



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

# REQUEST FOR APPLICATIONS (RFA) (COMPETITIVE)

PROCUREMENT ID NUMBER – BPM032515

**Issue Date: October 28, 2022**

## **Health Outreach, Linkage & Advocacy for LEP Communities (HOLA) PROGRAM**

### 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 Grant Officer, and that wishes to assure receipt of any changes or additional materials related to this RFA, should immediately contact the Grant 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.



# MARYLAND Department of Health

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

Minority Health and Health Disparities (MHHD)  
Director: Mark Martin, Ph.D., MBA

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

October 28, 2022

Re: FY 23 HOLA RFA

TO ALL INTERESTED APPLICANTS:

The Office of Minority Health and Health Disparities (MHHD) seeks interested organizations to apply for the fiscal year 2023 **Health Outreach, Linkage & Advocacy for LEP Communities (HOLA)** grant from January 1, 2023, through December 31, 2023. Based on satisfactory performance, grantees will have the opportunity to apply for a renewal for the fiscal year 2024. All non-profit organizations that serve racial/ethnic minorities in Maryland are eligible to apply. This grant is a competitive opportunity.

The **Request for Applications (RFA)** announcement is attached. Please submit a typed, signed, application according to the RFA instructions. **Applications must be physically in the MHHD office by Monday, December 5, 2022, no later than 3:30 PM. Applications will only be accepted electronically. Please email the application in its entirety to: MDH.HealthDisparities@Maryland.gov**

Interested applicants should address questions or comments to the attention of Diane Walker by emailing **MDH.HealthDisparities@Maryland.gov**. Thank you for your interest.

Sincerely,

*Arif A. Vega*

Arif A. Vega, MD, Ph.D., MBA Grant Monitor  
Minority Health and Health Disparities

Enclosure

cc: Mark Martin, Director, Ph.D., MBA



# MARYLAND Department of Health

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

**Request for Proposals:** Health Outreach, Linkage & Advocacy for LEP Communities (HOLA) in Maryland

**Solicitation Number:** BPM032515

**RFA Issue Date:** October 28, 2022

**RFA Issuing Office:** Maryland Department of Health  
Office of Minority Health and Health Disparities

**Procurement Officer:** Diane D. Walker, MHHD Administrator  
Office of Minority Health and Health Disparities  
Maryland Department of Health (MDH)  
201 W. Preston Street, Room 500 -  
Baltimore, Maryland 21201

**Grant Officer:** Dr. Arif A Vega, Grant Monitor  
Office of Minority Health and Health Disparities  
Maryland Department of Health  
201 W. Preston Street, 5<sup>th</sup> Floor  
Baltimore, MD 21201

**Applications are to be sent to:** [MDH.HealthDisparities@Maryland.gov](mailto:MDH.HealthDisparities@Maryland.gov)

**Attention:** Diane Walker

**Closing Date and Time:** December 5, 2022



# MARYLAND

## Department of Health

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## **SECTION 1 - GENERAL INFORMATION**

### **1.1 Summary Statement**

- 1.1.1 The Maryland Department of Health (MDH or the Department), Office of Minority Health and Health Disparities (MHHD) is issuing this Request for Applications (RFA) to provide community-based interventions to address the needs of the Limited English Proficiency (LEP) immigrant including but not limited to sexual and gender minority communities in Maryland to reduce health inequity.
- 1.1.2 The State intends to obtain services, as specified in this RFA, from an Agreement between the selected Applicant(s) and the State. The anticipated duration of services to be provided under this Agreement is one (1) year and one (1) option year.
- 1.1.3 The Department intends to make up to 2 awards as a result of this RFA.
- 1.1.4 Applicants, either directly or through their subcontractor(s), must provide all services and meet all of the requirements requested in this solicitation. The successful Applicant shall remain responsible for performance regardless of subcontractor participation in the work.

### **1.2 Procurement Officer**

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

Diane D. Walker, MHHD Administrator  
Minority Health and Health Disparities  
Maryland Department of Health (MDH)  
201 W. Preston Street, Room 500 -  
Baltimore, Maryland 21201  
[Mdh.healthdisparities@maryland.gov](mailto:Mdh.healthdisparities@maryland.gov)

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

### **1.3 Grant Monitor**

Dr. Arif A. Vega  
Grant Monitor  
Office of Minority Health and Health Disparities  
Maryland Department of Health  
201 W. Preston Street, 5<sup>th</sup> Floor  
Baltimore, MD 21201

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

### **1.4 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, the addenda, and other solicitation-related information will be provided via eMMA. All responses provided by the Grant Officer will be sent from the [mdh.healthdisparities@maryland.gov](mailto:mdh.healthdisparities@maryland.gov) email address to all respondents to the RFA.

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.

