

# **FY 2014 APPLICATION**

## **Administration-Sponsored Capital Program Grant**

### **Mental Health, Addictions, and Developmental Disabilities Facilities and Federally Qualified Health Centers**

State of Maryland  
Department of Health and Mental Hygiene  
Office of Capital Planning, Budgeting and Engineering Services  
(410) 767-6816

February 2012

# FY 2014 Application for Administration-Sponsored Capital Program Grant

## TABLE OF CONTENTS

<b>GENERAL INSTRUCTIONS .....</b>	<b>1 - 3</b>
Outline for Your Application.....	1
"Project Summary Form".....	1
Cover Sheets for Your Application.....	1
Submission of Application.....	2
People You May Want to Contact for Technical Assistance .....	2
Requirements:	
Requirement for Mental Health Service Providers .....	3
Requirement for Federally Qualified Health Centers .....	3
Requirement for an Updated Application for Partially Funded Projects .....	3
Requirement for Federal, State, and Local Compliance .....	3
<b>Check List .....</b>	<b>4 - 5</b>
<b>I. Project Description and Justification.....</b>	<b>6 – 8</b>
A. Project Overview .....	6
Introduction to Agency .....	6
Introduction to Project .....	6
Purpose .....	6
Location .....	6
Site Plan.....	6
Strategic Plan.....	6
Unmet Need.....	6
Resource Capacity, Utilization of Capacity (Federally Qualified Health Center Applicants Only).....	7
B. Project Justification.....	7
Facility Problems and the Consequence of Deficiencies on Operations or Service Delivery.....	7
Describe Each Facility Problem .....	7
Consequences of Each Facility Problem .....	7
Specify the Measurable Outcomes Currently Achieved and the Outcomes to Be Achieved After Completion of the Project .....	7
<b>II. Administrative Information.....</b>	<b>9 - 10</b>
A. Poverty Area Funding Request .....	9
B. Admission Policy .....	9
C. Staffing Pattern .....	9
D. Schedule of Rates .....	10
E. Previous Projects.....	10

<b>III.</b>	<b>Project Description – Scope of Work .....</b>	<b>11 - 12</b>
A.	Type/Description .....	11
B.	Project Site Description .....	11
C.	Scope of Work .....	11
	1. Current and Projected Space Requirements .....	11
	2. Type of Space.....	12
	3. Determination of Size.....	12
	4. Description of Architecture and Infrastructure.....	12
	5. Site Improvements.....	12
	6. Utilities .....	12
	7. Acquisition .....	12
D.	Transportation.....	12
E.	Time Frame.....	12
F.	Maps and Sketches.....	12
<b>IV.</b>	<b>Financial Statements .....</b>	<b>13</b>
A.	Cost Estimate Worksheet .....	13
B.	Capital Financial Summary .....	13
C.	Operating Cost Projections (for New or Expansion Projects Only) .....	13
<b>V.</b>	<b>Additional Documentation Requirements .....</b>	<b>14</b>
A.	Listing of All Principals .....	14
B.	Compliance with Civil Rights Act .....	14
C.	Applicant Certification .....	14
D.	Latest Audited Financial Statement.....	14
E.	License .....	14
F.	Medicaid Approval .....	14
G.	IRS Form 990.....	14
H.	Capital Equipment .....	14
	<b>Table 1 – Federally Qualified Health Centers – Existing and Proposed Productivity .....</b>	<b>15</b>
	<b>Table 2 – Current and Projected Space Requirements .....</b>	<b>16</b>
	Department of General Services (DGS) Guidelines on Net Square Feet and Gross Square Feet.....	17
	DGS Office Space Standards .....	18
	<b>Table 3 – Outcome Measures.....</b>	<b>19</b>
	Equipment and Furnishings Request.....	20
	COST ESTIMATE WORKSHEET - Parts 1 and 2 .....	21 – 22
	CAPITAL FINANCIAL SUMMARY FORM .....	23
	OPERATING COST PROJECTIONS FORM .....	24

LISTING OF ALL PRINCIPALS FORM .....	25
ASSURANCE OF COMPLIANCE FORM .....	26
APPLICANT CERTIFICATION FORM .....	27
PROJECT SUMMARY FORM - Parts 1 and 2 .....	28 - 29

**A P P E N D I C E S**

- 1 GRANT APPLICANTS PROVIDING HOUSING FOR INDIVIDUALS WITH SERIOUS AND PERSISTENT MENTAL ILLNESS
- 2 GRANT APPLICANTS PROVIDING ADDICTION SERVICES
- 3 GRANT APPLICANTS PROVIDING HOUSING (OR RELATED SERVICES) TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
- 4 ADDITIONAL INFORMATION FOR FEDERALLY QUALIFIED HEALTH CENTERS CAPITAL FUNDING APPLICANTS

**LAW**

Mental Health, Addictions, and Developmental Disabilities Facilities

[http://mlis.state.md.us/asp/statutes\\_respond.asp?article=ghg&section=24-601&Extension=HTML](http://mlis.state.md.us/asp/statutes_respond.asp?article=ghg&section=24-601&Extension=HTML)

Federally Qualified Health Center

[http://mlis.state.md.us/asp/statutes\\_respond.asp?article=ghg&section=24-1301&Extension=HTML](http://mlis.state.md.us/asp/statutes_respond.asp?article=ghg&section=24-1301&Extension=HTML)

**REGULATIONS** (reprint) for the following bond bills can be found at the web site listed below:

Mental Health, Addictions, and Developmental Disabilities Facilities

[http://www.dsd.state.md.us/comar/subtitle\\_chapters/10\\_Chapters.aspx#Subtitle08](http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx#Subtitle08)

Federally Qualified Health Centers

[http://www.dsd.state.md.us/comar/subtitle\\_chapters/10\\_Chapters.aspx#Subtitle08](http://www.dsd.state.md.us/comar/subtitle_chapters/10_Chapters.aspx#Subtitle08)

**STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF CAPITAL PLANNING, BUDGETING AND ENGINEERING SERVICES**

**FY 2014 Application for Administration-Sponsored Capital Program Grant**

*The following pages provide the instructions and forms to complete your application for a Department of Health and Mental Hygiene (DHMH) Administration-Sponsored Capital Program grant.*

**GENERAL INSTRUCTIONS**

**OUTLINE FOR YOUR APPLICATION**

Your application should be developed using the outline on the "Check List" (refer to pages 4 and 5). For each section of the "Check List," there is a page number reference for the relevant form and/or instruction. Each page of your application should be paginated. Paginate narrative and any attachments separately. Multi-page exhibits/references should not be mixed in with the narrative, but rather included as separate attachments in an appendix.

**"PROJECT SUMMARY FORM"**

The "Project Summary Form" (pages 28 and 29) should be filled out after you have completed all of the other sections and must include a clear overview of the proposed project.

**COVER SHEETS FOR YOUR APPLICATION**

The completed "Project Summary Forms" are to be used as cover sheets for your application.

## **SUBMISSION OF APPLICATION**

**DUE APRIL 6, 2012**

Submit an original and one copy of your completed application to:

*Mr. Ahmed Awad  
Administrator, General Obligation Bond Program  
Office of Capital Planning, Budgeting and Engineering Services  
201 West Preston Street, Room 535H  
Baltimore, Maryland 21201*

An e-copy of the application should be e-mailed to Ahmed Awad at AAwad@dhhm.state.md.us as well as the contact person from the appropriate administration (see chart below). In addition to the typed narrative portion of the application, if e-copies of any attachments/exhibits are not readily available, the original documents can be scanned and/or included as PDFs. The only exceptions are for oversized architectural drawings, for which e-copies are preferred, but which may be submitted separately, as a hard copy.

