



STATE OF MARYLAND

DHMH

**Maryland Department of Health and Mental Hygiene**

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Minority Health and Health Disparities (MHHD)  
Director: Carlessia A. Hussein, R.N., Dr. P.H.

Phone: 410-767-7117 – Fax: 410-333-5100  
[www.dhmh.maryland.gov/mhhd](http://www.dhmh.maryland.gov/mhhd) - Room 500

March 15, 2013

Re: FY 14 MOTA Grants

TO ALL INTERESTED PARTIES:

The Office of Minority Health and Health Disparities (MHHD) seeks interested organizations to apply for a fiscal year 2014, Minority Outreach and Technical Assistance (MOTA) grant for the period July 1, 2013 through June 30, 2014. Organizations and entities that serve ethnic/racial groups, residing in Maryland are eligible to apply. This is a competitive grant opportunity.

MOTA's FY 2014 Request for Applications (RFA) announcement is attached. The RFA outlines the requirements for the FY 2014 grant year. Due to recent statewide budget reductions, the department respectfully requests that careful consideration and planning be made to ensure that maximum service to the program is maintained. Please submit a typed, signed in blue-ink, unbound original application and **six copies** in accordance with the request for application instructions. **Applications must be physically in the MOTA office by Monday April 15, 2013; no later than 3:30 PM.** Applications will only be accepted by way of U.S. Mail, courier express mail or hand delivery to the address provided in the RFA instructions. **In addition to the hard-copy of the application, we are requesting that an electronic copy of the entire application be sent to: [christine.wiggins@maryland.gov](mailto:christine.wiggins@maryland.gov) and [arlee.gist@maryland.gov](mailto:arlee.gist@maryland.gov).**

Also, a pre-application training session will be held for interested applicants on **March 26, 2013 from 2:00pm-4:00pm** at 201 W. Preston Street, Baltimore, Maryland 21201. It is highly recommended that applicants attend this session.

Interested applicants should address questions or comments to Ms. Christine J. Wiggins by calling 410-767-8954 or by email at [christine.wiggins@maryland.gov](mailto:christine.wiggins@maryland.gov) or Ms. Arlee W. Gist by calling 410-767-1052 or by email at [arlee.gist@maryland.gov](mailto:arlee.gist@maryland.gov). Thank you for your interest.

Sincerely,

Carlessia A. Hussein, R.N., Dr. P.H.  
Director, MHHD

Enclosure

cc: Arlee W. Gist  
Christine J. Wiggins



**Department of Health and Mental Hygiene**

**MINORITY OUTREACH AND TECHNICAL  
ASSISTANCE PROGRAM  
(MOTA)**

FY 2014



**Minority Health and  
Health Disparities**  
Maryland Department of Health  
and Mental Hygiene

**Office of Minority Health & Health Disparities**

March 15, 2013

## **Technical Assistance on the Request for Application**

It is strongly recommended that applicants attend the pre-application training session to review the application process reporting requirements. Staff assigned to the program should be in attendance so that information is disseminated at all levels and each staff is aware of reporting requirements. This may include, but not limited to:

- Program Manager,
- Fiscal Agent,
- Outreach Worker,
- Public Health Professionals,
- Additional Support Staff

Technical assistance will be offered during this training session to address any questions regarding the posting of this funding announcement.

The pre-application training session will be held on the date and time listed below:

**Date: March 26, 2013                      Time: 2:00pm – 4:00pm**

**Location:                      201 W. Preston St.  
Conference Room L2  
Baltimore, MD 21201**

REQUEST FOR APPLICATION (RFA)  
 MINORITY OUTREACH & TECHNICAL ASSISTANCE (MOTA)  
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# REQUEST FOR APPLICATIONS (RFA)

## MINORITY OUTREACH & TECHNICAL ASSISTANCE (MOTA)

Office of Minority Health and Health Disparities (MHHD)

March 2013

### A. BACKGROUND:

The Minority Outreach and Technical Assistance (MOTA) Program began (2001) under the auspices of the Cigarette Restitution Fund Program (CRFP). CRFP was established by Maryland State Legislation and began operations on July 1, 2000 as a major initiative within the Maryland Department of Health and Mental Hygiene (DHMH). MOTA was established to implement the Cigarette Restitution Fund Act's provision requiring outreach and technical assistance to minority communities to ensure their participation in the tobacco and cancer community health coalitions. Minority communities include African Americans, Asian Americans, Hispanics/Latinos, and Native Americans.

In 2004, the Maryland General Assembly passed legislation to establish the Office of Minority Health and Health Disparities (MHHD) in DHMH's Office of the Secretary. The 2004 legislation required MHHD to provide outreach to racial and ethnic minority communities to ensure their maximum participation in publicly funded health programs.

In 2010, the Department of Health and Mental Hygiene announced the expansion of MOTA beyond Tobacco and Cancer to address other racial and ethnic health disparities throughout the State of Maryland. The expanded focus now includes major health disparities that affect racial and ethnic minority communities, such as cardiovascular disease, diabetes, infant mortality, obesity, and asthma.

For FY 2014, the primary focus for all local MOTA Program will be cardiovascular disease and related risk factors. Minority infant mortality will also be a primary focus in those jurisdictions where the rates are high. All local programs are encouraged to continue to address cancer and tobacco related issues, as there is still a need to address these two health disparities.

Please visit the MHHD/MOTA website for additional information about MOTA:  
[www.maryland.dhmh.gov/mhhd](http://www.maryland.dhmh.gov/mhhd).

### B. ELIGIBILITY AND AWARD INFORMATION:

#### 1. Eligibility Information

Maryland jurisdictions with at least 15% minority population or 17,000 minorities are eligible to receive a MOTA grant in fiscal year 2014 for the period of **July 1, 2013 to June 30, 2014** (See Attachment A). The MOTA Program will issue one grant to each eligible jurisdiction through a competitive process. Grant applicants must have non-profit organizational status and the organizations' business address must be physically located in the county for which they are proposing to provide services.

Applicants **must** be in **Good Standing** with Maryland State Government in the proposal. A letter of good standing can be obtained by submitting a written request to the Maryland Comptroller, General Accounting Division, Post Office Box 746, Annapolis, Maryland 21411. For guidance to receive a letter of good standing call, (410)260-7434.