### **1.5 Questions**

Written questions from prospective Applicants will be accepted by the Grant Officer. Questions to the Grant Officer shall be submitted via e-mail to the following e-mail address: [MDH.HealthDisparities@Maryland.gov](mailto:MDH.HealthDisparities@Maryland.gov). Please identify in the subject line the Solicitation Number and Title.

Questions are requested to be submitted at least two (2) days prior to the Application due date. The Grant 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.

### **1.6 Application Due (Closing) Date and Time**

Applications, in the number and form set forth in Section 4.2 "Applications" must be received by the Grant Officer, at the e-mail address listed on the Key Information Summary Sheet, no later than 3:30 pm Local Time on December 5, 2022 to be considered.

Requests for an extension of this time or date will not be granted. Applications received after the due date and time listed in this section will not be considered. Questions regarding this solicitation should be directed (**By e-mail only**, no phone calls will be accepted) to the GRANT OFFICER ([mdh.healthdisparities@maryland.gov](mailto:mdh.healthdisparities@maryland.gov)).

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

### **1.7 Award Basis**

Grants shall be awarded to responsible Applicants submitting Applications that have been determined to be acceptable to the State, considering the proposed budget and evaluation criteria as set forth in this RFA.

### **1.8 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 who are otherwise known by the Grant 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 due date shall be included in the Transmittal Letter accompanying the Application. Acknowledgment 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.

**1.9 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, waive or permit the cure of minor irregularities, and conduct discussions with all qualified or potentially qualified Applicants in any manner necessary to serve the best interests of the State. The State reserves the right, in its sole discretion, to award a Grant based upon the written Applications received without discussions or negotiations

**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:

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.

Applicants must maintain an operational office within Maryland. All official records must be maintained at this location and accessible for site visits and audits. Applicants must be a 501c3 or institute of higher education. Applicants must have a certificate of good standing issued by the Maryland State Government.

Applicants must be registered on eMMA (see <https://procurement.maryland.gov/> for more information). Applicants must have access to relevant data sources, the capacity to deliver planned services, the ability to track performance and be prepared to submit progress reports on time. Applicants must be able to implement the proposed program/service no later than one month after the Agreement start date.

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.**

## SECTION 3 – SCOPE OF WORK

### **3.1 Background and Purpose**

The State is issuing this solicitation for the purposes of reducing health disparities and increasing health equity among Maryland's racial and ethnic, sexual, and gender minorities members of the LEP community, by providing community-based interventions through outreach/engagement and education, linkage to care, navigation supports throughout the patient path, and clinical care case management.

(LEP) minority groups need assistance in accessing the following resources:

- a.) **Strengths-Based Clinical Case Management**
- b.) **Immigration and Legal Services**
- c.) **Mental/Behavioral Health Services**
- d.) **Social Services Access/Assistance**
- e.) **HIV Prevention, Education, Testing & Treatment Services**
- f.) **Sexual Health Education (to include Monkeypox)**
- g.) **Victim Services**
- h.) **Safe Housing**

To optimally leverage the available funding, this award will focus on outreach, intake, and linkage to existing sources of the eight services listed above, rather than supporting the provision of those services. Awardees will therefore utilize this funding solely to provide community-based interventions through outreach/engagement and education, linkage to care, navigation supports throughout the patient path, and clinical care case management. The ideal candidates will either have quantifiable evidence of their ability to provide the eight (8) service components or demonstrate fruitful pre-existing partnerships with organizations that provide those components.

The seven service components of HOLA are defined as follows:

1. **Strength-Based Clinical Case Management:** Strength-based clinical case management model is built around the clients' goals and personal needs, and valuable information that is carefully incorporated in every step of the progress process. Through such personalized care, the model dispels the notion of 'one-size-fits-all' and instead creates care plans that are perfectly tailored to each client's needs. Strength-based clinical care case management concentrate on producing client opportunities for growth, education, and skill development. The strengths-based case management model identifies the value of community services and "family" (*birth or chosen*) collaborations; it also encourages the client to build and foster casual support networks along with recognizing and accessing formal community services and established resources.
2. **Immigration and Legal Services:** There is a tremendous need for legal support during this rapidly changing humanitarian crisis. Many LEP immigrants are asylum seekers who need support to receive accurate legal information on immigration law and the asylum process, so they understand their options and are prepared when they present their case. The HOLA Initiative for LEP Communities requires applicants either provide, or have existing fruitful partnerships for referrals to pro-bono legal providers, community-based organizations, health clinics, and adult education programs to serve and empower the immigrant community, aiding refugees who are escaping gender-based persecution and torture, provide representation and assistance to unaccompanied immigrant minors and families in detention and deportation proceedings, develop/ curate a guide of community resources to assist LEP minority immigrant community feel safe and empowered regardless of immigration status.
3. **Mental/Behavioral Health Services:** In a systematic review of the mental health services utilized by immigrants in the U.S., research demonstrated that folx from Asia, Latin America, and Africa made use of these services at lower rates than non-immigrants—despite an equal or greater need for them. These rates were even lower among men, the uninsured, and the undocumented.