### **PEOPLE YOU MAY WANT TO CONTACT FOR TECHNICAL ASSISTANCE:**

Ahmed Awad	Office of Capital Planning (OCPBES)	(410) 767-6589	AAwad@dhhm.state.md.us
Cynthia Petion	Mental Hygiene Administration (MHA)	(410) 402-8474	cpetion@dhhm.state.md.us
David Ennis	Alcohol and Drug Abuse Administration (ADAA)	(410) 402-8682	dennis@dhhm.state.md.us
Bette Ann Mobley	Developmental Disabilities Administration (DDA)	(410) 767-5631	bamobley@dhhm.state.md.us
Christina Shaklee	Federally Qualified Health Centers (FQHC)	(410) 767-6523	CShaklee@dhhm.state.md.us

**Also, please note the following requirements:**

### **REQUIREMENT FOR MENTAL HEALTH SERVICE PROVIDERS**

All mental health service providers who are applying for capital program grant funding must also follow the additional instructions included in the six-page Appendix, “Additional Information for Grant Applicants Providing Housing for Individuals with Serious and Persistent Mental Illness.”

### **REQUIREMENT FOR FEDERALLY QUALIFIED HEALTH CENTERS**

All Federally Qualified Health Centers (FQHC) who are applying for capital program grant funding must also submit a copy of the most current Health Resources and Services Administration (HRSA) Uniform Data System (UDS) Report with the completed application.

The narrative portion of the application should be prepared in sections that include subtitle headings to match those included in the instructions and should be organized to follow the same order as they appear in the instructions

If not already on file with the Primary Care Office (PCO), applications must include an attachment that provides a description of the FQHC’s current service area and/or scope of service.

### **REQUIREMENT FOR AN UPDATED APPLICATION FOR PARTIALLY FUNDED PROJECTS**

If your project was only partially funded in a prior year (e.g., you have been authorized only for architectural/engineering fees), you must submit an updated application to request authorization for the remaining State matching funds.

### **REQUIREMENT FOR FEDERAL, STATE, AND LOCAL COMPLIANCE**

All projects developed under the DHMH Administration-Sponsored Capital Program must be in compliance with federal, State, and local standards, codes and requirements. These standards must be followed in determining your physical plant and equipment requirements.

# CHECK LIST

The application should be completed and submitted using the following outline. Please include this check list with your application. Indicate whether or not the following items are included in the application. If "yes," give the page number; if "no," state the reason on an attached sheet of paper.

	YES	NO
<b>Project Summary Form</b> <i>(Refer to pages 28 and 29.)</i>	_____	_____

The **Project Summary Form**, pages 28 and 29, is required as a **cover sheet** for your completed fiscal year 2014 application.

**I. Project Description and Justification** *(Refer to pages 6 through 8.)*

A. Project Overview

1. Introduction to Agency

- a. Name and Address of Agency
- b. Mission Statement/Brief History

2. Introduction to Project

- a. Purpose
- b. Location
- c. Site Plan
- d. Strategic Plan
- e. Unmet Need *(Refer to page 6.)*
- f. Resource Capacity, Utilization of Capacity

B. Project Justification

1. Problems and Consequences of Deficiencies

- a. Description of Each Problem
- b. Consequences of Each Problem

2. Current and Future Outcomes

**II. Administrative Information** *(Refer to pages 9 through 10.)*

- A. Poverty Area Funding Request
- B. Admission Policy
- C. Staffing Pattern
- D. Schedule of Rates
- E. Previous Projects

**III. Project Description – Scope of Work** *(Refer to pages 11 through 12.)*

A. Type/Description

B. Project Site Description

1. Location

- a./b. Legal Description/Opinion
- c. Plat Plan
- d. Soil Investigation Report (new construction only)
- e. Water & Sewer Assurance
- f. Zoning Status

## CHECK LIST (cont.)

	YES	NO
C. Scope of Work	_____	_____
1. Current and Projected Space Requirements <i>(page 11)</i>	_____	_____
2. Type of Space	_____	_____
3. Determination of Size	_____	_____
4. Description of Architecture and Infrastructure	_____	_____
5. Site Improvements	_____	_____
6. Utilities	_____	_____
7. Acquisition	_____	_____
D. Transportation	_____	_____
E. Time Frame	_____	_____
F. Maps and Sketches	_____	_____
 <b>IV. Financial Statements</b>		
A. Cost Estimate Worksheet <i>(Refer to pages 21 and 22.)</i>	_____	_____
B. Capital Financial Summary	_____	_____
1. Supporting Documentation for Matching Funds	_____	_____
2. Letter from IRS (nonprofit status)	_____	_____
3. Capital Financial Summary <i>(Refer to page 23.)</i>	_____	_____
C. Operating Cost Projections <i>(Refer to page 24.)</i>	_____	_____
 <b>V. Additional Documentation</b>		
A. Listing of All Principals <i>(Refer to page 25.)</i>	_____	_____
B. Compliance with Civil Rights <i>(Refer to page 26.)</i>	_____	_____
C. Applicant Certification <i>(Refer to page 27.)</i>	_____	_____
D. Latest Audited Financial Statement	_____	_____
E. License	_____	_____
F. Medicaid Approval	_____	_____
G. IRS Form 990	_____	_____
H. Capital Equipment List/Prices	_____	_____
 <b>MENTAL HEALTH SERVICE PROVIDERS:</b>		
Did you comply with requirements in the "Housing for Individuals with Serious and Persistent Mental Illness" Appendix? (Appendix 1)	_____	_____

# I. PROJECT DESCRIPTION AND JUSTIFICATION

## A. PROJECT OVERVIEW

### 1. Introduction to Agency

- a. Provide the name and address of your agency.
- b. State the mission of your organization and provide a brief history of your agency. Include the year the agency was established, the target population served, and the services provided (e.g., housing, crisis intervention, outpatient, day supported employment, long-term substance abuse treatment).

### 2. Introduction to Project

- a. **Purpose.** Briefly describe the purpose of the proposed project (i.e., why the project is needed) and what will be achieved as a result of funding the project. All projects must address one or more of the following facility problems:
  - (1) Insufficient or inadequate space, including no space or lack of a physical setting in which services can be provided.
  - (2) Serious deterioration of the existing physical structure or obsolete existing structure.
  - (3) Dysfunctional space that is inappropriate for agency functions or activities.
  - (4) Location not optimal for serving customers or for customer access.
  - (5) Inefficient use of operating funds (e.g., leasing versus owning a facility).
- b. **Location.** Define the service area for the project and provide the location of the proposed project within that service area.
- c. **Site Plan.** Enclose a site plan for the project if one is available. If a site plan is not available, please explain.
- d. **Strategic Plan.** Discuss the relevance of the project to the strategic priorities of your respective administration (see Appendices).
- e. **Unmet Need.** Each administration has identified the target populations or priority areas that should benefit from proposed projects. Please identify which of these target populations or priority areas will benefit from your proposed project. For your defined service area, identify the number of individuals in the target population that are currently receiving the proposed service, the number with an unmet need for your service, and the number of additional individuals to be served upon completion of your project.

For example:

Target Population	Number of Target Population Currently Receiving Services	Unmet Need	Additional Individuals to be Served	Remaining Need
MHA <ul style="list-style-type: none"> <li>• Hospital Inpatients &gt; 1 Year Length of Stay</li> </ul>	100	266	20	246

- f. **Resource Capacity, Utilization of Capacity (Federally Qualified Health Centers only).** Specify the agency’s current and proposed resource capacity and how that capacity is calculated. Resource capacity and utilization are to be based on Federal Productivity Standards for Primary Care (e.g., one M.D. should treat 1,400 patients and have a total of 4,200 encounters per year) and for dental care (e.g., one dentist should treat 1,100 patients and have a total of 2,700 encounters per year). Explain any deviations from these productivity standards. Based on the Federal Productivity Standards, complete Table 1 on page 15.

## B. PROJECT JUSTIFICATION

The justification for the project includes: (1) a section regarding facility problems and the negative consequences these problems have on the agency’s operations and delivery of services; and (2) a section regarding the effect of the project on outcomes for individuals.