## 2. Award Information

**The Minority Outreach and Technical Assistance program (MOTA) will provide funding during the State's fiscal year FY 2014. Awards will be issued as Grant Agreements, a form of grant that allows for substantial state involvement.**

Substantial involvement by the state may include but is not limited to the following functions and activities:

- a. Review and approval of work plans and budgets before work can begin on a project during the period covered by this assistance or when a change in scope of work is proposed.
- b. Review of proposed personnel, contracts/consultant agreements/sub-contracts/sub-grantees.
- c. Involvement in the evaluation of the performance of key recipient personnel supported through this assistance.
- d. In accordance with applicable laws, regulations, and policies, the authority to take corrective action if detailed performance specifications (e.g. activities in this funding guidance; approved work plan activities; budgets; performance measures and reports) are not met.

Funding within this fiscal year (FY 2014) is dependent on the availability of Maryland State Government appropriated funds, an acceptable grant application, satisfactory past program performance (applies to re-applicants who are current grant recipients), and a decision that funding is in the best interest of the State.

**Projected Funds to eligible counties are detailed on the attached form. See Attachment A.**

## C. PROGRAM COMPONENTS

The MOTA Program Sustainable Minority Outreach Technical Assistance (SMOTA) model was developed in 2000 by Federal and State expert consultants using the Centers for Disease Control and Prevention (CDC) Principles of Community Engagement. The SMOTA Model provides a tool for organizing assets of a community, moving from awareness to action, and achieving sustainability through expending partnerships. The application must detail how each step in this model will be used to attain the MOTA program goals and objectives.

The SMOTA MODEL steps are:

1. Prepare to engage the community,
2. Outreach to each racial/ethnic group,
3. Provide technical assistance, and
4. Undertake efforts to enable racial/ethnic groups to enhance and sustain their infrastructures well into the future and beyond MOTA funding.

*\*To view the SMOTA Model, visit the MHHD website at [http://dhmh.maryland.gov/mhhd/mota/SiteAssets/SMOTA\\_Model.pdf](http://dhmh.maryland.gov/mhhd/mota/SiteAssets/SMOTA_Model.pdf)*

**There are four (4) program components of the Minority Outreach and Technical Assistance Program.**

### **1. Engage**

**Convene the Local Health Disparities Committee (LHDC) and implement its action plan to reach a large portion of racial and ethnic minorities with health improvement messages:**

- Develop an action plan for the LHDC with specific activities, dates and outcomes.
- Develop the action plan around the primary focus area(s) for the MOTA Program (cardiovascular disease, infant mortality, tobacco and cancer).
- Hold at least three meetings during the program year.
- Establish or update existing Health Resource Directory of all groups & agencies that impact health disparities. Include groups outside of health such as housing and education, such that the Social Determinants of Health may become a part of the discussion.
- Continue development of the LHDC by recruiting representatives from existing groups and interested advocates and individuals.
- Ensure representation of all ethnic and racial groups and geographic areas.
- Widely publicize the LHDC meetings so that the general public can attend.
- Collect information that describes the number and type of engagement activities to evaluate the results and effectiveness of the LHDC.

### **2. Outreach**

**Local MOTA Programs are required to limit their area of focus to the following health disparities: cardiovascular (and related risk factors), infant mortality, tobacco, and cancer.**

- Jurisdictions with high rates of minority infant mortality are required to develop plans to focus on infant mortality.
- All local MOTA Programs are required to continue a focus on tobacco cessation awareness and cancer screening and prevention.
- Use the Local Health Disparities Committee as the primary method for organizing outreach widely throughout the community.
- Establish an electronic directory of the LHDC and other partners which can be used to disseminate health disparities awareness and prevention information.
- Collect information that describes the number and type of outreach activities to evaluate the results of the focus outreach.

### **3. Technical Assistance**

**Develop partnerships with the Local Health Department (LHD) and other State Agencies or groups to address the specific health disparities that have been identified.**

- Participate in state departments and local health department initiatives, such as the Health Enterprise Zones, (HEZs), State Health Improvement Process (SHIP), Community Transformation Grants (CTG), and Department of Aging through collaborative activities and coalition meetings.
- Offer the LHD information on how to best reach ethnic and racial populations, recommend locations, time of day, and methods of presentation that work best.
- Circulate notices of events being sponsored by other groups that address the specific health disparities identified by MOTA.
- Offer the LHD and other groups the ability to co-sponsor events and help with recruiting attendees.
- Send out health information (approved by DHMH) to LHDC, partners and other groups in the jurisdiction.

- Collect information that describe the number and types of technical assistance that is provided and evaluate the results of this effort.

#### 4. Sustainability

**Facilitate the sustainability of the LHDC with community stakeholders in an effort to promote and coordinate programs that reduce health disparities.**

- Engage health partners to seek program funding from public and private sources.
- Evaluate the accomplishments of the LHDC.
- Successful applicants should seek other State, Federal, and Private (e.g. foundations, philanthropic organizations) funding to ensure local sustainability.
- Share information regarding program activities with local representatives and stakeholders regarding outcomes of the health disparities programs.

### D. PROGRAM AND FISCAL REPORTING REQUIREMENTS

**Each FY 2014 grantee will be expected to comply with the following program operational and reporting guidance:**

1. **Target Audience:** Program activities, goals and objectives **must** reach the following racial/ethnic groups: African Americans, Asian Americans, Hispanic/Latino Americans, and Native Americans. It is within these racial/ethnic groups where various health disparities currently exist.
2. **Progress Reports:** Program sites will submit monthly statistical and narrative reports of progress towards action plan goals. The narrative report should highlight activities and accomplishments as well as any difficulties or barriers in attaining target goals for that month. Also, a plan of action of how the Program Site will overcome any barriers that were reported for the month should be stated. Copies of fliers of events, attendance records, any culturally appropriate or translated materials developed, pictures, and agendas developed for programs and coalition/committee meetings should be included in the narrative report.
3. **Reporting System:** Program sites must agree to participate in the Electronic Information and Data Reporting (EIDR) System. This system allows the grantee to document activities completed, progress on performance measures, and evaluation of outcomes/impact of the proposed program.
4. **Action Plan:** Be able to demonstrate the implementation of the local MOTA Program Action Plan; proposed activities to meet the program objectives, methods used to document all activities and results. The required report format and frequency of submission will be provided by MHHD. **See Attachment B**
5. **Meetings:** Program sites must attend/participate in: 1.) mandatory trainings; 2.) regional meetings; and 3.) conference call meetings held by the grantor; and attend recommended conference(s) as requested by the funding administration.
6. **Site Visits:** At minimum, one (1) site visit will occur and staff will need to be available to answer questions and walk DHMH representatives through the office flow for the Program and review procedures and Program materials.
7. **Operational Office:** Applicants must identify and maintain an operational office within the county proposed. All official records must be maintained at this location for site visits and audits.