These studies shed light on such structural barriers including:

- a.) A lack of insurance



- b.) High costs
  - c.) Language barriers (many services offered were not available in immigrants' native tongues)
- The HOLA Initiative for LEP Communities requires applicants to offer or link consumers to non-traditional therapeutic approaches to healing through a series of in-person, virtual, individual, family, and group interactions. These trauma-informed therapeutic interventions should address
- Substance Use Screening, Prevention and Care
  - Crisis Intervention
  - Suicide Prevention
  - Trauma-Informed Care
4. **Social Services Access/Assistance:** The goal of this HOLA Initiative for LEP Communities program component is to address the immediate crisis by providing person-to-person assistance to low-income LEP minority families with accessing the government benefits or public aid they need.
  5. **HIV Prevention, Education, Testing & Treatment Services:** The HOLA Initiative for LEP Communities requires programs to offer community outreach, peer navigation and instruction/education on the nature of human immunodeficiency virus (HIV), methods of transmission, strategies to reduce the risk of HIV infection, and social and public health issues related to HIV. Additionally, this program will provide linkage to care (LTC) services providing warm handoffs to infectious disease providers and primary care providers
  6. **Sexual Health Education (to include Monkeypox):** The HOLA Initiative for LEP Communities requires applicants to deliver education/prevention services in linguistically appropriate programming on STD's/STI's including but not limited to the nature of Monkeypox, methods of transmission, vaccination, strategies to reduce risk.
  7. **Victim Services:** The HOLA Initiative for LEP Communities requires this program component to provide or link to a comprehensive and inclusive support system for all self-identified victims, regardless of immigration status or the immigration status of the perpetrator.
  8. **Safe Housing:** The HOLA Initiative for LEP Communities requires this program component to provide referral services for emergency shelter, crisis stabilization, and short-term housing options to LEP minority community members, including but not limited to sexual and gender minorities in the state of Maryland.

### 3.1.2 Award Information

All non-profit organizations within Maryland jurisdictions are eligible to apply for the HOLA grant for the period of January 1, 2023, to December 31, 2023. Successful applicants will be organizations that have the capacity to implement a large multi-pronged program. MHHD is looking to fund a maximum of two organizations.

### 3.2 Scope of Work - Requirements

Services will be provided in specific geographic areas (ZIP Code, census tract, or other defined areas) as proposed by the Applicant with the goal of reducing disparities in Maryland's LEP minority community

The Applicant shall complete the following activities and requirements.

#### 3.2.1 General Requirements

3.2.1.1 The Applicant shall provide outreach/engagement and education, linkage to care, navigation supports throughout the patient path, and case management services to the targeted population in proposed geographic areas, focusing on Strength-based Clinical Case Management, Immigration and Legal Services, Mental/Behavioral Health, Social Services Access/Assistance, HIV Prevention Education, Testing and Treatment Services, Sexual Health Education, Victim Services, and Safe Housing for Maryland's racial and/or ethnic LEP immigrant population to include but not limited to sexual and gender, minority residents in Maryland.

- A.) "Specific population" will be identified by the Applicant as LEP persons of any race/ethnic minority including but not limited to sexual and gender minorities (LGBTQ+) within Maryland.
- B.) "Geographic area" will be identified by the Applicant as a specific jurisdiction, zip code, and census tract within Maryland.
- C.) "Service" is defined as practice, clinical service, social services, education, training, case management, referrals, community program, or other work appropriate to the goal of improving health outcomes and minimizing health disparities

3.2.1.2 The Applicant will submit a finalized workplan no later than 30 calendar days after the grant start date.

3.2.1.3 The Applicant shall not make or enact any changes in the workplan or budget without written approval from the Office of Minority Health and Health Disparities (MHHD).

3.2.1.4 The Applicant will submit any publications (best practices programs/tool kits, pamphlets, posters, flyers, media messages, etc.) to MHHD for review and comment prior to publication, to ensure consistency with MHHD objectives.

3.2.1.5 The Applicant will take corrective action if detailed performance specifications are not met.

3.2.1.6 MHHD staff will conduct at least one (1) site visit. Grantee program staff will be expected to be present on-site to answer questions, demonstrate program workflow, and review procedures and program materials with the MHHD representatives. MHHD staff may require additional site visits to provide technical assistance and/or conduct an additional assessment.

### **3.2.2 Services**

3.2.2.1 The Applicant will implement outreach/engagement and education, linkage to care, navigation supports throughout the patient path, and case management services to racial or ethnic LEP Immigrant minorities including but not limited to sexual and gender minorities (LGBTQ+) populations in a specific geographic area within Maryland.