### 1. Facility Problems and the Consequence of Deficiencies on Operations or Service Delivery

- a. **Describe Each Facility Problem.** Facility problems were identified in Section A.2.a. For *each* problem identified, discuss the specific nature of the problem. The problems may exist now or may be anticipated in the future. For example, if insufficient space is a problem, quantify the current space and compare to the increased amount of space needed. If specific settings do not exist (e.g., housing units) in which to provide a service, explain the number of slots, beds, units lacking. If there are building code deficiencies, provide specific citations. *Quantifiable data should be provided whenever possible. Include details on the source of any external, quantitative data.*
- b. **Consequences of Each Facility Problem.** For *each* facility problem, provide a detailed explanation of how the problem has interfered with the delivery of services to the priority populations or the operation of the facility. Describe how the problem affects customer access to, and use of, services. This may include customers receiving no service because the agency lacks a facility to deliver the service to a certain geographic area.

### 2. Specify the Measurable Outcomes Currently Achieved and the Outcomes to Be Achieved After Completion of the Project.

Your agency and the State both expect to obtain some “value” for the funds to be invested in the proposed project. This value should extend beyond the number of individuals served to what outcome is achieved with each individual. There should be a quantifiable improvement in the situation or condition of the customer using the services. State the desired improvement (i.e., outcome), provide quantifiable measures for those improvements, and *provide data to support the results.*<sup>1</sup> If available, provide up to five years of trend data to support results on Table 3, Page 19. Also, explain how these measures support the priority outcomes of the administration whose consumers you serve. Below are examples of measures to use. Do NOT use activities as a measure of outcomes.

- Projects serving individuals with developmental disabilities should include measures such as the number and percent of individuals that: (1) live in the most integrated setting in independent housing<sup>2</sup>; (2) meet their habilitation goals; (3) are maintained in employment for a specific period; or (4) are placed in supported employment.

---

<sup>1</sup> “Proxy” measures based on research studies, best practices, or other benchmarks based on national data may be used. Citation must be provided.

<sup>2</sup> The Developmental Disabilities Administration and the Mental Hygiene Administration define independent housing as housing that is provided through a landlord/tenant relationship with support services provided by a service provider of the consumer’s choice (e.g., a Community Supported Living Arrangement [CSLA]).

- Projects that serve individuals with substance abuse problems should provide data that demonstrates a need for substance abuse treatment services within the targeted geographical area. These projects must also address ADAA benchmarks that indicate patient reduction for substance use/abuse and criminality, as well as patient increases for employment and stable housing situation at completion of treatment.
- Projects that propose housing for individuals with serious and persistent mental illness should include the number of individuals who are currently homeless or living in a residential rehabilitation bed or in an institution who will achieve a greater level of stability, safety, or independence through placement in the proposed independent housing (see footnote 2). Describe supportive services to be provided by other agencies that will support the individual's recovery while living in a stable housing situation.
- Projects for Federally Qualified Health Centers should provide outcomes and data for those performance measures selected by the FQHC for its annual Performance Review with the Health Resources and Services Administration. Performance measures can be found on the HRSA website: <http://bphc.hrsa.gov/policiesregulations/performance/performancemeasures/>

## II. ADMINISTRATIVE INFORMATION

### A. Poverty Area Funding Request

A project is eligible for poverty area funding if the project meets the requirements for a poverty area under federal regulations or State plans, or a majority of individuals served by the facility are (1) certified by a local Department of Social Services as eligible for Public Assistance or Medical Assistance; (2) are eligible for Supplemental Security Income Benefits; or (3) have income levels that do not exceed 150 percent of the federal poverty level. If the applicant meets one of these criteria, the applicant may request a State grant of more than 50 percent but not to exceed 75 percent of the cost of the project.

If poverty area funding is being requested, provide quantitative documentation showing that your program meets the requirements for a poverty area under federal regulations or State plan, or will serve a majority of poverty-designated consumers each year for the full term of the obligation under award. In addition, this documentation will need to be updated each year for the full term of your obligation. Include details on the source of any external, quantitative data.

Please refer to the regulations for:

Mental Health, Addictions, and Developmental Disabilities Facilities COMAR 10.08.02.07E,  
<http://www.dsd.state.md.us/comar/comarhtml/10/10.08.02.07.htm>

OR

Federally Qualified Health Centers COMAR 10.08.05.08D,  
<http://www.dsd.state.md.us/comar/comarhtml/10/10.08.05.08.htm>

See regulations for further information regarding State grant funding limits.

### B. Admission Policy

Provide a written statement of the applicant's admission policies as they relate to the purpose and intent of the proposed project. In this statement, the applicant shall:

1. Agree to admit persons on the basis of their need for services without regard to race, national origin, color, disability, religion, or ability to pay;
2. Define clearly proposed limitations, if any, regarding age groups, illness, or disorder categories; and
3. Give priority for admission to persons who are certified by a local Department of Social Services for assistance and to persons of low income.

### C. Staffing Pattern

Provide the number of personnel employed or to be employed at the facility, by occupation, and all prerequisites, salaries, and other funds paid, or to be paid, to these employees (names of employees are not needed).

**D. Schedule of Rates**

Provide a schedule of current rates charged or to be charged, or both if applicable, for services to be rendered.

**E. Previous Projects**

List any previous project(s) for which your agency received grant funds through the DHMH Administration-Sponsored Capital Program, the amount of State funds allocated for each project, and the status of each project. FQHC applicants should also provide information about any federal capital funds that have been provided for this project.

### III. PROJECT DESCRIPTION - SCOPE OF WORK

This section must provide a detailed scope of work of the proposed project. The Project Description must include:

**A. Type/Description**

Specify whether the proposed project is to acquire, construct, renovate, and/or purchase equipment. Give a brief description of the proposed project.

**B. Project Site Description**

Provide a description of the project site including the acreage and dimensions of the site. If the project is for new construction, note any topographic features of the site that may present difficulties, significant elevation changes, wooded areas, or high water table.

1. Location

Give the location of the proposed project (exact address, if known). If site is applicant-owned, please attach the following:

- a. Legal description of the property (deed)
- b. Legal opinion assuring good and valid title, or copy of title insurance
- c. Plat plan
- d. Soil investigation report (new construction only)
- e. Assurance of the availability of water and sewer hookups
- f. Zoning approval - Copy of zoning approval or application status

If the site is not applicant owned, identify current owner. Provide items listed above in 1. a. - f., if available.

**C. Scope of Work**

The scope of work is a statement of the *solution* to the facilities problems and operational and service delivery deficiencies discussed previously. The following shall be included in the Scope of Work:

1. Current and Projected Space Requirements. Describe each function to be housed in the facility. Indicate whether the function currently exists or is a proposed new function. On Table 2, page 16 list each current and proposed functional area and indicate the number of units for each function and the net square footage for each unit. Provide the total net square footage required for each function. Total the net square footage for all the functions and apply a gross efficiency factor to determine the final gross square feet involved in the project. This table must be fully completed so that current and proposed space size can be compared. Provide a floor plan of existing spaces,

if applicable, and a floor plan showing proposed spaces. Include the net square feet of each space on the floor plan.

2. Describe how the *amount* of each type of space was determined. For example, how did the agency determine the number of administration offices, counseling offices, bedrooms, or exam rooms that are needed? For offices, was the determination based on the number of people needing an office? Provide any specific standards that were used to determine the amount of space.
3. Indicate how the *size* of each space or group of similar spaces was determined. If there is a standard that applies, the space should be based on the standard. Provide the reference for the standard. If there is no standard, the size of the space should be based on the number of occupants, the type and amount of equipment, and the activities to be accommodated. Please specify.
4. If the project includes renovation or construction, describe the architectural, structural, mechanical, electrical, plumbing, and telecommunications work that is to be done.
5. Describe any site improvements to be included in the project such as grading, roads, parking, outdoor lighting, and landscaping.
6. Describe all utility work that is required for the project. Use specifics when possible, such as the linear feet of road, utility extensions, or number of parking spaces.
7. If the project is for *acquisition*, describe the specific nature of the property to be acquired. Indicate the acreage, major transportation routes, and public utilities. Provide a detailed description of the property improvements. Identify any factors that could affect the timing of the acquisition.

**D. Transportation**

Discuss transportation access to the services, if the project involves a new service site. If consumers will have to travel to the project site, will it be accessible by public transportation? If vans will be used to pick up consumers, will the project be located within reasonable proximity to the target population?