8. **Nonprofit Status:** Applicants must provide a copy of (a) IRS nonprofit determination for your organization, (b) IRS Form 990, (c) financial statement and (d) most recent audit report.

**Each FY 2013 grantee will be expected to comply with the fiscal guidance for this grant:**

1. **Budget:** Submit a one-year, 12 month line-item budget and an accompanying budget narrative that explains in detail how each line item budget figures are estimated.
2. **Fiscal Reports:** The applicant will follow guidance as provided in the DHMH Human Services Agreement Manual (HSAM). Program progress reports will be submitted on a monthly basis using a format provided by DHMH and will be used to support fiscal reporting. Fiscal reports are due whenever payment is requested and should be completed by using DHMH Forms 437, 438 and the Attestation Form. A year-end fiscal report that reconciles actual expenditures and performance measures (DHMH FORMS 438) achieved using the MOTA grant format, along with DHMH Forms 440 and 440A, will be submitted.

The HSAM provides guidance for the financial management of grant programs. The applicant must complete and submit the applicable DHMH 432A-H HSAM forms. A program grant award will only be issued by the funding administration after each fiscal form is complete, accurate, and acceptable.

\*All fiscal documents will be provided to applicants in a separate packet.

*Note: Successful applicants should submit outreach accounts on a monthly basis (narrative and statistical reports) and a final report on or before July 31, 2014.*

3. **Available Funds:** Program funds are available on an annual basis depending upon the appropriations by the Maryland General Assembly through June 30, 2014. A renewal application must be submitted and approved each year.
4. **Payment Terms and Process:** Successful applicants are eligible for an advance of 25% of the total grant award. Subsequent funds will be provided upon receipt of expense report, payment request and attestation form accompanied with timely progress reports on performance measures.

*Note: Funds should be directed towards enhancing programmatic services and materials, not towards clinical services, materials, or salaries.*

5. **Closeout Fiscal Report:** Successful applicant must submit DHMH 440 and 440A by August 31, 2014.
6. **Fiscal Forms:** Completion of DHMH Forms 432 A-H, FORM 433 and Form 434 in their entirety are required at the time of application submission. An omission of any of these forms will render an application incomplete and may not be reviewed at the discretion of the funding administration.
7. **Accounting System:** Applicant should have the appropriate accounting/file storage/grant management systems in place to receive and account for grant funds.
8. **Administrative Costs:** For fiscal year 2014, no more than 7% of the program budget should be used for administrative costs. This is to ensure that maximum funds are dedicated to direct program services.

9. **Letter of Good Standing:** Applicants **must** include a letter of good standing with Maryland State Government in the proposal. A letter of good standing can be obtained by submitting a written request to the Maryland Comptroller, General Accounting Division, Post Office Box 746, Annapolis, Maryland 21404. For guidance to receive your letter of good standing call (410) 260-7434.
10. **Sub-Grant Awards:** Grantees that receive \$50,000 and above **MUST** distribute at least 25% of the total grant award through a sub-grant award to a local community based group or groups that serves largely racial/ethnic minority population(s). Sub-grant monitoring is a requirement for grantees receiving \$50,000 and above. The following requirements must be documented for organizations awarded \$50,000 and above:
- a. Sub grants must be awarded by the submission and review of a request for proposal.
  - b. MHHD must be involved in the sub-grantee proposal review process.
  - c. Proposal review and award process must contain the following elements:
    - i. Advertise the sub-grant funding opportunity within the local jurisdiction.
    - ii. Request a formal proposal from each sub-grant applicant.
    - iii. Applicants must be a racial/ethnic minority organization, minority serving organization or consultant.
    - iv. The sub-grantee proposal should contain: a detailed budget using DHMH forms (432 A-H), budget justification, proposed activities to be conducted.
    - v. A plan for how minorities will be recruited for the coalition
    - vi. A proposed number of educational materials to be distributed in the community.
    - vii. Review/award criteria will be under the discretion of the grantee agency.
    - viii. Sub-grant monitoring must include:
      1. Annual site visit to the sub-awardees.
        - a. Annual site visits should include: summary report, a review of fiscal and program activities for the grant period.
        - b. Review of invoices and program reports prior to authorization of payments.
      2. Receipt of monthly narrative and statistical reports to be included in monthly submissions to MHHD.

Sub-grant, contractor, and consultant contracts must be executed no later than **August 1, 2013**.

#### **E. APPLICATION OUTLINE AND CONTENT:**

1. **The Format:**

The MOTA application should be no less than seven (7) pages and no more than 10 pages long (not including budget pages, appendices and written budget narrative justification), using 12 pt. font, 1.5 inch margins, and each page numbered sequentially.

2. **The Narrative:**

The narrative section should be able to stand alone in terms of depth of information. This section should be succinct, self-explanatory and well organized so that reviewers can understand the proposed program. It is strongly recommended that recipients follow the outline below when writing the narrative. The narrative should be written as if the reviewer knows nothing or very little about community health education programs targeting racial/ethnic groups.

## F. APPLICATION CONTENT

The application must contain the following **Sections 1-7** in succession using the specifications below:

1. **Cover Letter:**

See required letter sample: (**Attachment C1**): Place on your organization's letterhead a detailed cover letter that states your intent to submit an application for funding consideration. The purpose of the cover letter is to introduce the organization and the application. The authorizing official should sign and provide the contact name, title, email and phone number for the MOTA Program Director. The federal tax identification number should also be provided.

2. **Abstract Page:**

See required abstract template: (**Attachment C2**): Complete in its entirety the abstract template.