3.2.2.2 The Applicant will implement a multi-pronged program which includes outreach/engagement and education, linkage to care, navigation supports throughout the patient path, and case management services linking participants to the following components: Strength-based Clinical Case Management, Immigration and Legal Services, Mental/Behavioral Health, Social Services Access/Assistance, HIV Prevention Education, Testing and Treatment Services, Sexual Health Education Services, Victim Services, and Safe Housing

3.2.2.3 The Applicant will implement a service to a targeted number of individuals, as proposed in the Application.

3.2.2.4 The Applicant may implement evidence-based practice, a service the Applicant has experience in providing, or a new service.

- A. An evidence-based practice (EBP) is defined as a practice, program, or service designated as an EBP by a national EBP clearinghouse, that has clearly defined program requirements (i.e., curriculum, service delivery model, staff qualification), fidelity measures, and performance measures.
- B. If the Applicant implements an EBP, the Applicant will have the approval of the EBP purveyor.
- C. If the Applicant implements an EBP, all requirements of the evidence-based program must be met, including but not limited to qualifications of the staff, service delivery, and target population.
- D. If the Applicant implements an EBP, fidelity and performance measures established by the purveyor of the EBP will be included in the Applicant's performance measures.

<b>Over Arching Performance Measures</b>
# Of Encounters
# Of Individuals Enrolled in Program
# Of Individuals Who Completed Intake Assessment
# Of Individuals Scheduled for First Appointment
# Of Individuals Who Attended First Appointment
# Of Participants Who Completed and Exit Survey
<b>Path Specific Reportable Results: <i>Strength-Based Clinical Case Management</i></b>
# Of Individuals Enrolled in Two (2) or More Pathways
# Of Case Management Contact Counts
# Of Referrals Made to External Partners
# Of Internal Referrals Made
# Of (LTOC) “Loss to Care”
# Of Participants Completing 30 Days of Programming
# Of Participants Completing 60 Days of Programming
# Of Participants Completing 90 Days of Programming
# Of Participants Completing 180 Days of Programming
<b>Path Specific Reportable Results: <i>Immigration and Legal Services</i></b>
# Of Individuals Referred to This Pathway
# Of Individuals Educated on Available Resources
# Of Individuals Who Demonstrated Greater Knowledge of Immigration and Legal Resources and Assistance
# Of Individuals Linked to Legal Professional
<b>Path Specific Reportable Results: <i>Mental/Behavioral Health Services</i></b>
# Of Individuals Referred to This Pathway
# Of Individuals Educated on Available Resources
# Of Individuals Linked to Mental Health Professional
# Of Individuals Who Demonstrated increased understanding of Mental Health and Wellness
# Of Individuals Who Expressed Positive Outcomes as a Result of Treatment
# Of Individuals Who Participate in Family/Group Therapy
<b>Path Specific Reportable Results: <i>Social Services/Assistance</i></b>
# Of Individuals Referred to This Pathway
# Of Individuals Educated on Available Resources
# Of Individuals Linked to State Benefits
# Of Individuals Who Demonstrated increased understanding of Social Services Application Process
# Of Individuals Who Completed Application Process for Benefits
# Of Individuals Awarded Social Services Benefits
<b>Path Specific Reportable Results: <i>HIV Prevention, Education Treatment Services</i></b>
# Of Individuals Referred to This Pathway
# Of Individuals Educated on Available Resources
# Of Individuals Linked to a Provider
# Of Newly Diagnosed HIV infections.
# Of Newly Diagnosed HIV infections, 13–24 years of age.
Percent of Newly Identified, Confirmed HIV-Positive Test Results Among all Tests Reported by HIV Counseling, Testing, and Referral Staff
Percent of Newly Identified, Confirmed HIV-Positive Test Results Returned to Clients