**E. Time Frame**

Provide a schedule for the start date and completion date for design services and construction. Include the dates on the Project Summary Form (page 29) "Proposed Project Schedule." Include phase-in schedule if multi-year project. If applicable, describe the phasing plans for minimizing any disruption in service or operations that may be caused by work on this project.

**F. Maps and Sketches**

Provide a map showing the intended location of the proposed project. For a project involving a new building, furnish a plat map, which shows the proposed structure and its relationship to any other facilities in the area. For a renovation project, provide blueprints or drawings (if available) of the intended work area.

## IV. FINANCIAL STATEMENTS

Complete the financial forms listed below.

**A. Cost Estimate Worksheet**

Complete and attach Cost Estimate Worksheet Form (pages 21 and 22).

**B. Capital Financial Summary**

1. Attach supporting documentation for matching funds (such as bank statements, mortgage statements, bank loan commitment, investment statement, commitment from local government). If the match will be derived from fund-raising, provide a description of fund-raising activities and a schedule.
2. Attach a letter from the federal Internal Revenue Service indicating nonprofit status.
3. Complete and attach Capital Financial Summary Form (page 23).

**C. Operating Cost Projections (for New or Expansion Projects Only)**

Complete and attach Operating Cost Projections Form (page 24). If expansion is planned, the source and amount of new operational funds to cover the additional consumers *must* be provided.

## V. ADDITIONAL DOCUMENTATION REQUIREMENTS

**A. Listing of All Principals**

Complete and attach form (page 25).

**B. Compliance with Civil Rights Act**

Complete and attach form (page 26).

**C. Applicant Certification**

Complete and attach form (page 27).

**D. Latest Audited Financial Statement**

Attach a copy of the latest audited financial statement.

**E. License**

Attach a copy of the license or a copy of the application for the license.

**F. Medicaid Approval**

Attach copy of Medicaid Provider Number.

**G. IRS Form 990**

Attach copy of latest available IRS Form 990.

**H. Capital Equipment**

If capital equipment and/or furniture is being requested (see F. on Cost Estimate Worksheet), a detailed equipment list and prices must be provided. This information must be provided on page 20.

Table 1

**Federally Qualified Health Centers  
EXISTING AND PROPOSED PRODUCTIVITY**

<b>FY 2011 Clinic Services</b>	<b>Total Practitioners</b>	<b>Productivity Standard<sup>1</sup> (Individuals)</b>	<b>Actual 2011 Productivity</b>	<b>Encounters Productivity Standards</b>	<b>Actual 2010 Encounters</b>
Example	1	1,400	1,300 <sup>2</sup>	4,200 <sup>3</sup>	3,900
Primary Care					
Pediatrics					
OB/GYN					
Dental Health					
Behavioral Health					
<b>Future Clinic Services</b>					
Primary Care					
OB/GYN					
Pediatrics					
Dental Health					
Behavioral Health					

<sup>1</sup> One practitioner should serve 1,400 patients in a year on average.

<sup>2</sup> Include actual number of unduplicated patients seen.

<sup>3</sup> Each practitioner will have an average of three encounters/patient (1,400 X 3 = 4,200)

Table 2

**Current and Projected Space Requirements**

Function	CURRENT			PROJECTED			
	Units	Net Square Feet Per Unit	Total Net Square Feet	Function	Units	Net Square Feet Per Unit	Total Net Square Feet
<i>Example</i> CEO Office	1	100	100	CEO Office	1	150	150
<i>Example*</i> Bedroom	0	0	0	Bedroom	2	100	200
<i>Example</i> Examination Room	5	90	450	Examination Room	10	100	1,000
<b>Total New Square Feet</b>							

For projects acquiring housing, provide approximate projected sizes of rooms.

**Total Net Square Feet** \_\_\_\_\_ **X 1.50 (efficiency factor)** = \_\_\_\_\_ **Gross Square Feet**

See the following pages for “What’s Covered in Net Square Feet” (page 17) and “Office Space Standards” (page 18).

## What's Covered in Net Square Feet

All floor areas allocated to an occupant:

- Offices
- Classrooms
- Mailrooms
- Bedrooms
- Conference Rooms
- Libraries
- File Rooms
- Storage Pertaining to an Occupant  
(not custodial or general storage)
- Laboratories
- Auditoriums
- Toilets & Locker Rooms (including shower  
rooms) when private, e.g., for a consumer's  
bedroom, exam room, gym, kitchen, etc.
- Lounges
- Kitchen
- Library Reading and Stack Areas
- Athletic Courts
- Swimming Pool

## What's Covered by Gross Square Feet (Efficiency Factor)

***Custodial*** – for building protection, care, maintenance, and operation, e.g., custodial storage, janitor closet, maintenance storeroom, locker room, toilet and shower room, shop.

***Circulation*** – required for physical access to some subdivision of space whether or not enclosed by partitions, e.g., corridors (access, public, service, including “phantom” corridors for large unpartitioned areas), elevator shaft, escalator, fire tower, stairs, stair hall, loading platform (except when required for a program function), lobby, public vestibule or entryway, tunnel, bridge, stair or elevator penthouse, elevator machine room, covered paved open areas.

***Mechanical*** – to house mechanical equipment, utility services and non-private toilet facilities; e.g., duct and service shafts, meter and communication closets, boiler room, mechanical and electrical equipment rooms, telephone equipment rooms, fuel room, toilet rooms for public or general use.

***Construction*** – the areas actually occupied by the structural and other physical features of the building, e.g., exterior walls, firewalls, partitions.

## OFFICE SPACE STANDARDS

<u>Office Type</u>	<u>Recommended Net Assignable Square Feet (NASF)</u>
Cabinet Secretaries or Agency Executive Directors	300
Deputy Secretaries or Agency Deputy Directors	250
Judges; Commissioners (full-time); Assistant Secretaries; Division Chiefs; Directors	200
Branch Heads; Assistant Division Chiefs; Assistant Directors	175
Attorneys; Doctors; Field Office Supervisors	150
Professionals (Supervisory, Private Office)	126
(Supervisory, Open Office)	120
Professionals (Non-Supervisory, Private Office)	108
(Non-Supervisory, Open Office)	90
Secretaries; Drafting Stations (CAD) (Conventional Office)	90
(Open Office)	81
Word Processor and Clerical Stations (Conventional Office)	60
(Open Office)	56
Conference Rooms (Per Person)	22
Reception/Waiting Rooms (1-15 Persons, Per Person)	15
(over 15 Persons, Per Person)	10

**Notes:**

1. Space standards indicated above include normal furniture and equipment. Additional space may be allowed for unusual furniture and equipment requirements if justified.
2. Enclosed offices should be a minimum of 100 NASF regardless of classification of occupant.
3. The above standards do not apply to **academic** personnel in institutions of higher education. Refer to higher education space guidelines.
4. Allow an additional 7 NASF per file cabinet in open office areas.

**Table 3**

Goal:					
Outcome Measures	2007 Outcomes	2008 Outcomes	2009 Outcomes	2010 Outcomes	2011 Outcomes
A.					
B.					
C.					
D.					

Please explain how the above outcome measures support the goals of the administration whose consumers you serve.

