

SECTION 1 - GENERAL INFORMATION

1.1 Summary Statement

- 1.1.1 The Maryland Department of Health (MDH or the Department), Center for Harm Reduction Services (CHRS), is issuing this Request for Applications (RFA) to enhance or initiate projects that:
- Address harms related to the COVID-19 pandemic among people who use drugs:
 - Address the increase in overdose deaths through targeted naloxone distribution by people with lived experience (including but not limited to certified peers) and other methods; and/or
 - Address other harms related to the COVID-19 pandemic among people who use drugs.
 - In addressing COVID-19-related harms among people who use drugs, support the Center’s overall strategic goal to *reduce substance-related morbidity and mortality by optimizing services for people who use drugs*.
- 1.1.2 It is the State’s intention to support projects that address the harms related to the COVID-19 pandemic among people who use drugs, including addressing the increase in overdose deaths through targeted naloxone distribution by people with lived experience. Projects may be newly proposed or may be existing projects in need of additional support. Such projects will be supported through an Agreement between the selected Applicants and the State. The anticipated duration of services to be provided under this Agreement is August 1, 2021 – June 30, 2022 and a possible option of July 1, 2022 – September 30, 2022 based on funding availability.
- 1.1.3 The Department intends to make up to 30 awards as a result of this RFA.
- 1.1.4 Applicants, either directly or through their subcontractor(s), must be able to provide all services and meet all of the requirements requested in this solicitation and the successful Applicants shall remain responsible for performance regardless of subcontractor participation in the work.

1.2 Contract Type

The Agreement resulting from this solicitation shall be a Cost Contract.

1.3 Procurement Officer

The sole point of contact in the State for purposes of this solicitation prior to the award of any Agreement is the Procurement Officer at the address listed below:

Robert Bruce
Procurement Officer
Maryland Department of Health
Prevention and Health Promotion Administration
201 W Preston Street, Room 322

Baltimore, MD 21201
Phone Number: (410) 767-0783
E-mail: Robert.bruce@maryland.gov

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

1.4 Grant Monitor

The Grant Monitor is:

Dana Heilman
Center for Harm Reduction Services
500 N Calvert Street, 5th floor
Baltimore, MD 21202
Phone number: (410) 767-2955
E-mail: dana.heilman1@maryland.gov

The Department may change the Grant Monitor at any time by written notice.

1.5 eMaryland Marketplace Advantage

Each Applicant is requested to indicate its eMaryland Marketplace Advantage (eMMA) vendor number in the Transmittal Letter (cover letter) submitted at the time of its Application submission to this RFA.

eMMA is an electronic commerce system administered by the Maryland Department of General Services. The RFA and associated materials, the solicitation and summary of the Pre-Proposal Conference, Applicant questions and the Procurement Officer's responses, addenda, and other solicitation-related information will be provided via eMMA.

In order to receive a contract award, a vendor must be registered on eMMA. Registration is free. Go to <https://procurement.maryland.gov/>, click on "Register" to begin the process, and then follow the prompts.

1.6 Questions

Written questions from prospective Applicants will be accepted by the Procurement Officer. Questions to the Procurement Officer shall be submitted via e-mail to the following e-mail address: PHPA.procurement@maryland.gov. Please identify in the subject line the Solicitation Number and Title.

Questions are requested to be submitted at least five business days days prior to the Application due date. The Procurement Officer, based on the availability of time to research and communicate an answer, shall decide whether an answer can be given before the Application due date.

1.7 Application Due (Closing) Date and Time

Applications, in the number and form set forth in Section 4.2 "Applications" must be received by the Procurement Officer, at the address listed on the Key Information Summary Sheet, no later than **2:00 PM** Local Time on **June 4, 2021** in order to be considered.

Requests for extension of this time or date will not be granted. Applicants mailing applications should allow sufficient mail delivery time to ensure timely receipt by the Procurement Officer. Applications received after the due date and time listed in this section will not be considered. For any submission that is not hand delivered, the Applicant may confirm, at least 60 minutes before the deadline, that the application was received in PHPA Procurement. PHPA is not responsible for applications dropped off in the mailroom. Questions regarding this solicitation should be directed (**By e-mail only**, no phone calls will be accepted) to the PROCUREMENT OFFICER.

Applications may be modified or withdrawn by written notice received by the Procurement Officer before the time and date set forth in this section for receipt of Application. Multiple and/or alternate applications will not be accepted.

1.8 Award Basis

The Grant shall be awarded to responsible Applicants submitting Applications that have been determined to be the most advantageous to the State, considering price and evaluation factors set forth in this RFA, for providing the activities as specified in this RFA. See RFA Section 5 for further award information.

1.9 Revisions to the RFA

If it becomes necessary to revise this RFA before the due date for Applications, the Department shall endeavor to provide addenda to all prospective Applicants that were sent this RFA or which are otherwise known by the Procurement Officer to have obtained this RFA. Addenda made after the due date for Applications will be sent only to those Applicants that submitted a timely Application and that remain under award consideration as of the issuance date of the addenda.

Acknowledgment of the receipt of all addenda to this RFA issued before the Application due date shall be included in the Transmittal Letter accompanying the Applicant's Project Narrative. Acknowledgement of the receipt of addenda to the RFA issued after the Application due date shall be in the manner specified in the addendum notice. Failure to acknowledge receipt of an addendum does not relieve the Applicant from complying with the terms, additions, deletions, or corrections set forth in the addendum.

1.10 Cancellations

The State reserves the right to cancel this RFA, accept or reject any and all Applications, in whole or in part, received in response to this RFA, to waive or permit the cure of minor irregularities, and to conduct discussions with all qualified or potentially qualified Applicants in any manner necessary to serve the best interests of the State. The State also reserves the right, in its sole discretion, to award a Grant based upon the written Applications received without discussions or negotiations.

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SECTION 2 – MANDATORY REQUIREMENTS

2.1 Applicant Mandatory Requirements

The Applicant must provide proof with its Application that the following Mandatory Requirements have been met:

- 2.1.1 The Applicant shall be a Social organization as defined per Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland or a local, state government agency, public college, or state university.
- 2.1.2 For social organization Applicants (not local, state government agency, public college, or state university), the Applicant or Applicant’s fiscal sponsor must be a nonprofit organization, classified by the IRS as tax-exempt under section 501(c)(3) of the Internal Revenue Code. Proposals must include attachments of the following documentation from either the applicant or the applicant’s fiscal sponsor organization:
 - Documentation of tax-exempt status of the Applicant or the Applicant’s fiscal sponsor (i.e. IRS tax exempt status determination letter)
- 2.1.3 Applicants proposing naloxone distribution activities must:
 1. Have current authorization as an Overdose Response Program (*MDH will verify*)
OR
 2. Apply to MDH for authorization as an Overdose Response Program within 1 month of grant application (*MDH will verify*)
OR
 3. Dispense naloxone only under the authority of or in partnership with an authorized Overdose Response Program (*Applicant must provide written evidence of this relationship with an authorized Overdose Response Program*).

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SECTION 3 – SCOPE OF WORK

3.1 Background and Purpose

Center for Harm Reduction Services

3.1.1 Background

The Maryland Department of Health’s Center for Harm Reduction Services (CHRS) was established in 2019 to centralize harm reduction activities from across the Department. The Center is housed within the Infectious Disease Prevention and Health Services Bureau in the Prevention and Health Promotion Administration. The Center oversees the Overdose Response Program, Syringe Services Program, naloxone distribution, ACCESS harm reduction grants, and various workforce development, training, and technical assistance activities.

3.1.2 Vision and Strategic Goal

CHRS envisions a Maryland where 1) health care and social service systems meet the needs of people who use drugs in a comprehensive, community-based manner, 2) people who use drugs have equitable access to high-quality care, and 3) services provided to people who use drugs are free from stigma and discrimination.

The Center’s strategic goal is to reduce substance-related morbidity and mortality by optimizing services for people who use drugs. This includes improving access to service entry points, leveraging non-traditional service delivery models, increasing the capacity and harm reduction competence of the health care workforce, and ensuring systems are responsive to local needs.