# Of Individuals with Unknown or Negative Serostatus Receiving an HIV Test After PCRS (Partner Counseling Referral Services).
# Of Individuals with reactive serostatus HIV test after PCRS (Partner Counseling Referral Services).
# Of Individuals with Uterus Who Receive an HIV Test During Pregnancy
# Of HIV-Positive Pregnant Individuals Who Receive Appropriate Interventions to Prevent Perinatal Transmission
The Absolute Number of Newborns Impacted by Vertical Transmission
# Of Individuals Linked PrEP Services
# Of Individuals Who Attended First Visit with Healthcare Professional
# Of Individuals Who Attended Second Visit with Healthcare Professional
# Of Individuals Linked to Pharmacy
<b>Path Specific Reportable Results: <i>Sexual Health Education</i></b>
# Of Individuals Referred to This Pathway
# Of Individuals Educated on Available Resources
# Of Individuals Linked to Monkeypox Vaccination
# Of Individuals Who Completed First Monkeypox Vaccination
# Of Individuals Who Completed Second Monkeypox Vaccination
# Of Individuals Linked to HPV Vaccination Resources
# Of Individuals Linked to Hep A Vaccination Resources
# Of Individuals Linked to Hep B Vaccination Resources
<b>Path Specific Reportable Results: <i>Victim Services</i></b>
# Of Individuals Referred to This Pathway
# Of Individuals Educated on Available Resources
# Of Individuals Demonstrating Increase Knowledge and Tools About Crime Victimization and Effective Response
# Of Cases Successfully Closed
<b>Path Specific Reportable Results: <i>Safe Housing</i></b>
# Of Individuals Referred to This Pathway
# Of Homeless Individuals Enrolled That Receive Comprehensive Assessment
# Of Homeless Individuals Enrolled That Receive One or More Core Services
# Of Homeless Individuals Enrolled Who Are Permanently Housed During the Past Month
# Of Homeless Individuals Enrolled Whose Days of Homelessness (on Street or in Emergency Shelter) During the Past Month Are Reduced
# Of Homeless Individuals Enrolled and Assessed with Substance Abuse Problem That Have No Drug Use the Past Month
# Of Homeless Individuals Enrolled Assessed with Physical Health Problem That Has Good or Improved Physical Health Status During Past Month
# Of Homeless Individuals Enrolled Assessed with Mental Health Problem That Has Good or Improved Mental Health Status During Past Month

The applicant is expected to submit proposed targets for the overarching performance measures, consistent with the delivery model, staffing and budget in the proposal. MHHD will also derive targets based on the proposed model, staffing and budget for inclusion in the grant agreement documents.

The reportable results will depend on the needs of the population that enrolls for services, and so often can't be predicted in advance, but will be reported in the monthly reporting process.

3.2.2.5 The Applicant will implement services no later than one (1) calendar months from the Grant Agreement start date.

### 3.2.3 Staffing

The Applicant will maintain sufficient staffing levels to successfully provide the service.

- A. Employees must have the experience, education, certification, and/or license needed to fulfill their job responsibilities.
- B. The Applicant will conduct criminal background checks on all employees; no individual who has been convicted of a felony or other crime will carry out any responsibilities for the services.

### 3.2.4 Reports

3.2.4.1 Monthly reports will be submitted by the grantee to MHHD including data required through this RFA and evaluation requirements. Reports are due the 10th of the month following completion (e.g., report for October 2022 is due November 10, 2022). The Applicant will use a template provided by MHHD.

3.2.4.2 The Applicant will provide a narrative progress report, including implementation activities, challenges/barriers, plans to address challenges/barriers, and other elements to be determined by MHHD.

3.2.4.3 The Applicant will report the following data to MHHD:

- A. Process measures include numbers of individuals served, number of service interactions (i.e., number of educational training sessions, number of attendees at an event, etc.), and completion of specific activities as specified above in the performance measures and reportable results.
- B. Health outcomes that address health changes in health behavior, health risk, and health status

3.2.4.4 If the Applicant is implementing an EBP, the Applicant will report to MHHD fidelity and performance measures required by the EBP.

3.2.4.5 The Applicant will report additional data to MHHD, as required by MHHD, specific to the service, population, and geographic area.

3.2.4.6 The Applicant will provide baseline data at the time of the Application.

3.2.4.7 The Applicant will provide end-of-year data in a final report, due no later than August 15, 2023, using a template provided by MHHD.

3.2.4.8 The Applicant may submit additional information and data to MHHD.

## 3.3 Invoicing

### 3.3.1 General

(a) All invoices for services shall be signed by the Grantee and submitted to the Procurement Officer. 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.

## **SECTION 4 – APPLICATION FORMAT**

### **4.1 Two Part Submission**

Offerors shall submit Proposals in separate volumes:

- Volume I – Technical Proposal
- Volume II – Budget Justification/Narrative

### **4.2 Applications**

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

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

**\*All information submitted as part of this Application 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 application 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 – Technical Proposal**

**Note: No pricing information is to be included in the Technical Proposal (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:

**A. Transmittal Letter:**

1. Applicant.
2. Solicitation Title and Solicitation Number that the Proposal is in response to;
3. Signature, typed name, and title of an individual authorized to commit the Applicant to its Proposal;
4. Federal Employer Identification Number (FEIN) of the Applicant, or if a single individual, that individual's Social Security Number (SSN);
5. Applicant's eMMA number;
6. Applicant's MBE certification number (if applicable);

7. Applicant's SBR number (if applicable) – please contact eMMA at 410-767-1492 if you don't know your number.

B. **The Project Narrative** shall include the Scope of Work, including the Work Plan. The Project Narrative will be no more than 8 pages (standard letter size). The Application will be 12 pt. font, Times New Roman or Calibri, 1-inch margins, double-spaced, and each page numbered sequentially. Information in tables may be 11 pt. font. All following items must be included, using the outline and letter/number order below.