**Make additional copies as needed.**



## COST ESTIMATE WORKSHEET Part 1 of 2

Name of Applicant Agency: \_\_\_\_\_

**Estimated**

**Dates:**      *Design* - Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_      *Construction* - Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Type of Project**                      Acquisition: \_\_\_\_\_      New Construction: \_\_\_\_\_      Renovation: \_\_\_\_\_

**A. Acquisition**

**COST:** \$

Gross Square Feet: \_\_\_\_\_      Net Square Feet: \_\_\_\_\_      Lot Size: \_\_\_\_\_

**B. New Construction**

Gross Square Feet: \_\_\_\_\_      Net Square Feet: \_\_\_\_\_      Lot Size: \_\_\_\_\_

1. Basic Costs:	_____	Gross Sq Ft	x	\$ _____	per GSF		1.	\$	
2. Built-in Equipment:	_____						2.	\$	
3. Demolition:	_____						3.	\$	
4. Asbestos Removal:	_____						4.	\$	
5. Information Technology (\$8/square foot):	_____						5.	\$	
6. Other:	_____						6.	\$	
7. Subtotal (add line 1 through line 6):							7.	\$	
8. Estimated Cost Increase (2012 – 3%; 2013 – 3% = 6%):							8.	\$	
9. Subtotal (add line 7 and line 8):							9.	\$	
10. Contingencies (5% of line 9):							10.	\$	
11. Subtotal (add line 9 and line 10)							11.	\$	

**C. Renovation**

Gross Square Feet: \_\_\_\_\_      Net Square Feet: \_\_\_\_\_      Lot Size: \_\_\_\_\_

1. Basic Costs:	_____	Gross Sq Ft	x	\$ _____	per GSF		1.	\$	
2. Built-in Equipment:	_____						2.	\$	
3. Demolition:	_____						3.	\$	
4. Asbestos Removal:	_____						4.	\$	
5. Information Technology (\$8/square foot):	_____						5.	\$	
6. Other:	_____						6.	\$	
7. Subtotal (add line 1 through line 6):							7.	\$	
8. Estimated Cost Increase (2012 – 3%; 2013 – 3% = 6%):							8.	\$	
9. Subtotal (add line 7 and line 8):							9.	\$	
10. Contingencies (10% of line 9):							10.	\$	
11. Subtotal (add line 9 and line 10)							11.	\$	

**COST ESTIMATE WORKSHEET - Part 2 of 2**

**D. Site**

1. 10% of line B7 (new construction only unless directly related to a renovation project):	1. \$	
2. Other: _____	2. \$	
3. Other: _____	3. \$	
4. Other: _____	4. \$	
5. Subtotal (add line 1 through line 4):	5. \$	
6. Cost Increase (2 years x 6% = 12% x line 5):	6. \$	
7. Subtotal (add line 5 and line 6):	7. \$	
8. Contingencies (5% of line 7):	8. \$	
9. Subtotal (add line 7 and line 8)	9. \$	\$

**E. Utilities**

1. 5% of line B7 and/or line C7	1. \$	
2. Other: _____	2. \$	
3. Other: _____	3. \$	
4. Other: _____	4. \$	
5. Subtotal (add line 1 through line 4):	5. \$	
6. Cost Increase (2 years x 6% = 12% x line 5):	6. \$	
7. Subtotal (add line 5 and line 6):	7. \$	
8. Contingencies (5% of line 7):	8. \$	
9. Subtotal (add line 7 and line 8)	9. \$	\$

**F. Capital Equipment and Furnishings (for new construction only)**

1. Movable Equipment (not built-in), minimum 15-year life	1. \$	
2. Furniture with a minimum 15-year life:	2. \$	
3. Other (specify): _____	3. \$	
4. Subtotal (add line 1 through line 3)	4. \$	\$

**G. Architectural and Engineering (A/E) Fees**

\$

**H. Architect's Reimbursables**

\$

**I. Total of Items B. through H.**

\$

Prepared by:

\_\_\_\_\_ *If Architect, name and address of firm*

\_\_\_\_\_ *Phone Number*

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

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
FY 2014 - Application for Administration-Sponsored Capital Program Grant**

**CAPITAL FINANCIAL SUMMARY**

*Complete Cost Estimate Worksheet before completing this Financial Summary sheet.*

Name of Applicant Agency \_\_\_\_\_

**A. Costs in which State Government may participate** (take totals from Cost Estimate Worksheet):

- |     |  |               |
|-----|--|---------------|
| 1.  | Construction (add B9, C9, D7 and E7)                             | \$ _____      |
| 2.  | Contingency (add B10, C10, D8 and E8)                            | \$ _____      |
| 3.  | Fixed Equipment not in Contract**                                | \$ _____      |
| 4.  | Moveable Capital Equipment F.4**                                 | \$ _____      |
| 5.  | Site Survey and Soil Investigation                               | \$ _____      |
| 6.  | Architect's Fees _____ % (G.)                                    | \$ _____      |
| 7.  | Architect's Reimbursables (H.)                                   | \$ _____      |
| 8.  | Site Acquisition (A*)  | \$ _____      |
| 9.  | Other (specify):   |               |
|     | a. _____   |               |
|     | b. _____   |               |
| 10. | Total Costs  | \$ _____ A.10 |
| 11. | State Funds Requested _____ % of A.10 <u>above</u> \$ _____ A.11 |               |

**B. Costs in which State Government may not participate:**

- |    |                       |              |
|----|-----------------------|--------------|
| 1. | Closing Costs         | \$ _____     |
| 2. | Non-Capital Equipment | \$ _____     |
| 3. | Consultant Fees       | \$ _____     |
| 4. | Land                  | \$ _____     |
| 5. | Off-Site Improvements | \$ _____     |
| 6. | Other (specify):      |              |
|    | a. _____              |              |
|    | b. _____              |              |
| 7. | Total Costs           | \$ _____ B.7 |

**C. Total A.10 and B.7 above** \$ \_\_\_\_\_

**D. Financial Information** (attach supporting documents for each; e.g., letter from bank):

- |    |  |                    |                       |          |
|----|--|--------------------|-----------------------|----------|
| 1. | <u>Matching Funds</u>                      | <u>Anticipated</u> | <u>Actual In-hand</u> |          |
|    | a. Cash and Securities                     | \$ _____           | \$ _____              |          |
|    | b. Gifts and Donations                     | \$ _____           | \$ _____              |          |
|    | c. Mortgage                                | \$ _____           | \$ _____              |          |
|    | d. Federal                                 | \$ _____           | \$ _____              |          |
|    | e. Local                                   | \$ _____           | \$ _____              |          |
|    | f. Other (specify):                        |                    |                       |          |
|    | _____                                      | \$ _____           | \$ _____              |          |
|    | g. Total                                   | \$ _____           | \$ _____              | \$ _____ |
| 2. | DHMH Capital Program Grant Funds Requested |                    |                       | \$ _____ |
| 3. | Add D.1. and D.2. (must equal C. above)    |                    |                       | \$ _____ |

*\* Only land with a structure is eligible for State funds. Land on which you intend to build a structure is not eligible. For acquisition, two appraisals will be needed. State participation will be limited to the value approved by the Department of General Services (DGS) based upon the appraisals or actual acquisition cost, whichever is lower. The cost of appraisals is an allowable cost. (Appraisers must be on the DGS approved list.)*

*\*\* Eligible equipment includes equipment built-in at the time of construction or moveable equipment with a 15-year life. Carpets, computers, non-commercial refrigerators, etc. are not eligible.*

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
FY 2014 - Application for Administration-Sponsored Capital Program Grant**

**OPERATING COST PROJECTIONS**

Name of Applicant Agency: \_\_\_\_\_

	Current Agency Budget (1) (FY 20____)	Current Facility Budget (2) (FY 20____)	Current Expansion, etc. (3) (FY 20____)
<b>I. Revenues</b>			
Medicaid	\$ _____	\$ _____	\$ _____
Medicare	_____	_____	_____
Other Insurance	_____	_____	_____
Entitlement Programs, e.g., Social Security, V.A., Public Assistance (specify):	_____	_____	_____
_____	_____	_____	_____
Title III, Older Americans Act	_____	_____	_____
HUD	_____	_____	_____
Grants	_____	_____	_____
DHMH	_____	_____	_____
County/Local	_____	_____	_____
Other (specify):	_____	_____	_____
_____	_____	_____	_____
Private Donations	_____	_____	_____
Consumer Fees/Rates	_____	_____	_____
Other (specify):	_____	_____	_____
_____	_____	_____	_____
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>II. Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
Consultant Fees	_____	_____	_____
Rent or Mortgage	_____	_____	_____
Salaries, Wages and Fringe Benefits*	_____	_____	_____
Insurance	_____	_____	_____
Utilities	_____	_____	_____
Telephone	_____	_____	_____
Repairs & Upkeep	_____	_____	_____
Supplies & Materials	_____	_____	_____
Office	_____	_____	_____
Housekeeping	_____	_____	_____
Other	_____	_____	_____
Operating Equipment	_____	_____	_____
Food	_____	_____	_____
Transportation	_____	_____	_____
Home Office	_____	_____	_____
Accounting	_____	_____	_____
Other (specify):	_____	_____	_____
_____	_____	_____	_____
<b>TOTALS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

- (1) LOCAL HEALTH DEPARTMENTS - Submit your budget for this program only.  
(2) Do not complete this column for new construction/acquisition.  
(3) After completing this section, please use an additional sheet of paper to indicate how firm a commitment you have for any additional dollars you will need to operate this proposed project. Discuss any possible funding sources and list any grant applications (include current status).  
\* These totals should match the information for Section C Staffing Pattern, page 9.

**STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF CAPITAL PLANNING, BUDGETING AND ENGINEERING SERVICES**

**FY 2014 - Application for Administration-Sponsored Capital Program Grant**

---

*Name of Applicant Agency*

*Date*

**LISTING OF ALL PRINCIPALS**

*(Include Officers and Board of Directors)*

**FY 2014 - Application for Administration-Sponsored Capital Program Grant**

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES REGULATION UNDER  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964  
SECTION 504 OF THE REHABILITATION ACT OF 1973**

As a condition necessary to the award of State and/or Federal funds,

---

(hereinafter called the "Applicant") HEREBY AGREES that it will comply with Title VI of the Civil Rights Act of 1964 and with Section 504 of the Rehabilitation Act of 1973, their amendments and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services issued pursuant to these acts, to the end that no person in the United States and/or State of Maryland shall on the grounds of race, color, national origin, handicapped status, or religion be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by an applicant that receives Federal and/or State financial assistance from the State of Maryland, Department of Health and Mental Hygiene, and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

In addition, the Applicant agrees that there will be no discrimination in any phase of employment practices, policies or procedures on the basis of race, religion, age, sex, political affiliation or handicap.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal and/or State financial assistance extended after the date hereon to the applicant by the State of Maryland, Department of Health and Mental Hygiene including installment payments after such date on account of applicants for Federal and/or State financial assistance which were approved before such date. The Application recognizes and agrees that such Federal and/or State financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States and/or State of Maryland shall have the right to seek judicial enforcement of this assurance. The assurance is binding on the applicant, its successors, transferees, and assignees, and the person or persons whose signature appear below are authorized to sign this assurance on behalf of the Applicant.

The recipient (*check a or b*):

- a. \_\_\_\_\_ employs fewer than 15 persons.
- b. \_\_\_\_\_ employs 15 or more persons and has designated the following person(s) to coordinate its efforts to comply with these HHS regulations:

---

**Name of Designee(s) - Type or Print**

---

**Signature(s) of Designee(s)**

---

**Date**

---

**Applicant**

---

**Applicant's Mailing Address**

**STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
OFFICE OF CAPITAL PLANNING, BUDGETING AND ENGINEERING SERVICES**

**FY 2014 - Application for Administration-Sponsored Capital Program Grant**

**APPLICANT CERTIFICATION**

1. Please sign either (a) or (b) below to indicate whether the Applicant will or will not operate the facility and provide the services.

(a) The Applicant will operate the facility and provide the services.

\_\_\_\_\_  
(Signature)

(b) The Applicant will not operate the facility and provide the services.

\_\_\_\_\_  
(Signature)

2. On behalf of the governing board or other executive authority of

\_\_\_\_\_  
(Applicant)

I affirm that the information and estimates conveyed in this application are true and accurate to the best of my knowledge. I further agree that this facility shall be used for the purpose set forth in this application for a period of thirty (30) years and that any proposed change in use shall require the approval of the State of Maryland, Board of Public Works. Finally, I shall comply with applicable laws and regulations that govern the use of State general obligation bond funds.

\_\_\_\_\_  
(Signature of Executive Director/CEO of Applicant)                      \_\_\_\_\_  
(Date)

\_\_\_\_\_

\_\_\_\_\_  
(Print or Type - Name and Title of Executive Director/CEO of Applicant)

**PROJECT SUMMARY FORM (Part 1 of 2)**

Project Summary Forms (Part 1 and 2) are to be used as the cover sheets for your fiscal year 2014 application.

1.

<hr/>		<hr/>	
<i>Name of Applicant Agency</i>		<i>Applicant's Employer ID Number (EIN)</i>	
<hr/>		<hr/>	
<i>Phone Number</i>	<i>FAX Number</i>	<i>E-mail Address</i>	
<hr/>	<hr/>	<hr/>	
<i>Name of Contact Person</i>		<i>Title</i>	
<hr/>		<hr/>	
<i>Street Address of Applicant Agency</i>		<i>Mailing Address (if different from street address)</i>	
<hr/>		<hr/>	
<i>City and Zip of Applicant Agency</i>	<i>County (if Baltimore, indicate City or County)</i>	<i>State Legislative District</i>	
<hr/>	<hr/>	<hr/>	

2. **PROJECT DESCRIPTION** Include a brief description of the project and a statement explaining how the proposed project will improve outcomes for individuals served by your program.

3.

<hr/>		
<i>Name of Facility/Site for Proposed Project</i>		
<hr/>		
<i>Street Address of Facility/Site for Proposed Project</i>		
<hr/>		
<i>City and Zip of Facility/Site for Proposed Project</i>	<i>County (if Baltimore, indicate City or County)</i>	<i>State Legislative District</i>
<hr/>	<hr/>	<hr/>

## PROJECT SUMMARY FORM (Part 2 of 2)

Project Summary Forms (Part 1 and 2) are to be used as the cover sheets for your fiscal year 2014 application.

NOTE: To fill out this page, you will need to use your completed two-page "Cost Estimate Worksheet" (pages 21 and 22).

### 5. TOTAL COSTS FOR PROJECT

	Current Request	Prior Appropriation	Future Requests	Total
Architect/Engineer Fees (refer to page 22-G)				
Acquisition (refer to page 21-A)				
Construction (refer to page 21-B or page 21-C, and page 22-D and page 22-E)				
Equipment (refer to page 22-F)				
Other				

**Total:**

	Percentages	Current Request	Prior Appropriation	Future Requests	Total
State Funds:	%				
Matching Funds:	% .....				
<b>Total:</b>	%				

### 6. SOURCES OF MATCHING FUNDS

	Amount
	\$
	\$
	\$
	\$
	\$
<b>Total:</b>	\$

### 7. UNIT COST (excludes A/E, equipment and site improvement costs)

<b>a.</b> Gross square feet (refer to page 21-B or 21-C):	\$	<b>b.</b> Subtotal for new construction (page 21-B11),	\$
		OR Subtotal for renovation (page 21-C11):	\$
<b>c.</b> Cost per gross square foot (divide <b>b.</b> by <b>a.</b> ):	\$	<b>d.</b> Unit cost (divide <b>b.</b> by slots or placements):	\$

### 8. PROPOSED PROJECT SCHEDULE

	Design	Construction
Begin Date:		
Completion Date:		

# **A P P E N D I C E S**

**Additional Information**

**For**

**Grant Applicants Providing  
Housing for Individuals with  
Serious and Persistent Mental Illness**

*Prepared by:*

**Mental Hygiene Administration  
Department of Health and Mental Hygiene**

*If you have any questions about the materials in this packet, please contact the Mental Hygiene Administration,  
Cynthia Petion (410) 402-8474*

**FY 2014 Grant Application for Administration-Sponsored Capital Program**

**February 2012**

# **Grant Applicants Providing Housing for Individuals with Serious and Persistent Mental Illness**

## **Priority Criteria**

The Mental Hygiene Administration (MHA) is seeking to expand Supported Housing Units for individuals with serious and persistent mental illness. To this end, MHA has established the following high priority criteria in considering applications:

1. Projects that develop >20 housing units.
2. Projects that partner with residential rehabilitation programs (RRPs) to transition consumers from RRP to Supported Housing or Assertive Community Treatment teams to support consumers discharged from the State hospitals. Please include in your “Scope of Work” a statement describing how your project contributes to this process.
3. Commitment to the Supported Housing model (i.e., landlord/tenant leases with full rights under State and local landlord laws).
4. Projects that leverage non-State capital funds such as HUD and other federal funding, Community Development Block Grants, Maryland Affordable Housing Trust Funds, and/or local public/private funding.
5. Projects that include a commitment of rent subsidies such as Housing Choice Vouchers (HCVs) for either tenant or project-based units or the new federal HUD 811 Project Rental Assistance (PRA).
6. Projects that leverage \$3 in matching funds for every \$1 in Community Bond funds.
7. Projects that actively partner with public housing authorities (PHAs) to maximize resources.