Public health impacts of the COVID-19 pandemic among people who use drugs

3.1.3 Summary

The COVID-19 pandemic has been associated with an unprecedented increase in overdose deaths both nationally and locally. National and local Maryland data document record numbers of fatalities because of drug overdose during the COVID-19 pandemic. Public health officials and researchers suspect a variety of influencing factors, including the disruption of treatment services, changes in the drug supply, and the increased mental health distress resulting from COVID-19 mitigation measures. The CDC’s recommendations for addressing these staggering increases in overdose deaths include a variety of harm reduction practices, with overdose education and naloxone distribution at the forefront.

3.1.4 Increase in fatal overdoses in the US

Nationally, overdose deaths hit record numbers in the 12-month period from May 2019 to May 2020 at 81,230 deaths (CDC, 2020). Overdose deaths increased in most states in 2020, and increased in the United States overall by 33%. The CDC specifically noted that the largest increases in overdose deaths coincided with COVID-19 mitigation measures over that time period. A study of increases in Cook County, Illinois noted a significant increase in the weekly average of opioid overdose deaths during the 11-week stay-at-home order (Mason et al., 2021). In addition, the US saw a spike of overdoses unlike ever before, with more than 9,000 overdose deaths occurring during May 2020; this number had never previously exceeded 6,300 (Baumgartner & Radley, 2021).

3.1.5 Increase in fatal overdoses in Maryland

Local increases in overdose deaths during the pandemic have reflected the national trends; Maryland has seen its most devastating year of overdoses alongside the COVID-19 pandemic (OCC, 2021). Preliminary data suggest that 2020 saw more Marylanders lost to overdose death than in any other single year (Q4 data is forthcoming). The third quarter of 2020 showed overdose deaths in Maryland that were 12.13% higher than in the same quarter of 2019, at 2,025 deaths compared to 1,806. The first three quarters of 2020 also showed the highest overdose deaths in Maryland to-date. Other evidence of COVID-19's impact include fewer emergency department visits for non-fatal opioid overdoses, at a 17.7% decrease from the same timeframe in 2019; total ED visits began declining in mid to late March, suggesting the impact of the pandemic. In addition, EMS-administered naloxone declined in 2020 compared to 2019.

The Maryland overdose deaths documented in the third quarter of 2020 continue a trend of disproportionate impact in Black and Hispanic populations; this trend has been documented in Maryland from 2017-2019. Overdoses among Black and Hispanic individuals increased by 40.4% and 35.9% respectively from 2017-2019, while decreasing among White individuals. In quarter 3 of 2020, Black individuals represented 38.8% of people who died of opioid overdose, while representing only 30.7% of the general Maryland population.

3.1.6 Causes

Public health officials and research suggest that COVID-19 mitigation measures and their unintended consequences have primarily driven the increase in overdoses (CDC, 2020). However, changes to the drug supply and the mental health impact of social isolation are also implicated.

A. Disruption of services

Mitigation measures have disrupted treatment and overdose prevention services, causing many people who use drugs to lose important services and social connection. Shutdowns prevented people from accessing care, and fewer patients could be seen in-person at the same time; these measures even caused financial strain on treatment programs that resulted in further cutbacks to services (Yoguchi, 2020). In a survey conducted by the Addiction Policy Forum, 34% of respondents reported "changes or disruptions in accessing treatment or recovery support services" (2020). In addition, 24% reported that they or their family member's substance use had "changed because of COVID-19." The qualitative responses to the survey highlight the importance of connection, socialization, and peer support as part of receiving services; in disrupting services, individuals may lose these secondary benefits as well (Addiction Policy Forum, 2020).

B. Changes to the drug supply

COVID-19 mitigation measures have also impacted the drug supply resulting in a higher adulteration of fentanyl and therefore a higher risk of overdose. CDC health advisories have noted increases primarily in illicitly manufactured fentanyl, even in western states that have not been as significantly affected by fentanyl in the past (CDC Health Advisory Network, 2020). National and local Maryland data has also shown a continuing trend of polysubstance overdose deaths involving stimulants such as cocaine and methamphetamine, typically with fentanyl implicated (OCC 2020; CDC Health Advisory Network 2020; Kariisa et al., 2017; Jones, Bekheet, Park, Alexander, 2020).

C. Social isolation and mental health

Lockdowns and social distancing measures have also impacted mental health and behavior, which subsequently affects overdose deaths through drug use and risk behavior. Using drugs alone is a primary risk factor for fatal overdose (National Harm Reduction Coalition). Due to stay-at-home orders and social distancing measures, more individuals who would typically use in public spaces or with others may have used alone more frequently.

In addition, the social isolation and associated psychological distress may have an impact on drug use behavior. The Addiction Policy Forum's survey indicated 74% of survey respondents reported changes in their emotions since the pandemic began (2020); 20% of respondents reported an increase in their or a family member's substance use. News reports on the overdose increases cite the role of emotional distress caused by physical isolation; they note the impact of drastic changes to daily routines, particularly for people in substance use treatment and people in recent recovery (Alfonso, 2020).

Priorities of the COVID-19 and Overdose Response Grant Initiative

The Center's priority for this grant initiative is to reduce harms caused by the pandemic among people who use drugs, particularly emphasizing targeted distribution of naloxone to populations most impacted by the increases in overdose deaths. The following describe the Center's grant-making priorities for this initiative.

- 3.1.7 Targeted naloxone distribution to address COVID-19-related increases in overdose deaths through the following activities:
 - Employment of people with lived experience (including but not limited to certified peers) to conduct overdose response training and distribute naloxone
 - Purchase of naloxone kit supplies and education materials
 - Other project expenses to support naloxone distribution to highly impacted populations
 - Purchase of Personal Protective Equipment and hygiene items to prevent the spread of COVID-19
 - To protect staff members conducting outreach to people who use drugs
 - For distribution to client population of people who use drugs
- 3.1.8 Other harm reduction projects
 - Support for other overdose prevention strategies
 - Support for other special projects that address the public health impacts of the COVID-19 pandemic among people who use drugs
 - Supporting people who use drugs to access the COVID-19 vaccine, such as
 - a. Transportation to vaccination appointments
 - b. Case management
 - c. Education and information
 - d. Temporary emergency housing paired with case management for people experiencing homelessness

Harm Reduction and CHRS's Overall Strategic Priorities

3.1.9 Harm reduction

Harm reduction is an approach to service provision and a drug-policy reform movement that seeks to reduce the harms associated with drug use and drug policies. The National Harm Reduction Coalition

defines harm reduction as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”

Harm reduction is based upon several key tenets. A harm reduction approach posits that people are not defined by their drug use, and quality of life improvement is prioritized as an outcome over abstinence. Harm reduction puts people first and suggests that people should define their own goals, particularly with regard to any changes in their drug use behaviors. In this way, harm reduction approaches identify people who use drugs as the change agents in their own lives. Harm reduction also emphasizes that the voices of people who use drugs must be centered in programs and policies that affect them.

These tenets manifest in the operation of harm reduction-based programs and drive what harm reduction services look like. Harm reduction programs are built on strong relationships with the community and constantly seek the input of and/or are operated by people who use/have used drugs. Programs incorporate practical education about risk reduction strategies and overdose prevention, but also address people’s health and social needs beyond those directly related to drug use. A person’s drug use should not affect their access to harm reduction services, meaning services are provided in a low-barrier manner that makes them accessible to people regardless of current drug use.

3.1.10 Strategic Priorities of the Center for Harm Reduction Services

The following strategic priorities reflect harm reduction tenets and will guide CHRS resource allocation. Applicants that demonstrate commitment to these strategic priorities will receive higher scores, as these priorities are incorporated into the evaluation of applications.

A. Meet people where they are

1. Prioritization of highly impacted populations

All programs funded through CHRS should prioritize populations highly impacted by overdose and other drug-related harms, and adopt program activities that engage these highly impacted populations.

2. Client-centered service delivery and low barrier/low threshold services

Programs funded through CHRS should use clients’ needs, preferences, and realities to dictate service delivery models. Local health departments, nonprofits, and health care providers should consider a variety of service delivery models and continuously adapt them to fit clients, rather than requiring clients to fit into a rigid clinical system that does not work for their lives.