1. **Executive Summary** - The executive summary of the program should succinctly describe the proposed service, the need for the service in the proposed areas, access to the target populations to be served, and how the success of the program will be determined.
2. **Application Narrative** - The application narrative should follow the outline below:
  - a. **Problem Statement** - Describe the nature and scope of the public health problem in the targeted geographic area(s). Specify how the proposed intervention or initiative will affect the targeted population, program partners, and other stakeholders. Provide specific data regarding expected outcomes.
  - b. **Geographic Area(s)** – Identify the targeted jurisdiction(s) in which services will be provided. Identify any additional geographic boundaries, such as ZIP Code or census tract.
  - c. **Target population** - Describe the target population to be served. Include information on race/ethnicity, languages spoken, age, gender, and/or other relevant demographic data. Provide evidence of disparate health outcomes for the selected target population. Include current data that demonstrates disparities in the target population and provide citations for all data. Provide the expected number of individuals to be served annually, and the eligibility criteria for services.
  - d. **Proposed program** – Provide specific information on the service/program model to be used. Include information on recruitment of clients to the program, grantee staff qualifications, and service delivery model (i.e., individual or group; telephone, virtual, or in-person; community development, etc.). Provide expected length of service per individual (or community), including the number of sessions or contact, length of sessions/contact, etc. Provide all information needed to fully explain the proposed service/program.
    - 1) If the proposed program is evidence-based, provide relevant citations and links to peer-reviewed research, evidence-based clearinghouse ratings, or other information that demonstrates this status.
  - e. **Work plan overview** – Provide a description of objectives to be accomplished and how they address the identified health issue. Discuss any barriers you anticipate encountering and approaches you will use to overcome these barriers. (A detailed work plan will be submitted as an Attachment; see Section 4.3.1.3 A).
  - f. **Organizational capacity** – The Application should describe the Applicant's ability to deliver the program to the target population and to meet all grant requirements. This includes: the organizational structure, financial stability, relevant partnerships, experience in working with the target population, addressing the topic being proposed, and current and past performances with similar grants. For the HOLA program, the applicant's ability and track record for either providing the eight (8) listed services, or having robust referral networks for those services, should be discussed here.

**g. Program management** – Describe the roles and responsibilities of all program staff, such as leadership, service providers, and fiscal staff. Provide a summary of the education and experience of identified personnel. Do not attach resumes.

**h. Partnerships** - Describe the roles of two partnerships with internal or external programs, such as recruitment sources-, health care practices and systems, current programs, partners providing training space, materials, and/or technology, and others.

**i. Performance Measures** – Forecast the expected total reach of the “Over Arching Performance Measures” in 3.2.2.4 section D. Forecasts for path-specific reportable results can be provided if those estimates can be determined but are not required.

**j. Dissemination** – Describe any plans for disseminating program results, including submissions to journals, agency reports, newsletters, etc.

**4.3.1.3 The Application will include the following attachments.** Attachments should be included using the numbering order below. Each Attachment should have a title page with the Attachment Title and organization name. All attachments must be submitted as separate pdf files.

- A. **Workplan for Year 1** - Workplan with specific Objectives and one to five Activities per Objective. For each Activity, the following elements must be included: Activity, Expected Start Date, Expected End Date, Measure of Completion, and Responsible Staff. Objectives should follow the SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) approach.
- B. **Letters of Commitment** - Letters of commitment should be provided from at least one service provider in each of the seven service areas, confirming their capacity and willingness to receive referrals from the program. Combine all letters of commitment into one (1) PDF.
- C. **References** – At least two (2) references. Combine all reference letters into one (1) PDF.

**4.3.1.4 Applicant Technical Response to RFA Requirements and Proposed Work Plan:**

- A. The Applicant shall address each Scope of Work requirement (Section 3.2) in the Project Narrative and describe how its proposed services, including the services of any proposed subcontractor(s), will meet or exceed the requirement(s). If the State is seeking Applicant’s agreement to any requirement(s), the Applicant shall state its Agreement or disagreement. Any paragraph in the Project Narrative that responds to a Scope of Work (Section 3.2) requirement shall include an explanation of how the work will be done. Any exception to a requirement, term, or condition may result in having the Application classified as not reasonably susceptible to being selected for award or the Applicant deemed non-responsive.

**4.4 Volume II – Budget Narrative**

- 4.4.1** As a separate document from the Technical Proposal 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 C**. 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 **Exhibit B** 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.

## **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 Grant 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 is listed below in descending order of importance.

- Proposed program
- Target population
- Work plan (overview and year 1)
- Organizational capacity
- Performance measures
- Problem statement
- 
- Partnerships and letters of commitment
- References
- Geographic area
- Program management
- Dissemination

### **5.3 Budget Narrative Evaluation Criteria**

All Qualified Applicants will be ranked from (most advantageous) to (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**

#### **A. 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 ineligible for the award at any time after the initial closing date for receipt of Applications and prior to Grant award.