## **Priority Targets**

In order to maximize the use of scarce housing resources to reduce reliance on the State hospitals, MHA has identified the highest priority targets for housing. This includes individuals transitioning from RRP to Supported Housing so that individuals in State hospitals may access the vacant RRP beds. Projects that serve the following priority populations will be given the greatest consideration:

- Individuals with serious mental illness who may have forensic involvement and are ready for discharge from a State hospital.
- Individuals with serious mental illness who have achieved maximum benefit from an RRP and are ready to move to independent living.

- Transition Age Youth (TAY) with serious mental illness transitioning from residential treatment centers (RTCs).
- Individuals with serious mental illness and co-existing conditions, including but not limited to: court and criminal justice involvement, deaf and hard of hearing, traumatic brain injury (TBI), homelessness, substance use, and victims of trauma.

It is acceptable for projects to target individuals in RRP beds for transition to Supported Housing Units if there is a plan for filling those vacated RRP beds with individuals who are referred by MHA and the CSA. Letters of support and commitment to such plans should be provided by the CSA and partnership entities.

## **Process**

MHA encourages projects developed by a team of stakeholders, including representatives from the State hospitals, CSAs, developers, local PHAs, housing providers, and RRP providers, etc. The goal of this team approach is two-fold:

- Leverage and coordinate capital and operating resources.
- Show evidence of a “failure-proof” structured referral process to identify and assist the highest priority consumers. Providers must commit to taking the highest priority consumers who are referred by the State hospitals or RRP.

Applications that provide a solid plan to address these two goals will receive the highest consideration.

If you wish to discuss any of these options or other co-funding resources, please contact Penny Scrivens, Housing Coordinator, Adult Services, MHA at 410-402-8476, or e-mail her at [Pscrivens@dhhm.state.md.us](mailto:Pscrivens@dhhm.state.md.us). You may also contact Elizabeth Barnard, Director, Office of Capital Planning, Budgeting and Engineering Services at 410-767-6816 or e-mail her at [barnardb@dhhm.state.md.us](mailto:barnardb@dhhm.state.md.us).

**\* Please note expansion of services is dependent upon availability of State funds.**

## **Core Service Agencies**

The Maryland Mental Hygiene Administration is working to assure that mental health services are planned and monitored at the local level by Core Service Agencies. CSAs are required to develop mental health plans and to update these plans annually. Plans must be approved by MHA. The intention of the administration is that the development of mental health services and programs within a jurisdiction be in concert with MHA priority outcomes and the approved CSA plan. To that end, all providers of mental health services, ***whether or not they receive funds from the CSA or from the MHA, must submit*** an "abstract" as specified on page 4 of this appendix for all applications for Administration-Sponsored Capital Program Grants for FY 2014 and must certify on the enclosed form that this has been done.

**CSAs currently exist in Maryland's 24 jurisdictions:**

Allegany County	Harford County
Anne Arundel County	Howard County
Baltimore City	Garrett County
Baltimore County	Montgomery County
Calvert County	Prince George's County
Carroll County	St. Mary's County
Cecil County	Washington County
Charles County	Wicomico/Somerset Counties
Frederick County	Worcester County

**Mid-Shore:** Caroline, Dorchester, Kent, Queen Anne's, and Talbot Counties

Questions about Core Service Agencies may be addressed to Alice Hegner, MHA's Office of CSA and Provider Relations, 410-402-7731, or to Cynthia Petion, MHA's Office of Planning, Evaluation, and Training, 410-402-8474.

*Please note: CSAs **do not** have the authority to approve or disapprove applications for Administration-Sponsored Capital Program Grants. Both CSAs and the administration are aware that many CSAs apply for grant funds under the Administration-Sponsored Capital Grant Program and, therefore, are in competition with other applicants for funding. Still, it is in the best interest of all providers to work with the CSA to ensure that applications are in concert with CSA plans because this will be one of several criteria for prioritization of Administration-Sponsored Capital Program Grant applications.*

**Procedure for Provider to Notify Core Service Agency of Intent to Submit  
An Application for Administration-Sponsored Capital Program Grant**

*You must send a copy of the completed application materials that are listed below to your local CSA.*

- Pages 21 and 22 (Cost Estimate Worksheets)
- Page 23 (Capital Financial Summary Form)
- Page 24 (Operating Cost Projections Form)
- Pages 28 and 29 (Project Summary Forms)

*You must also send a copy of the following portions of the outlined material from your narrative to your local CSA.*

- I. Project Description and Justification
- II. Administrative Information
- III. Project Description - Scope of Work

*Please submit the above information to the CSA as early as possible so you can receive feedback on your application and, if necessary, bring it into compliance with the CSA plan.*

*This page must be completed, signed and attached to your application for an Administration-Sponsored Capital Program Grant. Your application will not be prioritized by the MHA without this signed form.*

**The abstract materials from our Administration-Sponsored Capital Program Grant application (as listed above) were sent to the following individual at our local CSA on**

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

*Name of Individual at Local CSA* \_\_\_\_\_

*Local CSA Address* \_\_\_\_\_

*Applicant's Signature* \_\_\_\_\_

*Print Applicant's Name* \_\_\_\_\_

*Applicant's Position at Agency* \_\_\_\_\_

**Report to be Completed by the Core Service Agency**

**CORE SERVICE AGENCY - REVIEW REPORT**

**Provider Application for FY 2014 Administration-Sponsored Capital Program Grant**

**This application for the following provider was reviewed:** \_\_\_\_\_

*Date*

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

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

*Request for:* \_\_\_\_\_

*Type of Project*

**This project (check one):**

\_\_\_\_\_ Comports with the CSA plan for service development.

\_\_\_\_\_ Requires minor changes to comport with the CSA plan.

Specify: \_\_\_\_\_

\_\_\_\_\_ Requires major changes or does not comport with the CSA plan.

**The applicant was advised of this review on:** \_\_\_\_\_

*Date*

Check one: \_\_\_\_\_ Phone \_\_\_\_\_ Letter \_\_\_\_\_ In Person \_\_\_\_\_ E-mail

**Additional comments:** \_\_\_\_\_

**Also check:**

\_\_\_\_\_ The CSA does not intend to submit an application for FY 2014 Administration-Sponsored Capital Program Grant.

\_\_\_\_\_ The CSA does intend to submit an application for FY 2014 Administration-Sponsored Capital Program Grant for the following project(s): \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**SEND ORIGINAL CSA FORM TO:**

Mr. Ahmed G. Awad  
Administrator, General Obligation Bond Program  
Office of Capital Planning, Budgeting and Engineering Services  
201 West Preston Street, Room 535H  
Baltimore MD 21201

*Please send a copy of the CSA form to the applicant and retain a copy for your file.*

**Additional Information**  
**for**  
**Grant Applicants Providing**  
**Substance-Use Disorder Services**

*Prepared by:*

**Alcohol and Drug Abuse Administration**  
Department of Health and Mental Hygiene

**If you have any questions about this information, please contact the**

**Alcohol and Drug Abuse Administration**

*David Ennis at 410-402-8682*

**FY 2014 Grant Application for Administration-Sponsored Capital Program**

February 2012

## **Information for Grant Applicants Providing Substance-Use Disorder Services**

### **Priority Criteria**

The Alcohol and Drug Abuse Administration (ADAA) continues to experience a need for community capacity that exceeds available operating and capital funding allocations. Given the scarcity of resources, the ADAA intends to target capital resources to projects that (1) expand, support, or enhance recovery support services; (2) expand, support, or enhance services for the co-occurring population; (3) to expand and enhance services for pregnant women and women with children and (4) expand the use of medications in the treatment of substance-use disorders.