Low barrier and low threshold services aim to increase the accessibility of programs and services for highly impacted and marginalized populations. Programs should utilize a non-judgmental approach, be flexible in how services are organized, and reduce eligibility requirements as much as possible.

Client-centered service delivery benefits both the client and the provider. In addition to improving the quality of the clients’ experiences, it helps service providers meet clients’ needs more efficiently, thus reducing burden on the provider. It conserves provider resources by delivering services in a manner that will be most beneficial to the client.

3. Geographically-specific strategies

Programs funded by CHRS should be tailored to the specific strengths and needs of the geographic area. The overdose epidemic affects communities across Maryland in a variety of ways, and drug use trends, behaviors, and attitudes differ by community. In response to this reality, programs in each jurisdiction should make efforts to be aware of these varying impacts and trends, and work to adapt programs appropriately. Maryland communities also vary in their local public health, harm reduction, and clinical infrastructure. Local programming should leverage geographic-specific strengths and address weaknesses through partnerships, community engagement, and external capacity building.

B. Provide comprehensive services

1. Drug user health framework

Programs funded through CHRS should fit into a system that addresses the full continuum of drug user health through strong partnerships and comprehensive services. The Drug User Health Services Framework, developed in 2015 by NASTAD in *Modernizing Public Health*, transcends the drug use prevention and treatment binary through which services have historically been framed for people who use drugs. The purpose is to build responsive systems of care that address the structural and social barriers that may underlie drug use and contribute to the harms associated with drug use.

2. Responsiveness to emerging needs

Programs funded by CHRS should be poised to know about new threats to drug user health as soon as they emerge and respond quickly and appropriately. This means that programs are continuously communicating with people in active use, including highly impacted populations; ideally, people who use drugs have a role in the program itself. Threats include fluctuations in the drug market that will increase overdose risk, spikes in sexually transmitted diseases among people who use drugs, and other infectious disease outbreaks.

Programs must also continuously monitor performance data that is available from local and statewide resources. In addition to relationships with the population served, programs should form partnerships with local education institutions, government agencies, and nonprofit organizations that can provide data and information to monitor emerging health threats. Lastly, programs must have flexible operating procedures in place to allow nimble and appropriate response to these emerging needs and health threats.

3. Address social determinants of health

Social determinants of health are another key component of comprehensive drug user health. Social determinants of health are conditions in people's environments that affect their health outcomes, functioning, and quality of life. These conditions are shaped by the distribution of money, power, and resources. These environmental factors play a role in overdose risk, the spread of infectious disease, and other substance-related health disparities and addressing them will contribute to long term

solutions of the opioid crisis. Some of these social and environmental factors that influence health are economic stability, education, social and community context, health and health care, neighborhood, and built environment (Healthy People 2020).

C. Provide culturally competent and peer-run services

CHRS-funded programs should continuously strive to ensure their organization and workforce is culturally competent. Cultural competence in this context refers to individual awareness, knowledge, attitudes, and skills that allow an organization to effectively serve clients of diverse cultures. CHRS prioritizes funding for organizations operated by people with lived experience and minorities, including LGBT+ individuals.

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3.2 Scope of Work - Requirements

Work plan and project description

The Work Plan and Project description comprise the Project Narrative section (4.3.1.2) of the Technical Proposal (4.3.1). Please follow the below instructions for completing the Work Plan and Project Description.

3.2.1 Work Plan

The applicant shall complete the Work Plan (template with examples in 4.3.1.3) by describing the goals, key tasks/activities, person(s) responsible, begin date, and end date for the proposed project. If awarded, the Work Plan will be incorporated into the subgrant agreement scope of work. In performing the tasks defined in the Work Plan, the applicant shall achieve the target goals defined in the Work Plan, in a manner and in the timeframe described in the Work Plan. An editable word document of the Work Plan will be available on the Center's website at bit.ly/MDHaccessHR.

3.2.2 Project Description

The application should include a narrative responding to the following sections a-c. The project narrative should be **no more than 3 pages in total**.

A. Organization:

Brief description of what the organization does, mission, and population served

B. Staff capacity:

Brief description of applicant's staff capacity, identifying those responsible for implementing the proposed activities, including new staff members who will be hired. Include information about relevant experience and capacity to provide services to people who use drugs. This may include staff experience conducting harm reduction work, the organization's policies and procedures that serve people who use drugs (such as low-barrier service policies), history of providing harm reduction services, including naloxone distribution, etc. Please include a timeline and/or plan for hiring if hiring new staff.

Ex. We have one staff member currently, the ORP training director, who conducts overdose response trainings and distribute naloxone. She has been conducting these trainings since our organization was authorized as an Overdose Response Program in 2018. This person will be responsible for implementing the proposed activities. We will hire 2 people with lived experience to expand the current naloxone trainings.

C. Proposed project:

Address the following as **clearly, simply, and briefly** as possible. Proposed activities may be a new project, or may be support for continuation and/or expansion of an existing project. **Include:**

1. Brief explanation of how the proposed project addresses the public health impact of the COVID-19 pandemic among people who use drugs

Ex. The distribution of naloxone to people who use drugs prevents overdose fatalities

2. Brief explanation of the proposed project activities or description of existing project and how this grant will support and/or expand these activities. Include an explanation of how people with lived experience will be included in the proposed project implementation.

Ex. We will purchase materials for naloxone kits, including...and we will print educational materials about overdose prevention and our organization's services that are available to people who use drugs. We will hire 2 people with lived experience; our ORP training director will train them as naloxone trainers. They will do street-based outreach to train and provide naloxone to people who use drugs in the following locations... These locations were chosen because... We currently do naloxone distribution in three other areas but do not have the staff to expand to these other areas. We hope to reach the following populations through this outreach expansion...

3. Estimated number of people served during Year One (August 1, 2021 – June 30, 2022) and the Extension period (July 1, 2022 – September 30, 2022).
4. Resources needed: clearly and specifically describe what resources this grant will provide and their justification (e.g. new hires to do naloxone distribution with a specific population; naloxone kit supplies to include...)—**do not include pricing here.**

Note: Do not include requests for naloxone here; MDH CHRS will continue to purchase naloxone and provide it to authorized ORPs directly at no cost.

Ex. We are requesting funding to support the existing ORP Training Director at .25 FTE to hire, train, and supervise the new staff, as well as continue existing naloxone distribution activities. We are requesting funding to hire two new staff members who are people with lived experience at .5 FTE each. We are requesting funding to purchase the following naloxone kit materials: vinyl bags, latex gloves, face shields. We are requesting funding to print educational materials to include in our naloxone kits and to print promotional flyers for our trainings. We are requesting funding also for COVID-19 safety supplies, including face masks, face shields, gloves, cleaning supplies, and hand sanitizer both for our staff for use during outreach.

3.2.3 Conditions of Award

A. General conditions of award

All tasks completed in the performance of awarded grants must adhere to the following conditions of award, which grantees will be required to sign as part of the grant agreement. Grantees must also adhere to any special terms of award, which may vary based on funding source. Grantees will be required to sign a document agreeing to these conditions as part of the grant agreement.

1. All funded activities will be conducted with a harm reduction framework, including:
 - a. Provision of services to people who are actively using drugs, without the expectation that they stop using drugs; and,
 - b. Non-judgmental, non-stigmatizing engagement of people who use drugs; and
 - c. Acknowledgement of the harms associated with drug use while presenting accurate and complete information about ways to reduce these harms as much as possible.
2. All activities will be conducted in accordance with Maryland and federal law.
3. Entity staff will participate in monitoring activities by MDH as requested. This may include, but is not limited to, phone check-ins, surveys, and/or site visits by MDH to verify that project activities are being conducted in the manner proposed in the application.
4. Entity staff will provide detailed fiscal reports to MDH upon request.

