

MCHRC Operational RFP F.A.Q.'s Teleconference

Thursday, October 25, 2007 @ 1:00 PM

Questions on MCHRC's Operational RFP

Our organization wants to submit proposals for two priority areas #2 - Redirecting non-emergency use of Emergency Departments and #3- Access to care for uninsured immigrants. Can we submit one proposal for the 2 areas? **No. You will need to submit two (2) separate letters of intent, one for each priority area, and two (2) separate applications with nine additional copies for each.**

We need funding to provide direct reimbursement to local dentists that currently serve our MA population. Is this applicable to the RFP since we will not be opening a dental office? **Yes.**

May the 10% of the budget be in-kind from community partners? **No. At least 10% of the budget should come from funding commitments (cash or signed pledges) restricted to this project from other community partners such as chambers of commerce, hospitals, medical organizations, community organizations, individual donors, foundations, and corporations to ensure the sustainability of the project. Funding commitments are to be fully paid within the inclusive dates of the grant award. If the project's community support is not yet in place, then the applicant should provide information that details the plan for generating such support.**

May the 5% funding be in-kind? **No. Preferences will be given to those applicants that can make at least an additional 5% financial commitment to this project from their own internal funds (operating funds or reserves). For proposals for new or expanded dental services, a separate equipment maintenance fund or equipment replacement fund or small endowment for the dental clinic will be counted as internal financial commitment.**

Can you please clarify if matching funds are required or optional? There is reference in the RFP to an optional 5% matching, and then later in the document there is a reference to a mandatory 10%. **The ten percent from the community is required. The five percent from internal funds is highly desirable.**

While the Commission will consider proposals without the ten percent community match or five percent internal match, applicants must clearly demonstrate their attempts to secure the matches, and explain why the funds couldn't be obtained.

If granted the full \$500,000, is the money dispersed equally all three years, or based on the kind of project, can more of the grant be dispersed based on the project need? **The funds are**

disbursed over the life of the grant based on project budget, and achievement of project goals and objectives as the grant progresses.

Are hospital Emergency Departments eligible to apply for this grant as a community health resource? Our interest is in "area 2", re-directly emergency room patients to community resources. **Hospital Emergency Departments are not eligible Community Health Resources and may not apply for this grant. They can partner with an eligible Community Health Resource as defined in the Commission's statute and regulations.**

If we submit a letter of intent are we required to also submit an application? Of course if we submit a letter of intent we would do our best to meet the application deadline. **No, an organization can file a Letter of Intent, and then can decide not to submit a proposal. The Commission would appreciate knowing that a filed Letter of Intent will not be followed by a proposal.**

Is there a selection process to invite grantees to apply after the letter of intent, or is the letter of intent just a mechanism to estimate number of applicants for your internal purposes? **No, the Letter of Intent helps demonstrate that the applicant organization is eligible under the Commission's regulations to submit a proposal. Unless otherwise notified by the Commission that they are not an eligible Community Health Resource, all organizations which file a timely Letter of Intent may submit a proposal.**

Do appendices (e.g., 501(c) 3 letter, Form 990, etc..) count toward the 25 page proposal limit? **No.**

Does the electronic submission need to include appendices? If so, what format can you accept scanned documents in (tiff, jpeg, etc)?
The electronic submission needs to include appendices and should be scanned into an Adobe PDF file.

What file format do you prefer for submissions? MS Word? Adobe PDF? .txt?
Word files are easier for the Commission to process.

Can an organization submit more than one application? **Yes. Please see the first question.**

If an organization has a currently funded grant from the MCHRC (from an earlier funding period), can it still apply in response to this Call? **Yes.**

Are for-profit corporations eligible for grants, as long as they fulfill the requirements of a "Primary Health Care Services Community Health Resource" (page 2 of the Call for Proposals Oct. 19, 2007)? **Yes. Organizations must provide documentation which clearly demonstrates that they fulfill the requirements.**

Can other grants be used as the match i.e. other Federal Grant monies? **Yes. Grant funds from sources other than the MD Community Health Resources Commission can be used for the match.**

If you already receive funding from the Commission, can you use that as the match? **No.**

Do you have any evidence-based programs or models that can be shared? **No, not at this time the Commission's first funded projects have not been completed.**

Are all four Priority Areas funded from the same total dollars? **Yes.**

If an Organization is currently in the process of becoming an OHC, but will not be completed by the application deadline can they still apply? **Yes, the organization would need to demonstrate its eligibility under the Commission's regulations, would have to describe the services provided thus far, and supply supporting documentation showing the impact these services have had in the community.**

If an organization was a Historic Maryland Primary Care Provider, would the organization be eligible to submit a proposal? **Yes.**

Do you have any models for treating co-occurring disorders? You may review the Substance Abuse and Mental Health Services Administration's (SAMHSA) website at <http://www.samhsa.gov/> and DHMH's Alcohol and Drug Abuse Administration's (ADAA) website at <http://maryland-adaa.org/ka/index.cfm> On the DHMH website, look under the **Information Services** for "SMART" or under **Publications** for "**Outlook and Outcomes 2006.**"

With our adult emergency dental program, there is no charge to the client. We use grant funds to pay a pre-negotiated rate to the private dentists. Since the client is not charged any fees, do we comply with the sliding scale fee schedule rule? **Yes.**

Our intention is to seek funding for the salary of a dental case manager with plans to sustain this salary with other funding in the future. Does this comply with the mission of this current CHRC funding? **Yes.**