3. **Applicant's Organizational Capability and Personnel:**

Provide a narrative outlining the organization's experiences and abilities to account for/manage the proposed grant and to provide services to the targeted racial/ethnic minorities. Include information regarding the organization's ability and experiences in promoting health education, the agency's background, structure, mission, and current and past performances with similar grants. Provide the most recent audit report if your organization received public funds over \$100,000 annually in the last three years. Additionally provide the names, position titles, education, experience and resume of the proposed local MOTA Program Manager, outreach workers and all others who will be paid by MOTA Program funds. Describe the role and responsibilities of each person. Identify who will be responsible for financial management, submission of fiscal forms and interface with the MOTA Program Fiscal Officer and/or Program Manager

4. **Community Experience and Partners**

Provide a summary of your organization's longevity in the county and experience with each of the targeted racial/ethnic groups. Summarize specific activities that have occurred with each targeted racial/ethnic group and the outcomes of the activities performed in conducting outreach to each group during past years. Also provide a complete list of the racial/ethnic serving or racial/ethnic organizations, faith-based institutions and businesses in your jurisdiction entitled "Ethnic/Racial Organizations." NO FEWER THAN 15 organizations must be listed. In addition, 3-5 new partners should be identified each year. Organizations on the list must not be a duplicate of a previous submission. Provide an explanation if your list contains less than 15 organizations. The list should contain the name of organizations, organizations' address, contact person, phone, fax, email, racial/ethnic or civic orientation (example: faith-based, social club, community-based). type of services offered, and racial/ethnic groups served. Please use the template under: **Attachment D**.

5. **Statement of Need**

Describe the need for a local MOTA Program in your Maryland jurisdiction. Include current data on incidence and mortality by ethnic and racial groups (as available) for the primary health disparities mentioned in this RFA (cardiovascular disease, infant mortality, cancer, and tobacco); and identify regions of the jurisdiction where the need and/or disparity is the greatest. Provide a listing of current local efforts to address prevalent health disparities (ex. local coalitions, workgroups, programs, etc). Describe the population(s) to be targeted. Please include references and bibliography as appropriate.

6. **Description of Target Community:**

Describe the geographic area to be served where work is to be performed and explain why services are needed. Provide a demographic description of the target community which may include but is not limited to:

- a. Ethnic and racial groups in the community
- b. Age groups in the community
- c. Income levels (Insured, uninsured, underinsured)
- d. Hard to reach ethnic/racial populations experiencing health disparities

Health disparities data can be found at your state/local government department of health, Office of Minority Health, The 2011 Maryland Comprehensive Cancer Control Plan (<http://phpa.dhmh.maryland.gov/cancer/cancerplan/SitePages/publications.aspx>), which includes a chapter on Maryland Tobacco Use Prevention/Cessation and Lung Cancer (<http://phpa.dhmh.maryland.gov/cancer/cancerplan/plan2011/Chapter5Tobacco.pdf> and the Maryland Health Disparities Chartbook 2012 (<http://www.dhmh.maryland.gov/mhhd>).

If you have questions about how to find Maryland Health Disparities Data, please send an email to [dhmh.healthdisparties@maryland.gov](mailto:dhmh.healthdisparties@maryland.gov).

#### 7. **The MOTA Program Narrative:**

- a. **Program Narrative**– Provide a detailed description of how the funds will be used to implement the goals, objectives and performance standards for the MOTA Program:
  - i. Present your program’s plans to achieve the goals/objectives established by the MOTA Program, before the end of the fiscal year 2014.
  - ii. The performance standards must be achieved by the end of the FY 2014 fiscal year.
  - iii. Use the Sustainable Minority Outreach Technical Assistance (SMOTA) model as an organizing and systematic approach to achieving successful and sustainable participation of racial/ethnic groups; detail how your proposed program will use each step to achieve the MOTA program goals and objectives for FY 2014.
- b. The SMOTA MODEL steps are:
  - i. Prepare to **engage** the community,
  - ii. **Outreach** to each racial/ethnic group,
  - iii. Provide **technical assistance**, and
  - iv. Undertake efforts to enable racial/ethnic groups to enhance and **sustain** their infrastructures well into the future and beyond MOTA funding. To download a copy of the SMOTA Model, use the following link: <http://www.dhmh.maryland.gov/mhhd>.

### G. **MOTA FY2014 Goals and Objectives**

A detailed description of how the applicant will achieve the following programmatic goals/objectives is required in your narrative:

#### 1. **Goal Statement:**

The goal of the Minority Outreach and Technical Assistance (MOTA) program is to assist the Office of Minority Health and Health Disparities in advocating for improvement of minority health, assist the Department in setting minority health priorities, and utilize science and data to describe and promote systems change directed toward eliminating health disparities with an emphasis on preventive health and healthy lifestyles.

## 2. Measurable Objectives:

### **Objective 1: To establish a Local Health Disparities Committee by the end of FY 2014.**

**Performance Standard 1.1:** Establish a Local Health Disparities Committee (LHDC) (Inclusive of community stakeholders such as racial and ethnic minorities, local health departments, health start programs, WIC, Medicaid, local school boards and colleges, local management boards, mental health services, justice system representatives, community based organizations).

**Performance Standard 1.2:** Convene three (3) meetings with members of LHDC to demonstrate on-going activities to address health disparities within the local jurisdiction.

**Performance Standard 1.3:** Develop an action plan for the LHDC with specific activities, dates and outcomes.

**Performance Standard 1.4:** Establish/Maintain a Health Resource Directory of all groups & agencies that impact social determinants of health.

### **Objective 2: To increase the education, awareness, and improved health behavior of racial/ethnic groups for the selected Health Disparity(s) by the end of FY 2014.**

**Performance Standard 2.1:** Distribute health education materials, based on the most prevalent health disparity(s) in your jurisdiction and the social determinants of health, that are culturally and linguistically appropriate and also meets the health literacy standards of all racial/ethnic groups within the local community.

**Performance Standard 2.2:** Conduct targeted activities aimed at educating racial/ethnic minorities on the primary health disparity affecting the jurisdiction (i.e. infant mortality, cardiovascular disease, cancer and tobacco).

**Performance Standard 2.3:** Establish an electronic directory of the LHDC and other partners which can be used to disseminate health disparities awareness and prevention information.