5. In the event that MDH discovers project activities are not being conducted in the proposed manner, the entity will cooperate with MDH to redistribute any purchased resources and/or reimburse MDH and/or terminate the grant agreement.
6. In the event that MDH discovers application information was intentionally falsified or the entity was misrepresented, the entity will cooperate with MDH to redistribute any purchased resources and/or reimburse MDH and/or terminate the grant agreement.
7. Entity staff will participate in training and capacity-building activities as required by MDH.
8. Entity staff will notify MDH of any changes to relevant staff and project activities supported by the grant within 10 business days of the change.

B. Unallowable costs

In addition to the cost restrictions and information included in Attachment A Standard Grant Agreement sample, unallowable costs include, but are not limited to:

- Indirect rate over 10%
- Research
- Purchase of naloxone (CHRS will purchase and provide to grantees at no cost)
- Advertising costs over \$10,000 per year

3.2.4 Monitoring and reporting

A. Risk level determination

A pre-award risk assessment will be conducted with each grantee following the evaluation team's recommendation for award. Grantees will be determined to be high risk, medium risk, or low risk. The risk level of the grantee determines the schedule of site visits and the frequency. High risk grantees are subject to additional review before award and additional monitoring during the grant period. High risk grantees may be subject to the following additional review before being awarded a grant:

- Background checks to verify proper payment of withholding taxes, credit standing, and other problem indicators
- Internet searches and reference checks to identify and review negative information
- Review of open OIG and inspection reports to determine if there are ongoing OIG or criminal investigations

High risk grantees may be required to maintain a separate bank account for the award. MDH will provide the grantee with additional information on fraud awareness and will more closely monitor the grant funds to ensure they are accounted for and appropriately spent; MDH may require high risk grantees to submit more detailed documentation to support invoices, and may apply a higher level of scrutiny to invoices. CHRS will utilize a written procedure for monitoring grantees based on the pre-award risk assessment results.

B. Site visits

The Center for Harm Reduction Services may choose to conduct site visits (virtual or in-person) with grantees. The determination of whether or not to conduct a site visit may be made based on the risk level assigned through the pre-award risk assessment tool.

C. Reporting

Grantees will be required to provide monthly reports and any other reporting required by the Department, which may be tailored to align with the performance measures included in the workplan and the specific project activities. Detailed guidance regarding reporting will be provided prior to grant agreement execution.

3.3 Invoicing

3.3.1 General

- A. All invoices for services shall be signed by the Grantee and submitted to mdh.access@maryland.gov. All invoices shall include the following information:
- Grantee name;
 - Remittance address;
 - Federal taxpayer identification number (or if sole proprietorship, the individual’s social security number);
 - Invoice period;
 - Invoice date;
 - Invoice number;
 - State assigned Contract number;
 - State assigned (Blanket) Purchase Order number(s);
 - Goods or services provided; and
 - Amount due.

Invoices submitted without the required information cannot be processed for payment until the Contractor provides the required information.

- B. The Department reserves the right to reduce or withhold Grant payment in the event the Grantee does not provide the Department with all required deliverables within the time frame specified in the Grant or in the event that the Grantee otherwise materially breaches the terms and conditions of the Grant until such time as the Grantee brings itself into full compliance with the Grant.

3.3.2 Invoice Submission Schedule

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

Quarter	Period of performance	Invoice due date
FY22 Quarter 1	August 1, 2021 – September 30, 2021	October 10, 2021
FY22 Quarter 2	October 1, 2021 – December 31, 2021	January 10, 2022
FY22 Quarter 3	January 1, 2022 – March 31, 2022	April 10, 2022
FY22 Quarter 4	April 1, 2022 – June 30, 2022	July 10, 2022
FY23 Quarter 1	July 1, 2022 – September 30, 2022	October 10, 2022

SECTION 4 – APPLICATION FORMAT

4.1 Two Part Submission

Offerors shall submit Proposals in separate sealed volumes:

- Volume I – Project Narrative
- Volume II – Budget Justification/Narrative

4.2 Proposals

4.2.1 Applications must be submitted by email to the email address listed on the Key Information Summary Sheet. The Procurement Officer will not accept submission after the date and exact time stated in the Key Information Summary Sheet. The date and time of submission is determined by the date and time of arrival in the Procurement Officer email box. Time stamps on outgoing email from Applicants shall not be accepted.

4.2.1.1 The email submission subject line shall state the RFA Title and number and either Technical Proposal or Budget Narrative.

4.2.1.2 Two Part Submission:

- A. Technical Proposal (See 4.3.)
- B. Budget Narrative (See 4.4)

4.2.2 In addition to email, Applications can be sent by FedEx or UPS. If mailing, each Application shall contain an unbound original*, so identified, and three (3) copies. Unless the resulting package will be too unwieldy, the State's preference is for the Application to be submitted in a single package including a label bearing:

- The RFA title and number,
- Name and address of the Applicant, and
- Closing date and time for receipt of Applications

To the Procurement Officer prior to the date and time for receipt of Applications (see Section 1.6 "Applications Due (Closing) Date and Time").

4.2.2 Applications will be shown only to State employees, members of the Evaluation Committee, or other persons deemed by the Department to have a legitimate interest in them.

***All information submitted as part of this proposal is subject to release under the Public Information Act (PIA). If you would like the Maryland Department of Health (MDH) to consider redactions in the event that your proposal is subject to a PIA request, submit a proposed PIA copy including justifications for each redaction and under what statute that justification is qualified for redaction.**

4.3 Volume I – Project Narrative

Note: No pricing information is to be included in the Project Narrative (Volume 1). Pricing information is to be included only in the Budget Justification/Narrative (Volume II).

4.3.1 The Technical Proposal shall include the following documents and information in the order specified as follows:

4.3.1.1 Transmittal Letter:

- Applicant;
- Solicitation Title and Solicitation Number that the Proposal is in response to;
- Signature, typed name, and title of an individual authorized to commit the Applicant to its Proposal;
- Federal Employer Identification Number (FEIN) of the Applicant, or if a single individual, that individual's Social Security Number (SSN);
- Applicant's eMMA number;
- Applicant's MBE certification number (if applicable);
- Applicant's SBR number (if applicable) – please contact eMMA at 410-767-1492 if you don't know your number.

4.3.1.2 The Project Narrative shall include the scope of work, as described in section 3.2, to include:

- The Work Plan (described in 3.2.1 and template with examples in 4.3.1.3) and
- The Project Description (3.2.2)

4.3.1.3 Work Plan

Applicants must submit a workplan as part of their application that contains the information specified in the example below. Goals should be specific and measurable. The activities and goals should be achievable during the grant period.

Work Plan				
<i>An editable word document Work Plan will be available on the CHRS website at bit.ly/MDHaccessHR</i>				
Goal(s) Specific and measurable goals	Key tasks/activities What are the steps you will take and tasks you will accomplish in order to achieve the goal	Person(s) responsible Who is responsible for the key tasks/activities	Begin date When will the task/activity start?	End date When will the task/activity end and/or when will the goal be achieved?
<i>Example:</i> <i>Distribute 400 doses of naloxone to people who use drugs through street-based outreach</i>	<i>Hire 2 people with lived experience</i>	<i>Organization's Executive Director</i>	<i>August 2021</i>	<i>October 2021</i>
	<i>Train the new hires as naloxone trainers</i>	<i>ORP Training Director</i>	<i>October 2021</i>	<i>November 2021</i>
	<i>Identify at least 5 outreach locations based on data about where recent overdoses have occurred</i>	<i>ORP Training Director, Executive Director, and new hires</i>	<i>November 2021</i>	<i>November 2021</i>
	<i>Purchase naloxone kit materials and print educational materials</i>	<i>Administrative Assistant</i>	<i>November 2021</i>	<i>December 2021</i>
	<i>Conduct street outreach in the 5 identified locations (provide overdose training, distribute educational materials, distribute naloxone)</i>	<i>New hires and ORP Training Director</i>	<i>December 2021</i>	<i>June 2021</i>
	<i>Report naloxone distribution through the Overdose Response Program Training Report</i>	<i>ORP Training Director</i>	<i>December 2021</i>	<i>June 2021</i>

4.3.1.4 Mandatory Requirements Documentation

The applicant shall submit documentation of tax-exempt status of the applicant or the applicant's fiscal sponsor, if applicable.