#### **B. Award Determination**

The Grant Officer will recommend the award of Grants to the Applicants determined to be acceptable to the State, considering the evaluation criteria and proposed budget, within the funding limitations of the program.

## **RFA ATTACHMENTS**

### **EXHIBIT B – Budget Forms (MDH 432A-H)**

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

### **EXHIBIT C—Budget Narrative**

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

### **ATTACHMENT A – Standard Grant Agreement and Conditions of Award “Sample”**

This is the sample grant agreement and Conditions of Award 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 and conditions of award will be sent to the recommended awardees for signature. The recommended awardees must return to the Grant 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.

### **ATTACHMENT C – Work Plan Template**

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.**

**EXHIBIT B – BUDGET FORM**

**BUDGET 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: \_\_\_\_\_

PROGRAM ADMINISTRATION:

PROGRAM BUDGET (MDH 432B)

GRANT NUMBER:  
 CONTRACT PERIOD:  
 ORGANIZATION:  
 STREET ADDRESS:  
 CITY, STATE,  
 PROGRAM TITLE:  
 CHARGEABLE SERVICES (Y/N) \_\_\_\_\_

	DATE SUBMITTED:
	FISCAL YEAR:
	PHONE #:
	ZIP:

MDH PROVIDES 50% OR MORE OF FUNDING (Y/N) No

FOR MDH USE ONLY \_\_\_\_\_

OTHER DIRECT FUNDING

LINE ITEMS MAY NOT BE CHANGED	MDH FUNDING REQUEST	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS	0	0	0	0	0
FRINGE	0				0
CONSULTANTS	0				0
EQUIPMENT	0				0
PURCHASE OF SERVICE	0				0
RENOVATION	0				0
CONSTRUCTION	0				0
REAL PROPERTY PURCHASE	0				0
UTILITIES	0				0
RENT	0				0
FOOD	0				0
MEDICINES & DRUGS	0				0
MEDICAL SUPPLIES	0				0
OFFICE SUPPLIES	0				0
TRANSPORTATION/TRAVEL	0				0
HOUSEKEEPING/ MAINTENANCE/REPAIRS	0				0
POSTAGE	0				0
PRINTING/DUPLICATION	0				0
STAFF DEVELOPMENT/ CLIENT ACTIVITIES	0				0
ADVERTISING	0				0
INSURANCE	0				0
LEGAL/ACCOUNTING/AUDIT	0				0
PROFESSIONAL DUES	0	0	0	0	0
OTHER (ATTACH ITEMIZATION)	0				0
TOTAL DIRECT COSTS	0	0	0	0	0
INDIRECT COST	0	0	0	0	0
TOTAL COSTS	0	0	0	0	0
LESS: CLIENT FEES					0
MDH FUNDING	0				0

MDH 432B (2/19)

**MDH 432D**

**SCHEDULE OF SALARY COSTS**



**MERIT SYSTEM** \_\_\_\_\_

<b>JOB TITLE OR CLASSIFICATION</b>	<b>NAME OF PERSON FILLING POSITION</b>	<b>GRADE AND STEP</b>	<b>HOURS PER WEEK</b>	<b>TYPE OF SERVICE</b>	<b>SALARY MDH FUNDING</b>	<b>SALARY TOTAL PROGRAM BUDGET</b>
<b>TOTAL/MUST EQUAL 432B</b>						<b>0.00</b>

**SCHEDULE OF CONSULTANT COSTS**  
**MDH 432E**

NAME OF CONSULTANT	PROFESSIONAL AREA	HIGHEST DEGREE HELD	HOURLY RATE	TOTAL HOURS	TOTAL MDH COSTS	TOTAL PROGRAM BUDGET
						0
<b>TOTAL (MUST EQUAL 432B)</b>						0.00

MDH 432E (Rev. 3/19)

**SCHEDULE OF EQUIPMENT COSTS (MDH 432F)**

			MDH FUNDING	TOTAL PROGRAM BUDGET
<b>LIST OF MISCELLANEOUS EQUIPMENT COSTING UNDER \$500 EACH</b>				
DESCRIPTION	CLIENT or OFFICE	NEW or REPLACEMENT		
				0.00

<b>LIST BELOW EACH EQUIPMENT ITEM COSTING OVER \$500</b>				
DESCRIPTION	CLIENT or OFFICE	NEW or REPLACEMENT		
<b>TOTAL (MUST EQUAL 432B)</b>				<b>0.00</b>

MDH432F (Rev.3/19)

**PURCHASE OF SERVICE  
MDH 432G**

SERVICE	VENDOR	PERFORMANCE MEASURES NUMBER UNITS PURCHASED (e.g., HRS, VISITS, ETC.)	DOLLARS	
			MDH	TOTAL
<b>TOTAL</b>	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX		