### **Objective 3: To facilitate racial/ethnic groups to actively dialogue and advocate for the elimination of health disparities within the jurisdiction by the end of FY 2014.**

**Performance Standard 3.1:** Conduct public events in the local jurisdiction targeting the following racial/ethnic groups: African Americans, Asian Americans/Pacific Islanders, Latinos/Hispanics and Native Americans.

**Performance Standard 3.2:** Actively advocate for racial/ethnic minorities participation in the LHDC and other committees/coalitions/taskforces within the local jurisdiction.

**Performance Standard 3.3:** Recruit racial/ethnic individuals to join and participate in the LHDC, share health concerns, and address health disparities in the jurisdiction.

## H. SUPPORTING DOCUMENTATION

1. **MOTA Action Plan-** The plan must contain program goals, objectives, proposed activities, and evaluation methods that target the four racial/ethnic groups in each jurisdiction. **See Approved Action Plan Format: Attachment B.** The action plan seeks to address the questions of how you will carry out your activities and services to the community. The action plan developed will assist the applicant in providing a blue print for the proposed activities. It will also serve as an administrative tool to evaluate whether or not performance is achieved.

The Action plan should do the following:

- a. Describe specific actions for the racial/ethnic group that will be undertaken to achieve each objective and list specific dates for completion of each task. Task or activity should relate to the objectives listed above. Use the attached MOTA Action Plan sample (**Attachment B**) to prepare your proposed activities, timeline, identify lead staff, and performance measures.
- b. Describe how you will do the following action steps:
  - i. collect activity data;
  - ii. monitor process [did the activities take place and how effective were they];
  - iii. present outcome [how did the racial/ethnic group benefit from the activity]
  - iv. evaluate program success/progress

<b>Objectives:</b>	The objective column should list objectives to achieve the stated program goals (refer to the goals, objectives and performance measures listed in <b>section G</b> ).
<b>Activities:</b>	The activities column should list the proposed activities planned to meet the goals and objectives.
<b>Tasks</b>	Identify the tasks to be completed for an activity
<b>Estimated Completion Dates:</b>	The dates should give an estimate of when the proposed activity will be completed.
<b>Racial/Ethnic Groups Reached:</b>	Each activity should target one or more racial/ethnic groups.
<b>Staff Person(s) Responsible:</b>	A staff person should be designated as the lead or authority on each proposed activity.

2. **Requested Budget (DHMH HSAM Forms)-** Applicants must use the DHMH fiscal forms 432 A through H, 433, and 434. All forms are to be completed according to DHMH policy and procedures and included in the application. Forms that do not meet the necessary requirements will be returned for revision. Applicants are advised to obtain accounting services to maintain its general ledger for all grant related expenses. Applicants are urged to call the MOTA Program Office to request technical assistance in order to minimize the need for corrections. A sample budget (DHMH 432B **Attachment E**) is provided as guidance. Using this sample in its entirety will eliminate your application from the grant competition.

3. **Budget Justification Narrative**– A budget narrative justifying each line item must be included. Budget justification must explain how the applicant intends to utilize the funding. A sample written budget narrative justification (**Attachment F**) is provided as guidance. Using this sample in its entirety will eliminate your application from the grant competition.
4. **Support Letters: Community Groups and Stakeholders-** Included in this section of the application, there *must be three (3) letters of collaboration*, from established community stakeholders. Each letter must be printed on the respective organization’s letterhead. Support letters should indicate the intent of the community stakeholder to collaborate with applicant on matters related to addressing health disparities and the health education needs of the community. Letters of support are not acceptable from any affiliate associated with the primary applicant.
5. **Health Department Support Letter** – Included in this section of the application, there *must be one (1) letter of collaboration*, from the local health officer, or their designee of the local department of health. The letter must be printed on the local health department’s letterhead. Support letters should indicate the intent of the collaborative effort between the applicant and the health department on matters related to addressing health disparities and the health education needs of the community.
6. **Additional Mandatory Forms** – The authorizing official of the agency must complete and sign DHMH Form 433, Condition of Human Service Agreement Statement and DHMH Form 434, Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964, and Section 503 and 504 of the Rehabilitation Act of 1973 as Amended. Applicants are urged to request technical assistance to minimize the need for corrections.

#### **I. PAYMENT TERMS AND PROCESS:**

To initiate the payment process, applicants will be required to request an advance payment. The request will be submitted after the grant agreements have been executed and approved.

#### **J. APPLICATION SUBMISSION PROCESS AND DEADLINE:**

**Applications must be physically and electronically be in the MOTA office by: Monday, April 15, 2013; no later than 3:30 PM.**

**IMPORTANT: Submit one original unbound copy along with six (6) additional copies. In addition to the hard-copy of the application, we are requesting that an electronic copy of the entire application be sent to: [christine.wiggins@maryland.gov](mailto:christine.wiggins@maryland.gov) and [arlee.gist@maryland.gov](mailto:arlee.gist@maryland.gov).**

For additional information, please contact Ms. Christine Wiggins by email ([Christine.wiggins@maryland.gov](mailto:Christine.wiggins@maryland.gov)) or phone (410-767-8954) or Ms. Arlee Gist by email ([arlee.gist@maryland.gov](mailto:arlee.gist@maryland.gov)) or phone (410-767-1052). You may visit <http://www.dhmf.maryland.gov/mhhd> to find out more about MOTA.

**Issued by:**

**Department of Health and Mental Hygiene  
Office of Minority Health and Health Disparities  
Minority Outreach and Technical Assistance  
201 West Preston Street, Room 500  
Baltimore, Maryland 21201  
410-767-7117  
Carlessia A. Hussein, R.N., Dr. P.H., Director**

## **K. APPENDICES**

Attachment A: County Funding Allocation

Attachment B: MOTA Action Plan Template

Attachment C1: Cover Letter Format

Attachment C2: Abstract Format

Attachment D: Listing of Racial/Ethnic Organizations/Business Entities

Attachment E: Sample DHMH Program Budget Form 432 A

Attachment F: Sample Program Budget Justification

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

Attachment H: Definitions and Terms

Attachment I: Racial/Ethnic Population Data for Maryland 2010

**Attachment A:**

MINORITY OUTREACH AND TECHNICAL ASSISTANCE  
Office of Minority Health and Health