Applicants proposing naloxone distribution activities who fall under scenario 3 in the below description must provide evidence of a relationship with an authorized Overdose Response Program. This may include an MOU, a letter of support, a written email exchange verifying their partnership, or some other written evidence.

1. Have current authorization as an Overdose Response Program
OR
2. Apply to MDH for authorization as an Overdose Response Program within 1 month of grant application
OR
3. Dispense naloxone only under the authority of or in partnership with an authorized Overdose Response Program

4.4 Volume II – Budget Narrative

- 4.4.1 Under separate sealed cover from the Project Narrative and clearly identified in the format identified in Section 4.2 “Applications,” the Applicant shall submit an original unbound copy of the Budget Narrative. The Budget Narrative shall contain all price information in the format specified in **Exhibit B**. The Applicant shall complete the Budget Narrative Form only as provided in the Budget Narrative Form.
- 4.4.2 The Applicant shall attach to the Budget Form a Budget Narrative document that details the total cost of the proposed activities. The budget categories may include: Personnel (salary and fringe), Consultants; Travel; Contractual; Supplies; Operating Costs; and Other project-related costs.
- 4.4.3 An editable word document containing Exhibit B and Exhibit C will be available on the Center's website at bit.ly/MDHaccessHR.

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

5.1 Evaluation Committee

Evaluation of Applications will be performed by a committee established for that purpose and based on the evaluation criteria set forth below. The Evaluation Committee will review Applications, participate in Applicant oral presentations and discussions, and provide input to the Procurement Officer. The Department reserves the right to utilize the services of individuals outside of the established Evaluation Committee for advice and assistance, as deemed appropriate.

5.2 Project Narrative Evaluation Criteria

The criteria to be used to evaluate each Project Narrative listed below in descending order of importance.

1. Project addresses the public health impacts, including overdose, of the COVID-19 pandemic among people who use drugs
2. Workplan goals are specific and measurable; tasks are relevant to addressing the public health impacts, including overdose of COVID-19; goals are achievable within the given timeframe.
3. Organization has the capacity to perform the proposed activities, considering organization capacity, history, and staff
4. Project involves people with lived experience in planning and/or implementation
5. Project uses a targeted approach to reaching people who use drugs
6. Project reflects the Center's strategic priorities where applicable:
 - a. Meets people where they are, including:
 - i. Prioritizes highly impacted populations
 - ii. Service delivery is client-centered and low barrier/low threshold
 - b. Is part of a comprehensive service system that:
 - i. Addresses the continuum of drug user health needs
 - ii. Responds to emerging needs
 - iii. Addresses the social determinants of health
 - c. Demonstrates a commitment to cultural competence and peer-run services

5.3 Budget Narrative Evaluation Criteria

All Qualified Applicants will be ranked from the lowest (most advantageous) to the highest (least advantageous) based on the rating of the Project Narratives. The Budget Narrative (including the Budget Form and Budget Narrative), will be evaluated based on reasonable cost given the time and effort described in the Project Narrative. The budget line items must be within the stated guidelines set forth in this RFA and as submitted on **Exhibit C – Budget Narrative**.

5.4 Selection Procedures

5.4.1 General

The Grant will be awarded in accordance with the Standard Grant Agreement method outlined in the Announcement. The State may determine an Applicant to be non-responsive and/or an Applicant's Application to be not reasonably susceptible of being selected for award at any time after the initial closing date for receipt of Applications and prior to Grant award. If the State finds an Applicant to be not responsive

and/or an Applicant's Project Narrative to be not reasonably susceptible of being selected for award, that Applicant's Budget Narrative will be returned if the Budget Narrative is unopened at the time of the determination.

5.4.2 Award Determination

Upon completion of the Project Narrative and Budget Narrative evaluations and rankings, each Applicant will receive an overall ranking. The Procurement Officer will recommend award of the Grant to the responsible Applicant that submitted the Application determined to be the most advantageous to the State. In making this most advantageous Application determination, technical factors and financial factors will be weighted equally.

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RFA ATTACHMENTS

EXHIBIT B – Budget Form

This must be completed and submitted with the Project Narrative in a separate envelope.

An editable word document containing Exhibit B and Exhibit C will be available on the Center’s website at bit.ly/MDHaccessHR

EXHIBIT C—Budget Narrative

This must be completed and submitted with the Project Narrative, along with the Budget Narrative Form, in a separate envelope.

An editable word document containing Exhibit B and Exhibit C will be available on the Center’s website at bit.ly/MDHaccessHR

ATTACHMENT A – Standard Grant Agreement “Sample”

This is the sample grant agreement used by the Department. **It is provided with the RFA for informational purposes and is not required to be submitted at Application submission time.** Upon notification of recommendation for award, a completed standard grant agreement will be sent to the recommended awardee for signature. The recommended awardee must return to the Procurement Officer three (3) executed copies of the Standard Grant Agreement within five (5) Business Days after receipt. Upon award, a fully executed copy will be sent to the Grantee.

ATTACHMENT B – RFA Document Checklist

Use this checklist to ensure that the required documents for the Project Narrative and Budget Narrative are completed.

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EXHIBIT B – BUDGET FORM

FINANCIAL PROPOSAL FORM

The Budget Narrative shall contain all price information in the format specified on these pages. Complete the Budget Form only as provided in the Budget Form format. Do not amend, alter or leave blank any items on the Budget Form. Failure to adhere to any of these instructions may result in the Budget Narrative being determined non-responsive and rejected by the Department.

Submitted By:
 Authorized Signature: _____ Date: _____

Printed Name and Title: _____

Company Name: _____

Company Address: _____

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

FEIN: _____

eMMA #: _____

Telephone: (____) _____ -- _____

Fax: (____) _____ -- _____

E-mail: _____

Year One Budget Summary 08/1/2021-6/30/2022

IDC rate cap at 10%

Line Item	Total Cost
Salary	
Fringe	
Contractual	
Travel	
Operating Costs	
Supplies	
TOTAL	

Extension Budget Summary 7/1/2022-9/30/2022

IDC rate cap at 10%

Line Item	Total Cost
Salary	
Fringe	
Contractual	
Travel	
Operating Costs	
Supplies	
TOTAL	

BUDGET NARRATIVE TEMPLATE
(Complete for Year one and Extension Separately)

Sample Line Item Justification

Personnel (Preventionist): \$15,600

Justification: The Preventionist will be responsible for: conducting project-related relationship-building activities with new and existing partners; developing informational materials for community leaders and the public, including fact sheets and social media posts related to the project topic; coordinating and facilitating monthly project meetings with partners; conducting awareness-building activities within key demographic areas in the community to engage the project target audience; developing and providing professional training at targeted local governmental agencies and private businesses; attending community events relevant to the project and the project’s partners. The Project Coordinator will also attend RISEMD meetings, collect data, conduct evaluation activities, prepare reports, and act as a liaison with the MDH Grant Monitor.

\$30/hr x 520 hours = \$15,600

ATTACHMENT A – Standard Grant Agreement “Sample”

ORGANIZATIONS RECEIVING APPROPRIATIONS FROM THE STATE STANDARD GRANT AGREEMENT

This Agreement, which is executed in compliance with Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland, is made this <enter day> day of <month, year>, between the State of Maryland (the “State”), acting through the Maryland Department of Health, (the “Department”), located at <enter MDH Address> and the <grantee name> (the “Grantee”), located at <grantee address> in <county / city> County, <state, zip>, a Maryland Limited Liability Company / Corporation. .

1. Effective on the date of execution of this Agreement, the State is extending to the Grantee a grant in the amount of <amount in words> Dollars (\$ xx,xxx.xx) (the “Grant”), which the Grantee shall use only for the following purposes: <grant purpose>

2. Any expenditure of Grant funds that is not consistent with purposes stated in paragraph 1 may, at the sole discretion of the Department, be disallowed. Should any expenditure be disallowed or should the Grantee violate any of the terms of this Agreement, the State may require repayment to the State Treasury, an offset from any State Grant to the Grantee in the current or succeeding fiscal year, or other appropriate action. The Grantee shall repay to the State any part of the Grant that is not used for the purposes stated in paragraph 1 within 3 months after the date of this Agreement.