**\*\*Total must equal 432B**



**ANTICIPATED SOURCES OF FUNDING  
MDH 432H**

SOURCES	AMOUNT
MDH AWARD	0
MDH SUPPLEMENT	
LOCAL GOV'T	
OTHER AWARD - FED, STATE OR PRIVATE AGENCY (SPECIFY)	
FEEs	
MDH CLIENT FEE COLLECTIONS	
OTHER CLIENT FEE COLLECTIONS	
MEDICAID PAYMENTS	
MEDICARE PAYMENTS	
INSURANCE/PRIVATE	
SSI	
OTHER - IDENTIFY	
FUNDRAISING/DONATIONS	
UNITED CHARITIES	
INTEREST	
<b>Total Funding (Must Equal Total Costs in Total Program Budget on Budget Face Sheet)</b>	<b>0.00</b>
IN-KIND CONTRIBUTIONS (IDENTIFY)	VALUE
	0
<b>TOTAL CASH PLUS IN-KIND</b>	<b>0.00</b>

MDH432H (Rev. 3/19)

**BUDGET NARRATIVE TEMPLATE**

**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

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 the 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:

By:

SEAL

SEAL

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX A

The Department'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:

The Grantee's Grant Monitor is:

<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>

### **II. DUTIES OF THE DEPARTMENT**

Other than awarding the funds to the **grantee** for this project, MHHD will:

- Provide necessary technical support and **monitoring to grantee 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

**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)**

Office of Minority Health and Health Disparities

<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 Office of Minority Health and Health Disparities 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 Office of Minority Health and Health Disparities 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.
  4. The grantee/sub-grantee/sub-recipient will provide monthly reports on approved performance measures by the 15<sup>th</sup> of each month (Example see below)

Process Performance Measure	Budget Estimate
1. Number of Individuals Services	
2. Number of attendees at event	
SDOH Outcome Performance Measure	
1. Units of Transportation Provided	
2. Employment Provided	

**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 Office of Minority Health and Health Disparities 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 cataloged 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.

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**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 USC 1913 and section 1352 of PL 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 another 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, daycare, early childhood development, and education or library services for children under the age of 18. Such language must be included in the conditions of the 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) who expend a total of \$750,000 or more in federal assistance shall have a single or program-specific audit conducted for that year by the provisions of the Single Audit Act of 1984, PL 98-502, and the Single Audit Act Amendments of 1996, PL 104-156. and the Office of Management and Budget (OBM) 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 regarding 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 taking 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 under section 503 of the Act so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action concerning any subcontract or purchase order as the director of the Office of Federal Contract Compliance Programs may direct to enforce such provisions, including an action for non-compliance.

Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Sec. 791 *et seq.*) prohibits discrimination based on 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 about 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 based on 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 based on 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 the 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

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

### CERTIFICATION REGARDING ENVIRONMENTAL 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, leased, or contracted for by an entity and used routinely or regularly for the provision of health, daycare, 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 impatiens 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 in a 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

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Signature of Authorized Certifying Official

4/2004

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 is 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 US 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 the 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 USC 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 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 1<sup>st</sup> 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 the agency name, if known. For example, Department of Transportation, and the 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 items 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 an SF-FFF-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, and print his/her name, title, and telephone number.



The public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions 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, DC 20503.

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**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 US 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>___ a. Retainer</p> <p>___ b. One-time fee</p> <p>___ c. Commission</p> <p>___ d. Contingent fee</p> <p>___ e. Deferred</p> <p>___ f. Other, specify: _____</p>
<p>12. Form of Payment (<i>check all that apply</i>):</p> <p>___ a. Cash</p> <p>___ 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 USC 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 USC 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**

<p>Reporting Entity: _____ Page _____ of _____</p>
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**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 before 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 the 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 sub-providers on a cost reimbursement basis.

**ATTACHMENT B – RFA Document Checklist**

**Project Narrative Checklist: Project Narrative Checklist:**

- Transmittal Letter
- Project Narrative
- Work Plan
- Letters of Commitment
- References

**Budget Narrative Checklist:**

- Budget Forms
  - MDH 432B
  - MDH 432D
  - MDH 432E
  - MDH 432 F
  - MDH 432H
  
- Budget Narrative (*See Exhibit C – Budget Narrative*)

**ATTACHMENT C – Work Plan Template**

<b>Objective:</b>	<b>Implement social media campaign.</b>			
<b>Activity</b>	<b>Expected Start Date</b>	<b>Expected End Date</b>	<b>Measure</b>	<b>Responsible Staff</b>
Identify appropriate social media platforms.	9/1/2021	9/31/2021	Identification of three social media platforms.	Communications Director
Develop and post content (social media messages)	10/15/2021	6/30/2023	Post one unique message on social media platforms each week.	Social Media Manager
Etc.				