FY 2014 ELIGIBLE COUNTIES

\*\*Projected Funding Amounts

**Jurisdictions with 150,000 or More Minorities\***

Baltimore City	\$ 62,138
Baltimore County	\$ 40,525
Montgomery County	\$ 67,541
Prince George's County	\$ 99,961

**Jurisdictions with 17,000 or 15% Minorities\*\***

Anne Arundel County	\$ 15,000-\$25,000
Howard County	\$ 15,000-\$25,000
Harford County	\$ 15,000-\$25,000
Calvert County	\$ 15,000-\$25,000
Charles County	\$ 15,000-\$25,000
Caroline County	\$ 15,000-\$25,000
St. Mary's County	\$ 15,000-\$25,000
Kent County	\$ 15,000-\$25,000
Frederick County	\$ 15,000-\$25,000
Talbot County	\$ 15,000-\$25,000
Dorchester County	\$ 15,000-\$25,000
Wicomico County	\$ 15,000-\$25,000
Somerset County	\$ 15,000-\$25,000
Washington County	\$ 15,000-\$25,000
Worcester County	\$ 15,000-\$25,000

**Jurisdictions with Less than 17,000 or 15% Minorities-\* Not Eligible for funding**

Garrett County
Allegany County
Carroll County
Cecil County
Queen Anne's County

**Attachment B:**

**Sample Action Plan**

Provide a detailed work plan that includes the goals, measurable objectives, intervention activities planned to achieve each objective, how each objective will be measured, the time frame for each activity and the team members responsible for carrying out the activities.

		Team Member Responsible for Activity
Timeframe Type: <u>Quarterly</u> Racial/Ethnic Group Target: <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Asian Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> African Americans		
<b>Goal 1:</b> <u>Conduct at least 4 Local Health Disparities Committee (LHDC) meetings</u>		
Objective: <u>Provide a forum where community members can discuss disparities in comm</u>	Activities: <u>Town Hall Meeting</u> Tasks: <u>Decide on a date and location</u>	_____
Objective: <u>Have each racial/ethnic population represented at the meetings</u>	Activities: <u>Multicultural Social Event</u> Tasks: <u>Decide on a date and location</u>	_____
Objective: _____	Activities: _____ Tasks: _____	_____
Timeframe Type: <u>Monthly</u> Racial/Ethnic Group Target: <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Asian Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> African Americans		
<b>Goal 2:</b> <u>Distribute a minimum of 4000 piece of health education/social determinants of health material</u>		
Objective: <u>Develop an effective method/system to distribute education materials</u>	Activities: <u>Create a distribution list for individuals to receive education materials</u> Tasks: _____	_____
Objective: _____	Activities: _____ Tasks: _____	_____
Objective: _____	Activities: _____ Tasks: _____	_____
Timeframe Type: <u>Weekly</u> Racial/Ethnic Group Target: <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Asian Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> African Americans		
<b>Goal 3:</b> <u>Develop 8 New Partnerships in FY 2013</u>		
Objective: <u>Build a working relationship with community organizations</u>	Activities: <u>Collaborate with local church for health fair</u> Tasks: <u>Connect with health ministries program for the church</u>	_____
Objective: <u>Develop method of long term stability for program (additional funding)</u>	Activities: <u>Have a meeting to educate potential funders about program and why they should invest</u> Tasks: _____	_____
Objective: _____	Activities: _____ Tasks: _____	_____

**Attachment C1:**

**COVER LETTER FORMAT**

DATE, XXXX

Mr./Ms./Dr. FULL NAME  
TITLE  
NAME OF ORGANIZATION  
STREET ADDRESS  
City, State, Zip Code

Dear Mr./Ms./Dr. FULL NAME:

BODY OF LETTER

Sincerely,

NAME, TITLE  
AGENCY NAME

cc: OTHER PERSONS IN YOUR AGENCY  
OTHER PERSONS AT THE FUNDING AGENCY

**Attachment C2:**

**Department of Health and Mental Hygiene  
Office of Minority Health and Health Disparities**

**Minority Outreach and Technical Assistance Program (MOTA)**

**FISCAL YEAR 2014**

**ABSTRACT**

(Please type or legibly hand-write)

**Title of the Program:** \_\_\_\_\_

**Applicant Information**

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact Person Email:** \_\_\_\_\_ **Organization web address:** \_\_\_\_\_

**Employer's Identification Number (Fed E.I.N.):** \_\_\_\_\_

**Amount of Funding Eligible:** \_\_\_\_\_

**Brief Summary of Proposed Program: (Succinctly state why the program is important, who will be served, what will be done, and how the success of the program will be determined.)**

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\_\_\_\_\_  
**Authorized Person Signature**

\_\_\_\_\_  
**Date**

**Attachment: D:**

**Department of Health and Mental Hygiene  
Office of Minority Health and Health Disparities**

**Minority Outreach and Technical Assistance (MOTA) FY2014**

**ETHNIC/RACIAL ORGANIZATIONS WITHIN THE COUNTY**

<b>Name of Organization</b>	<b>Organizations Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Phone/Fax</b>	<b>Contact Person</b>	<b>Email/web address</b>	<b>Type (s) Of Services</b>	<b>Racial/Ethnic Group Served</b>	<b>New or Existing Partner</b>
Faith Church	111 First Street	Balto.	MD.	21201	410.333-4444	Jane Doe	<a href="mailto:jdoe@email.com">jdoe@email.com</a>	Counseling Food Bank Health Education	Afr. Amer. Nat. Amer.	New

# Attachment E:

## PROGRAM BUDGET

PROGRAM  
ADMINISTRATION:

<b>GRANT NUMBER:</b>	CHA2008MG	<b>DATE SUBMITTED:</b>	06/XX/2010
<b>CONTRACT PERIOD:</b>	07/01/10 -- 06/30/11	<b>FISCAL YEAR:</b>	2008
<b>ORGANIZATION:</b>	The Peoples Racial/ethnic Outreach Program	<b>PHONE #:</b>	410-555-1212
<b>STREET ADDRESS:</b>	Any Street		
<b>CITY, STATE, COUNTY:</b>	Any City, Any State	<b>ZIP:</b>	21201
<b>PROGRAM TITLE:</b>	MOTA Grant		
<b>CHARGEABLE SERVICES (Y/N) FOR DHMH USE ONLY</b>		<b>DHMH PROVIDES 50% OR MORE OF FUNDING (Y/N)</b>	