3. The Grantee may not sell, lease, exchange, give away, or otherwise transfer or dispose of real or personal property, or any part of or interest in real or personal property, acquired with Grant funds without the prior written consent of the Department. This includes transfer or disposition to a successor on the merger, dissolution, or other termination of the existence of the Grantee. The Grantee shall give the Department written notice at least 30 calendar days before any proposed transfer or disposition. Any proceeds from a permitted transfer or disposition shall be applied to repay to the State a percentage of that portion of the Grant allocable to the particular real or personal property transferred or disposed of, unless the Department and the Grantee agree to other terms and conditions. The percentage shall be equal to the percentage of the unadjusted basis of the property that would remain if the property had been recovery property placed in service after December 31, 1980 and if all allowable deductions had been taken up to the time of disposition under the Accelerated Cost Recovery System (ACRS) specified in the United States Internal Revenue Code, Section 168(b)(1).

4. For any item of real or personal property that is acquired with Grant funds and has an original fair market value of Five Thousand Dollars (\$5,000) or more, the Grantee shall, at its own expense, and for the reasonable useful life of that item or for 5 years, whichever is less, obtain and maintain insurance. The insurance shall provide full protection for the Grantee and the State against loss, damage, or destruction of or to the real or personal property. The Grantee shall, on request, provide the Department with satisfactory evidence of its compliance with this requirement. Proceeds of insurance required by this paragraph shall be applied toward replacement of the real or personal property or toward the partial or total repayment of the State of the Grant, in the sole discretion of the Department.

5. The Grantee may not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or any other characteristic forbidden as a basis for discrimination by applicable laws, and certifies that its Constitution or by-laws contains a non-discrimination clause consistent with the Governor’s Code of Fair practices.

6. The person executing this Agreement on behalf of the Grantee certifies, to the best of that person’s knowledge and belief, that:

A.) Neither the Grantee, nor any of its officers or directors, nor any employee of the Grantee involved in obtaining contracts with or grants from the State or any subdivision of the State, has engaged in collusion with respect to the Grantee’s application for the Grant or this Agreement or has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States;

B.) The Grantee has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee or agent working for the Grantee, to solicit or secure the Grant or this Agreement, and the Grantee has not paid or agreed to pay any such entity any fee or other consideration contingent on the making of the Grant or this Agreement; **the grantee understands and complies with the Conflicts of Interest provision of the Public Ethics Law, Maryland Code Annotated, General Provisions, Title 5, Subtitle 5.**

C.) The Grantee, if incorporated, is registered or qualified in accordance with the Corporations and Associations Article of the Annotated Code of Maryland, **is in good standing**, has filed all required annual reports and filing fees with the Department of Assessments and Taxation and all required tax returns and reports with the Comptroller of the Treasury, the Department of Assessments and Taxation, and the Department of Labor, Licensing and Regulation, and has paid or arranged for the payment of all taxes due to the State; and

D.) No money has been paid to or promised to be paid to any legislative agent, attorney, or lobbyist for any services rendered in securing the passage of legislation establishing or appropriating funds for the Grant.

E.) Neither the Grantee, nor any of its officers or directors, nor any person substantially involved in the contracting or fund raising activities of the Grantee, is currently suspended or debarred from contracting with the State or any other public entity or subject to debarment under the Code of Maryland Regulations, COMAR 21.08.04.04.

7. Within 60 calendar days after the close of any grant period in which the Grantee receives funds under this Agreement, the Grantee shall provide to the Department an itemized statement of expenditures, showing how the funds were expended for that grant period. In addition, a copy of the statement shall be mailed to the Director, General Accounting Division, Office of the Comptroller of the Treasury, Room 200, Louis L. Goldstein Treasury Building, Annapolis, Maryland 21401. The Grantee shall retain bills of sale or other satisfactory evidence of the acquisition of any real or personal property for at least 3 years after the date of this Agreement. The Department, the Department of Budget and Management, the State Comptroller, and the Legislative Auditor, or any of them, may examine and audit this evidence, on request, at any reasonable time within the retention period.

8. The Grantee shall comply with Section 7-221, 7-402, and 7-403 of the State Finance and Procurement Article of the Annotated Code of Maryland, as applicable.

9. The laws of Maryland shall govern the interpretation and enforcement of this Agreement.

10. This Agreement shall bind the respective successors and assigns of the parties.

11. The Grantee may not sell, transfer, or otherwise assign any of its obligations under this Agreement, or its rights, title, or interest in this Agreement, without the prior written consent of the Department.

12. No amendment to this Agreement is binding unless it is in writing and signed by both parties.

13. The following items are incorporated by referenced and made a part of this Agreement Appendix A & B, Attachment A, B, C, D, E.&F.

IN TESTIMONY WHEREOF, WITNESS the hands and seals of the parties.

GRANTEE

DEPARTMENT

(Name of Corporation or Association)

Maryland Department of Health.
(Name of Corporation or Association)

By: _____
SEAL

By: _____
SEAL

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

APPENDIX A

The Department's Grant Monitor is:

The Grantee's Grant Monitor is:

<Name and Title of MDH grant monitor>

address,

<Office>

Maryland Department of Health

201 W. Preston Street

Baltimore, Maryland 21201

Phone:

Email:

<enter name, title, office, grantee agency,

phone number and email >

I. BACKGROUND INFORMATION OF AGREEMENT

<Enter background information of the agreement>

II. DUTIES OF THE GRANTEE

SCOPE OF WORK:

<Enter all duties and scopes of work for the grant agreement>

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APPENDIX B (insert revised budget)

Cost Estimate for:

<Name of Project>

PERIOD OF PERFORMANCE - <Date of Project>

<Enter Budget>

II. DUTIES OF THE DEPARTMENT

Other than awarding the funds to the <grantee/sub-recipient/sub-awardee> for this project <MDH awarding agency> will:

- Provide necessary technical support and monitoring to <grantee/sub-recipient/sub-awardee> to ensure state and federal grant compliance.

This includes but is not limited to:

- Completion of the MDH Office of the Inspector General Risk Assessment
- Completion of the Standard Grant Agreement Checklist
- Determination of Good Standing with The State of Maryland
- Review for Debarment, Suspension, or any Exclusion from doing business with Maryland
- Determination regarding No Conflicts of Interest
- Review of Single Audits
- Review for Debarment, Suspension, or any Exclusion from doing business with the Federal Government

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SECTION IV. INCORPORATION BY REFERENCE

Both parties hereby agree that the documents described below, if any, are hereby incorporated into and made an integral part of this Agreement: (Type "None", if none)

Exact Title of Document(s)	Number of Pages
<u>Conditions of Award- Attachment A</u>	<u>2</u>
<u>Federal Funds- Attachment B</u>	<u>2</u>
<u>Debarment Affirmation- Attachment C</u>	<u>2</u>
<u>Certification Regarding Tobacco Smoke- Attachment D</u>	<u>1</u>
<u>Certification Regarding Lobby- Attachment E</u>	<u>5</u>
<u>Additional Information required for Prevention and Health Promotion Administration Grants – Attachment F</u>	<u>2</u>

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CONDITIONS OF AWARD

Maryland Department of Health (MDH)

<Enter Department Here>

<Enter Federal Awarding Agency Here>

<Enter Name of Federal Award and Grant Number Here>

Period of Performance: <Enter From and To Dates Here>

Important Dates:

<Enter Date Here>: Quarterly progress report

<Enter Date Here>: All funds obligated

<Enter Date Here>: All funds must be spent

<Enter Date Here>: Final progress and fiscal report due to MDH

The grantee/sub-grantee/sub-recipient (circle one), shall comply with these conditions. Consequences for failure to comply with these conditions may include: a point reduction in score for future competitive and non-competitive applications, a reduction of overall award, audit exceptions and/or reduction in future awards.

Program Requirements:

1. The grantee/sub-grantee/sub-recipient, <Enter Grantee Name Here > agrees to comply with MDH guidelines and initiatives with regards to their expenditures/purchases.
2. When procuring equipment, the recipient must comply with the procurement standards at 45 CFR Part 92.36 and 45 CFR 74.40 through 74.48, including 74.45, which requires the performance and documentation of some form of cost or price analysis with every procurement action.
3. The grantee/sub-grantee/sub-recipient, will perform activities that coordinate, integrate, prioritize and sustain improvements in public health emergency preparedness.
4. The grantee/sub-grantee/sub-recipient, shall cite < Enter Name of Federal Award > and the MDH <Enter Department Here> as a funding source when publishing or presenting data or programs partially or fully funded by MDH grants.
5. The grantee/sub-grantee/sub-recipient, should inform the MDH <Enter Department Here> as a courtesy when a presentation or publication is made public that involves programs or data partially or fully funded by MDH, and any federal grants. All reports, data, software, or presentations generated from federal funded projects must be made available to MDH for review and comment prior to release or distribution.

Fiscal Requirements:

1. The grantee/sub-grantee/sub-recipient, shall **not** use <Enter Name of Federal Award> to:
 - a. Support the costs of operating clinical trials of investigational agents, equipment or treatments;
 - b. Make payments directly to recipients of services, except for reimbursement of reasonable and allowable out-of-pocket expenses associated with consumer participation in State or consortia activities;

- c. Support legal services;
 - d. Provide direct maintenance expenses of privately owned vehicles or any other costs associated with a vehicle, such as lease or loan payments, vehicle insurance, or license registration fees;
 - e. Purchase or improve land, or to purchase, construct, or make permanent improvements to any building, except for minor remodeling;
 - f. Pay property taxes;
 - g. Fund capital improvement projects;
 - h. Supplant personnel costs and/or other activities.
 - i. Prepare, distribute, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body.
2. The grantee/sub-grantee/sub-recipient will comply with all MDH and federal fiscal requirements for timely submission of detailed budgets and budget modifications, including monthly invoice requirements.
 3. The grantee/sub-grantee/sub-recipient will return any unspent and unobligated funds to MDH and provide the necessary supporting documentation.

Audits:

The grantee/sub-grantee/sub-recipient shall submit audits in accordance with Federal OMB 2 CFR 200, Subpart F - Audit Requirements. An electronic copy of all audits (2 CFR 200 Subpart F, as well as independent auditors) performed against federal funding should be forwarded to the Department for review.

Site Visits and Surveys:

1. As requested, the grantee/sub-grantee/sub-recipient shall participate fully in the MDH <Enter Department Here> Quality Improvement and Technical Assistance activities, which may include, but are not limited to:
 - a. Comprehensive site visits at the Department’s request within the project period;
 - b. Interviews of staff, review of fiscal and program records, **monitoring, risk assessment**, review of inventory purchased against federal funding, interviews with administrators, and observation of program activities/facility.

Equipment Inventory Requirements:

Equipment purchased with federal funds may be recalled or requested to support local, regional and/or statewide emergency response efforts and must be catalogued for future reference and review. Cataloging of equipment should be updated and maintained throughout the project period.

Risk Assessment:

The grantee/sub-grantee/sub-recipient shall be required to participate in an MDH Risk Assessment in accordance with Federal OMB 2 CFR §200.205 (b) thru (d), §200.207, and §200.331 (b) thru (h). As part of this requirement, sub- recipients will be monitored based on a risk level of High, Medium or Low. Each risk level imposes certain monitoring requirements set by the MDH Office of the Inspector General in accordance with the above federal guidelines.

FEDERAL FUNDS

A Summary of Certain Federal Fund Requirements and Restrictions

[Details of particular laws, which may levy a penalty for noncompliance, are available from the Maryland Department of Health.]

1. Form and rule enclosed: 18 U.S.C. 1913 and section 1352 of P.L. 101-121 require that all *prospective* and present subgrantees (this includes all levels of funding) who receive more than \$100,000 in federal funds must submit the form “Certification Against Lobbying”. It assures, generally, that recipients will not lobby federal entities with federal funds, and that, as is required, they will disclose other lobbying on form SF- LLL.
2. Form and instructions enclosed: “Form LLL, Disclosure of Lobbying Activities” must be submitted by those receiving more than \$100,000 in federal funds, to disclose any lobbying of federal entities (a) with profits from federal contracts or (b) funded with nonfederal funds.
3. Form and summary of Act enclosed: Sub-recipients of federal funds on any level must complete a “Certification Regarding Environmental Tobacco Smoke,” required by Public Law 103-227, the Pro-Children Act of 1994. Such law prohibits smoking in any portion of any indoor facility owned or leased or contracted for regular provision of health, day care, early childhood development, and education or library services for children under the age of 18. Such language must be included in the conditions of award (they are included in the certification, which may be part of such conditions.) This does not apply to those solely receiving Medicaid or Medicare, or facilities where WIC coupons are redeemed.
4. In addition, federal law requires that:
 - a) OMB 2 CFR 200, Subpart F, Audit Requirements requires that grantees (both recipients and sub-recipients) which expend a total of \$750,000 or more in federal assistance shall have a single or program-specific audit conducted for that year in accordance with the provisions of the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. and the Office of Management and Budget (OMB) 2 CFR 200, Subpart F.
 - b) All sub-recipients of federal funds comply with Sections 503 and 504 of the Rehabilitation Act of 1973, the conditions of which are summarized in item (C).
 - c) Recipients of \$10,000 or more (on any level) must include in their contract language the requirements of Sections 503 (language specified) and 504 referenced in item (B).

Section 503 of the Rehabilitation Act of 1973, as amended, requires recipients to take affirmative action to employ and advance in employment qualified disabled people. An affirmative action program must be prepared and maintained by all contractors with 50 or more employees and one or more federal contracts of \$50,000 or more.

This clause must appear in subcontracts of \$10,000 or more:

- i. The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
- ii. The contractor agrees to comply with the rules, regulations, and relevant orders of the secretary of labor issued pursuant to the act.
- iii. In the event of the contractor's non-compliance with the requirements of this clause, actions for non-compliance may be taken in accordance with the rules, regulations and relevant orders of the secretary of labor issued pursuant to the act.
- iv. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the director, provided by or through the contracting office. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.
- v. The contractor will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1973, and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.
- vi. The contractor will include the provisions of this clause in every subcontract or purchase order of \$10,000 or more unless exempted by rules, regulations, or orders of the [federal] secretary issued pursuant to section 503 of the Act, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the director of the Office of Federal Contract Compliance Programs may direct to enforce such provisions, including action for non-compliance.

Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 791 et seq.) prohibits discrimination on the basis of handicap in all federally assisted programs and activities. It requires the analysis and making of any changes needed in three general areas of operation-programs, activities, and facilities and employment. It states, among other things, that:

Grantees that provide health...services should undertake tasks such as ensuring emergency treatment for the hearing impaired and making certain that persons with

impaired sensory or speaking skills are not denied effective notice with regard to benefits, services, and waivers of rights or consents to treatments.

- D) All sub-recipients comply with Title VI of the Civil Rights Act of 1964 that they must not discriminate in participation by race, color, or national origin.
- E) All sub-recipients of federal funds from SAMHSA (Substance Abuse and Mental Health Services Administration), NIH (National Institute of Health), CDC (Center for Disease Control and Prevention), and HHS (Health and Human Services) are prohibited from paying any direct salary at a rate of Executive Level II or more than \$189,600 per year. (This includes, but is not limited to, sub-recipients of the Substance Abuse Prevention and Treatment and the Community Mental Health Block Grants and NIH research grants, Public Health and Emergency Preparedness and Hospital Preparedness Program Cooperative Agreements.)
- F) There may be no discrimination on the basis of age, according to the requirements of the Age Discrimination Act of 1975.
- G) For any education program, as required by Title IX of the Education Amendments of 1972, there may be no discrimination on the basis of sex.
- H) For research projects, a form for Protection of Human Subjects (Assurance/Certification/Declaration) should be completed by each level funded, assuring that either: (1) there are no human subjects involved, or that (2) an Institutional Review Board (IRB) has given its formal approval before human subjects are involved in research. [This is normally done during the application process rather than after the award is made, as with other assurances and certifications.]
- I) In addition, there are conditions, requirements, and restrictions which apply only to specific sources of federal funding. These should be included in your grant/contract documents when applicable.