### OTHER DIRECT FUNDING

LINE ITEMS MAY NOT BE CHANGED	DHMH FUNDING REQUEST	SUPPLEMENTAL FUNDING REDUCTION	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS	38,000					38000
FRINGE	7,600					7600
CONSULTANTS	2,500					2500
EQUIPMENT	2,500					2500
PURCHASE OF SERVICE	8,000					8000
RENOVATION						0
REAL PROPERTY PURCHASE						0
UTILITIES	0					0
RENT						0
FOOD	480					480
MEDICINES & DRUGS						0
MEDICAL SUPPLIES						0
OFFICE SUPPLIES	200					200
TRANSPORTATION/TRAVEL	445					445
HOUSEKEEPING/ MAINTENANCE/REPAIRS	0					0
POSTAGE	390					390
PRINTING/DUPLICATION	75					75
STAFF DEVELOPMENT/ TRAINING	0					0
TELEPHONE	100					100
ADVERTISING	0					0
INSURANCE						0
LEGAL/ACCOUNTING/AUDIT	360					360
PROFESSIONAL DUES						0
OTHER (repair phone line) (ATTACH ITEMIZATION)	0					0
<b>TOTAL DIRECT COSTS</b>	<b>60,650</b>					<b>60650</b>
INDIRECT COST	0					0
<b>TOTAL COSTS</b>	<b>60,650</b>					<b>60650</b>
LESS: CLIENT FEES						0
DHMH FUNDING	0					0

DHMH 432B (Rev. Feb. 1997)

**Attachment F:**

**MINORITY OUTREACH AND TECHNICAL ASSISTANCE  
(MOTA) FY 204**

**SAMPLE BUDGET JUSTIFICATION**

**A. Salaries/Special Payments**

**\$38,000**

**Program Director**

Grade 14/3 .60 FTE

\$21,000

Margaret Doe: To direct the Charles County MOTA program; implement and monitor the DHMH approved action plan, supervise employees, guide consultants, manage Purchase-of-Service agreements, manage invoices and all financial procedures, evaluate progress and submit all required program and fiscal reports.

**Outreach Worker A**

Grade 7/9 .40 FTE

\$7,000

Vacant: To provide community outreach for African-American populations. Prepares and presents group educational presentations, distributes written information. Responds to inquiries and coordinates community presentations under the direction of the MOTA Program Director

**Secretary/Fiscal Officer**

Grade 8/9 .40 FTE

\$10,000

Cindy Doe: To provide administrative support for the MOTA program to include establishing files, maintaining program and fiscal records, and ensuring effective flow of work. Prepares materials and assembles packets, handles and processes electronic correspondence, works with accounting experts, and serves as liaison to the DHMH MOTA program.

**B. Fringe Benefits**

**\$7,600**

Calculated at a rate of 20% to include health and dental insurance, life insurance, workers compensation and state unemployment costs. This rate is computed on the total salary amount.

**C. Consultants**

**\$2,500**

Consultant fees to cover health educator training of community groups, developing educational materials, convening workgroups and conferences, and accounting technical assistance.

**D. Equipment**

**\$2,500**

1 computer, printer and software - \$2500

**E. Telephone**

**\$100**

To cover cost of two phones used half time for MOTA program.

**F. Purchase of Service**

**\$8,000**

Agreement(s) with community racial/ethnic group(s) to outreach to Native American, Asian, Hispanic and African American populations to recruit their participation in the MHHD.

**G. Food**

**\$480**

To cover costs of food provided at four church MOTA programs with about 30 persons in attendance at each; eight youth MOTA workshops with about 20 youth in attendance at each; and six recruitment lunch

meetings with racial/ethnic groups and community leaders. Full documentation will be submitted with invoices to the MOTA program. Documentation will be maintained on file for audit.

**H. Office Supplies**

**\$200**

Stationery, file folders, desk supplies, hanging files, copy paper, and notebooks.

**I. Postage**

**\$390**

500 contact persons x 2 mailings x .39 = \$ 370

Postage for educational mailings and recruitment of minorities

**J. Printing/Duplication**

**\$75**

1,000 brochures for mailing to community racial/ethnic groups

**K. Travel In-State**

**\$445**

20 trips X 50 Miles X 44.5 cent per mile

For Outreach Worker travel to provide community presentations and follow-up

**L. Legal/Accounting/Audit**

**\$360**

To obtain accounting technical assistance to support establishing acceptable business and financial practices, and to advise on financial reporting, invoicing, closeout and audit.

**M. Other**

If any, must be itemized and details given showing how the costs are calculated.

**N. Indirect Costs**

Indirect costs are a component of administrative costs. Administrative costs do not exceed 7% of total MHHD grant and are included in the above line items.

**O. Total Costs**

**\$60,650**

This total is the same as DHMH funding because no other funds are being received for services provided under the MOTA grant agreement.

**P. DHMH Funding**

**\$60,650**

**Attachment G:**

**PROGRAM BUDGET  
ESTIMATED PERFORMANCE MEASURES**

PROGRAM ADMINISTRATION: \_\_\_\_\_ MOTA \_\_\_\_\_ AWARD NUMBER: \_\_\_\_\_  
 FISCAL YEAR: FY 2014 \_\_\_\_\_ CONTRACT PERIOD: \_\_\_\_\_ SUBMITTED: \_\_\_\_\_  
 ORGANIZATION \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PROGRAM TITLE: \_\_\_\_\_

PERFORMANCE MEASURE	BUDGET YEAR FY <u>2012</u> ESTIMATE
Number of minorities who attend the community health events/workshop	3000
Number of events and/or health sessions conducted	4
Number of health education materials distributed	2000
Number of LHDC Meetings Held	4
Number of community partnerships developed	10

## Attachment H:

# DEFINITION OF TERMS AND RESOURCES

1. **Minority:** defined within Maryland Senate Bill 896 as, “racial/ethnic person includes African Americans, Latino/Hispanics, Asian descent, Native Americans...
2. **Local Health Disparities Committee (LHDC):** a MOTA coordinated community health committee that addresses health disparities or chronic disease management within that geographic area.
3. **Meeting:** a gathering of a body of people to address a common issue.
4. **Health Education Materials:** medical or health education approved messages on the improvement of health status.
5. **Health Event:** a social gathering that takes place at a designated time and has a focus on health or a social determinant of health (may include a program, group presentation, health fair, expo, workshop).
6. **Health Presentation:** to provide health information to participants.
  - *Workshop:* a gathering or training session which may be several days in length. It emphasizes problem-solving, hands-on training, and requires the involvement of the participants.
  - *Session:* a meeting or series of connected meetings devoted to a single order of business, program, agenda, or announced purpose.
  - *Individual:* a face-to-face, or individual-to individual conversation on health related matter.
7. **Cultural Competency:** A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations.  
\*(Source: National Technical Assistance Center for Children’s Mental Health, 1989).
8. **Social Determinants of Health:** The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural societal factors. \*(Source: World Health Organization, 2008).
9. **Capacity Building:** often refers to assistance which is provided to entities, organizations, which have a need to develop a certain skill or competence, or for general upgrading of performance ability.
10. **Technical Assistance:** assistance provided to entities, organizations, which do not have a specified knowledge or understanding of a particular area/expertise.
  - One-on-One:* (Phone or In-Person): to provide guidance on how to implement/use a certain skill or practice.
  - Workshop:* within a group setting provide guidance on the implementation of a skill or practice.
11. **Goal:** consists of a projected state of affairs which a person or a system plans or intends to achieve or bring about —not easily achieved in the immediate future.
12. **Objective:** a set of steps/processes a person takes to achieve a desired goal.
13. **Performance Measure:** a numerical value placed on an **event/activity/task to track its progress.**
14. **Partnership-**under a formal agreement entered into by two or more persons (groups) in which each agrees to produce/furnish a part of and agreed upon outcome/purpose/event.

**Attachment I:**

**Minority Population by Jurisdiction, Maryland 2010**

SUBDIVISION	TOTAL	White	Population	Minority	American	Asian/PI	AI/AN	Hispanic
<b>MARYLAND</b>	<b>5,773,552</b>	<b>3,157,958</b>	<b>2,615,594</b>	<b>45.3%</b>	<b>29.0%</b>	<b>5.5%</b>	<b>0.2%</b>	<b>8.2%</b>
<b>NORTHWEST AREA</b>	<b>485,999</b>	<b>399,866</b>	<b>86,133</b>	<b>17.7%</b>	<b>8.2%</b>	<b>2.4%</b>	<b>0.2%</b>	<b>4.8%</b>
GARRET	30,097	29,278	819	2.7%	1.0%	0.3%	0.1%	0.7%
ALLEGANY	75,087	66,195	8,892	11.8%	7.9%	0.8%	0.1%	1.4%
WASHINGTON	147,430	122,748	24,682	16.7%	9.4%	1.4%	0.2%	3.5%
FREDERICK	233,385	181,645	51,740	22.2%	8.4%	3.8%	0.2%	7.3%
<b>BALTIMORE METRO AREA</b>	<b>2,662,691</b>	<b>1,584,466</b>	<b>1,078,225</b>	<b>40.5%</b>	<b>28.8%</b>	<b>4.6%</b>	<b>0.2%</b>	<b>4.6%</b>
BALTIMORE CITY	620,961	174,120	446,841	72.0%	63.3%	2.3%	0.3%	4.2%
BALTIMORE COUNTY	805,029	504,556	300,473	37.3%	25.7%	5.0%	0.3%	4.2%
ANNE ARUNDEL	537,656	389,386	148,270	27.6%	15.2%	3.4%	0.3%	6.1%
CARROLL	167,134	152,428	14,706	8.8%	3.1%	1.5%	0.2%	2.6%
HOWARD	287,085	169,972	117,113	40.8%	17.1%	14.4%	0.2%	5.8%
HARFORD	244,826	194,004	50,822	20.8%	12.4%	2.4%	0.2%	3.5%
<b>NATIONAL CAPITAL AREA</b>	<b>1,835,197</b>	<b>607,618</b>	<b>1,227,579</b>	<b>66.9%</b>	<b>38.7%</b>	<b>9.3%</b>	<b>0.2%</b>	<b>16.0%</b>
MONTGOMERY	971,777	478,765	493,012	50.7%	16.6%	13.9%	0.2%	17.0%
PRINCE GEORGE'S	863,420	128,853	734,567	85.1%	63.5%	4.1%	0.2%	14.9%
<b>SOUTHERN AREA</b>	<b>340,439</b>	<b>221,987</b>	<b>118,452</b>	<b>34.8%</b>	<b>25.2%</b>	<b>2.4%</b>	<b>0.4%</b>	<b>3.7%</b>
CALVERT	88,737	70,680	18,057	20.3%	13.3%	1.4%	0.3%	2.7%
CHARLES	146,551	70,905	75,646	51.6%	40.4%	3.0%	0.6%	4.3%
SAINT MARY'S	105,151	80,402	24,749	23.5%	14.1%	2.5%	0.3%	3.8%
<b>EASTERN SHORE AREA</b>	<b>449,226</b>	<b>344,021</b>	<b>105,205</b>	<b>23.4%</b>	<b>16.1%</b>	<b>1.3%</b>	<b>0.2%</b>	<b>4.0%</b>
CECIL	101,108	88,348	12,760	12.6%	6.0%	1.1%	0.2%	3.4%
KENT	20,197	15,783	4,414	21.9%	14.9%	0.8%	0.1%	4.5%
QUEEN ANNE'S	47,798	41,733	6,065	12.7%	6.8%	1.0%	0.3%	3.0%
CAROLINE	33,066	25,853	7,213	21.8%	13.7%	0.6%	0.3%	5.5%
TALBOT	37,782	29,829	7,953	21.0%	12.6%	1.3%	0.1%	5.5%
DORCHESTER	32,618	21,581	11,037	33.8%	27.4%	0.9%	0.3%	3.5%
WICOMICO	98,733	65,767	32,966	33.4%	23.8%	2.5%	0.2%	4.5%
SOMERSET	26,470	13,796	12,674	47.9%	41.9%	0.7%	0.3%	3.3%
WORCESTER	51,454	41,331	10,123	19.7%	13.6%	1.1%	0.2%	3.2%

Source: US Census Bureau, Census 2010