DEBARMENT AFFIRMATIONS

In accordance with the requirements of United States Office of Management and Budget’s Grants and Cooperative Agreements with State and Local Governments OMB 2 CFR 200.213, Suspension and debarment:

A. AUTHORIZED REPRESENTATIVE

I HEREBY AFFIRM THAT:

I am the _____
(Title)

and the duly authorized representative of

(Name of Grantee/sub-recipient/sub-awardee)

and that I possess the legal authority to make this Affidavit on behalf of myself and the entity for which I am acting.

B. AFFIRMATION REGARDING DEBARMENT

I HEREBY AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above entities, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, except as follows [list each debarment or suspension providing the dates of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the entity, the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension]:

C. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES

I FURTHER AFFIRM THAT:

1. The entity was not established and it does not operate in a manner designed to evade the application of or defeat the purpose of debarment pursuant to Sections 16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and

2. The entity is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred entity, except as follows [indicate the reason(s) why the affirmations cannot be given without qualification]:

D. SUB-CONTRACT AFFIRMATION

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above entity, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____

By: _____
(Authorized Representative and Affiant)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Services
Health Resources and
Service Administration
Rockville, MD 20857

CERTIFICATION REGARDING ENVIRONMENT TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned, or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole sources of applicable Federal funds are Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply will result with the monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offer or/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

X

Signature of Authorized Certifying Official

4/2004

Certification Regarding Lobbying

The undersigned certifies to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with the awarding of any Federal contract the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension continuation, renewal amendment or modification of any Federal contract, grant loan or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract grant loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbying" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contract, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered unto. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352 title U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

Award No.	Organizational Entry
Name and Title of Official signing for Organizational Entry <input checked="" type="checkbox"/>	Telephone No. of Signing Official <input checked="" type="checkbox"/>
Signature of Above Official <input checked="" type="checkbox"/>	Date Signed <input checked="" type="checkbox"/>

INSTRUCTIONS FOR COMPLETION OF SF-LLL DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A continuation sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or sub-award recipient. Identify the tier of the sub-awardee, e.g. the first sub-awardee of the prime is the 1st tier. Sub-awards include but are not limited to subcontracts, sub-grants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Sub-awardee", then enter the full name, address, city, state, and zip code of the prime Federal recipient. Include Congressional District if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational Level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in item 1 (e.g. Request for Proposal (RFP) number, Invitation for BID (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g. "RFP-DE-90-001".
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name First Name, and Middle initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal Official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-FFF-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instruction searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

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DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S. C 1352 (See reverse for public burden disclosure.)

<p>1. Type of Federal Action:</p> <p>a. Contract</p> <p>b. Grant</p> <p>c. Cooperative agreement</p> <p>d. Loan</p> <p>e. Loan guarantee</p> <p>f. Loan insurance</p>	<p>2. Status of Federal Action:</p> <p>a. Bid/offer/application</p> <p>b. Initial award</p> <p>c. Post-award</p>	<p>3. Report Type</p> <p>a. Initial filing</p> <p>b. Material change</p> <p>For Material Change Only:</p> <p>Year _____ quarter _____</p> <p>Date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p>_____ Prime _____ Sub-awardee</p> <p>Tier _____ if known:</p> <p>_____ Congressional District, <i>if known</i></p>		<p>5. If Reporting Entity in No. 4 is Sub-awardee, enter Name and address of Prime:</p> <p>_____ Congressional District, <i>if known</i></p>
<p>6. Federal Department/Agency:</p>		<p>7. Federal Program Name/Description:</p>
<p>8. Federal Action Number, <i>if known</i>:</p>		<p>9. Award Amount, <i>if known</i>:</p>
<p>10. a. Name and Address of Lobbying Entity: (<i>If individual, last name, first name, MI</i>):</p>		<p>11. Individuals Performing Services (<i>Including address if different from No. 10a</i>) (<i>last name, first name, MI</i>):</p>
<p>11. Amount of Payment (<i>check all that apply</i>):</p> <p>\$ _____ actual _____ planned _____</p>		<p>13. Type of Payment (<i>Check all that apply</i>):</p> <p><input type="checkbox"/> a. Retainer</p> <p><input type="checkbox"/> b. One-time fee</p> <p><input type="checkbox"/> c. Commission</p> <p><input type="checkbox"/> d. Contingent fee</p> <p><input type="checkbox"/> e. Deferred</p> <p><input type="checkbox"/> f. Other, specify: _____</p>
<p>12. Form of Payment (<i>check all that apply</i>):</p> <p><input type="checkbox"/> a. Cash</p> <p><input type="checkbox"/> b. In-kind: specify: nature _____ value _____</p>		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</p> <p align="center">_____ (attached Continuation Sheet(s) SF-LLL-A <i>if necessary</i>)</p>		
<p>15. Continuation Sheet(s) SF-LLL-A attached: _____ yes _____ no</p>		
<p>16. Information required through this form is authorized by title 31 U.S.C. sections 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the per above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,00 for each such failure.</p>		<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>
<p>Federal Use Only:</p>		<p>Authorized for Local Reproduction Standard form-LLL</p>

Continuation Sheet

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Reporting Entity: _____ Page ____ of ____

Authorized for Local Reproduction Standard Form-LLL-A

ATTACHMENT F

**ADDITIONAL INFORMATION REQUIRED FOR PREVENTION AND HEALTH PROMOTION
ADMINISTRATION GRANTS**

1. The grant period or term is:

_____ (insert start and end dates) _____

2. There (are / _____ are not) programmatic conditions that apply to this grant, regardless of the type of funding. If applicable, these conditions are contained in Appendix D.
3. Within 60 calendar days after the close of any grant period, the Grantee shall provide to the MDH Department of Program Cost and Accounting and the PHPA grantor an itemized statement of expenditures showing how the funds were expended for the grant period.
4. Interim fiscal reporting requirements for this grant are listed below. All interim fiscal reports must be sent to the grant monitor within 30 days of the listed dates. Failure to submit the interim reports as described may delay further disbursement of grant funds.

5. All expenditure reports must be signed by the Chief Executive Officer or the Chief Financial Officer of the grantee’s organization.
6. Before any grant funds are distributed, the Grantee shall provide a budget detailing how the grant funds are to be expended.
7. PHPA may call for annual independent financial audits of past and future grants to verify the propriety of reported expenditures.
8. Whenever funds must be distributed prior to the beginning of the grant period, subsequent payments to the Grantee will be made only after the Grantor verifies, through detailed expenditure reports, that the initial funds have been spent.
9. Federal Funding Acknowledgement (if applicable)
- a. This grant (_____ does/ _____) does not contain federal funds.
- b. The total amount of federal funds allocated for the

_____ is

\$ _____ in Maryland State fiscal year _____. This represents _____ % of all funds budgeted for unit in that fiscal year. This does not necessarily represent the amount of funding available.

c. If contained, the source of these federal funds is:

_____.

d. The CFDA number is _____. The conditions that apply to all federal funds awarded by the Prevention and Health Promotion Administration are contained in Appendix B. Any additional conditions that apply to this federally funded grant are contained in Appendix D

10. This grant (____ does/____) does not contract with subproviders on a cost reimbursement basis.

ATTACHMENT B – RFA Document Checklist

Project Narrative Checklist:

- Transmittal Letter (*See section 4.3.1.1*)
- Project Narrative (*See Section 4.3.1.2 and 3.2.2*)
- Work Plan (*See Section 3.2.1 and 4.3.1.3*)

An editable word document work plan will be available on the Center’s website at bit.ly/MDHaccessHR

Budget Narrative Checklist:

An editable word document containing Exhibit B and Exhibit C will be available on the Center’s website at bit.ly/MDHaccessHR

- Budget Form (*See Exhibit B – Budget Form*)—for Year One and Extension
- Budget Narrative (*See Exhibit C – Budget Narrative*)—for Year One and Extension

Endnotes and References

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