In concert with the Governor's goals of increasing access to treatment and reducing infant mortality, the ADAA is focused on increasing the efficiency and effectiveness of its resources. Treating substance-use disorders as an episodic illness has resulted in patient relapses and readmissions to treatment. The ADAA is committed to maintaining patients within a recovery continuum so that the supports needed to assume a healthy and productive lifestyle are available. Additionally, creation or enhancement of services for patients diagnosed with a mental health disorder as well as a substance-use disorder is a priority. This patient population often receives segmented care. Research has shown that services offered in an integrated setting for both disorders achieve the most optimal outcomes. Third, the inclusion of comprehensive gender specific services will give the ADAA the opportunity to focus on innovative family centered services. Research shows that women who are in treatment with their children have better outcomes thereby positively affecting the child welfare system. Finally the expansion of the use of pharmacology in treating substance-use disorders will assist patients in maintaining recovery. Just as other chronic medical conditions are treated with medications, programs treating those with substance-use disorders should maximize the scope and use of medications in treating this illness.

These priorities apply to all levels of care and special populations.

In addition, applications submitted by providers of substance-use disorder services that request capital grant funds through the Department of Health and Mental Hygiene must adhere to the following requirements:

1. The project must support the Mission of the ADAA and be consistent with the ADAA Vision.

### **ADAA Mission**

The Alcohol and Drug Abuse Administration is committed to providing access to a quality and effective substance abuse prevention, intervention, and treatment service system for the citizens of Maryland.

### **ADAA Vision**

The Alcohol and Drug Abuse Administration envisions a future in which we substantially increase the numbers of Maryland citizens who enjoy a healthy drug-free life by:

- Creating communities that possess the protective factors that discourage substance abuse, and
  - Providing high quality addictions treatment on request.
2. The project must demonstrate need for the services by being included in the Local Drug and Alcohol Abuse Council (LDAAC) Strategic Plan. Please provide a specific citation that shows the need for the proposed services.
  3. The project must demonstrate that it has the support of the LDAAC (i.e., support letter).
  4. The project must demonstrate that it is sustainable (i.e., provide a business plan for ongoing funding strategies).
  5. The project must demonstrate that it is supported by the county/city addiction coordinator (i.e., support letter).

Contacts for Local Drug and Alcohol Abuse Council and the County Addiction Directors/Coordinators can be obtained at [www.dhmdh.md.gov/adaa/](http://www.dhmdh.md.gov/adaa/).

**Additional Information**  
**for**  
**Grant Applicants Providing Services to**  
**Individuals with Developmental Disabilities**

*Prepared by:*

**Developmental Disabilities Administration**  
**Department of Health and Mental Hygiene**

**If you have any questions about this information, please contact the**

*Developmental Disabilities Administration*  
*Bette Ann Mobley at 410-767-5631*

**FY 2014 Grant Application for Administration-Sponsored Capital Program**

February 2012

## **Information for Grant Applicants Providing Services to Individuals with Developmental Disabilities**

The mission of the Developmental Disabilities Administration (DDA) is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life and to promote their empowerment to access quality supports and services necessary to foster personal growth, independence, and productivity. To support this mission, the DDA has established priorities for the Administration-Sponsored Capital Bond Program that will promote self determination and full inclusion in community life.

Projects that will receive the highest priority for Capital Bond funding will promote self determination, community inclusion, community collaboration, and consumer empowerment and will include:

- *Projects that promote separation of housing and services in independent housing through construction, acquisition, and/or renovation of residential properties where a landlord/tenant relationship is established without the landlord providing direct service(s) to the individuals living in those homes.*

Applicants may consider the following approaches, as examples only, to support the Administration's priorities:

- Projects that foster collaboration between non-profit housing corporations and service providers where a landlord/tenant relationship is established and where the provision of housing and services is administered separately such as:
  - Partnerships with service providers and local public housing authorities where the housing authority establishes the landlord/tenant relationship
  - Projects which leverage Federal HUD funding such as Section 811, Section 202, Housing Choice Vouchers (either tenant based or project based)
  - Partnerships with non-profit housing corporations that leverage private funding for the acquisition of lower cost housing available due to foreclosure

Please contact Bette Ann Mobley, Assistant Director for Programs, if you are interested in discussing any of these options or any other projects that will support the DDA priority areas. Ms. Mobley can be reached at 410-767-5631 or by email at [BAMobley@dhhm.state.md.us](mailto:BAMobley@dhhm.state.md.us).

# Developmental Disabilities Administration

## *Mission and Vision*

*Bond bill applications/proposals submitted by providers of community services to individuals with developmental disabilities must support the **mission** of the Developmental Disabilities Administration and be consistent with the **DDA vision**.*

**MISSION:** *The mission of the Developmental Disabilities Administration is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life and to promote their empowerment to access quality supports and services necessary to foster personal growth, independence and productivity.*

**VISION:** *The Developmental Disabilities Administration takes the leadership role in building partnerships and trust with families, providers, local and State agencies, and advocates to assure that individuals with developmental disabilities and their families have access to the resources necessary to foster growth, including those resources available to the general public. Because of our inherent belief in the rights and dignity of the individual, we are committed to:*

*The empowerment of all individuals with developmental disabilities and their families to choose the services and supports that meet their needs;*

*The integration of individuals with developmental disabilities into community life to foster participation;*

*The provision of quality supports, based on consumer satisfaction, that maximize individual growth and development; and*

*The establishment of a fiscally responsible, flexible service system that makes the best use of the resources that the citizens of Maryland have allocated for serving individuals with developmental disabilities.*

## **DHMH/DDA Community Capital Bond Program Application/Proposal Review, Prioritization, and Rating Forms**

Bond bill applications/proposals submitted by providers of community services to individuals with developmental disabilities must support the **mission** of the Developmental Disabilities Administration and be consistent with the DDA **vision**.

**Mission:** The mission of the Developmental Disabilities Administration is to provide leadership to assure the full participation of individuals with developmental disabilities and their families in all aspects of community life and to promote their empowerment to access quality supports and services necessary to foster personal growth, independence, and productivity.

**Vision:** The Developmental Disabilities Administration takes the leadership role in building partnerships and trust with families, providers, local and state agencies, and advocates to assure that individuals with developmental disabilities and their families have access to the resources necessary to foster growth, including those resources available to the general public. Because of our inherent belief in the rights and dignity of the individual, we are committed to:

- The empowerment of all individuals with developmental disabilities and their families to choose the services and supports that meet their needs;
- The integration of individuals with developmental disabilities into community life to foster participation;
- The provision of quality supports, based on consumer satisfaction, that maximizes individual growth and development;
- The establishment of a fiscally responsible, flexible service system that makes the best use of the resources that the citizens of Maryland have allocated for serving individuals with developmental disabilities.

Name of Agency Submitting Proposal: \_\_\_\_\_

Overall Proposal Priority is: \_\_\_\_\_

Overall Proposal Availability is: \_\_\_\_\_ points out of 20 points.

**Apply the following criteria in reviewing, prioritizing, and rating proposals:**

**I. Prioritization:**

- A. Support of DDA Priorities: Does the proposal demonstrate that the project is supportive of the priorities set by the DDA?

Examples:

- Projects to construct, acquire, and/or renovate residential properties that establish landlord/tenant relationships without the landlord providing the direct service to the individuals living in those homes.

- B. Demonstration of Need: Were you able to confirm the need for this project? (Site visits, waiting lists for services, waiting lists for Section 8 vouchers, consumer and family feedback, provider information indicating individuals in day programs are waiting for supported employment, etc.)

Yes                      No

- C. Self Determination: Are self determination and individual choice clearly incorporated as essentials?

Yes                      No

- D. Community Inclusion: Does the proposal promote the inclusion of consumers into the community?

Yes                      No

- E. Does the proposal promote collaboration with other agencies, i.e., inter-agency partnerships?

Yes                      No

**Prioritization Scoring:**

	<b>YES</b>	<b>NO</b>
A. Supportive of DDA Priorities	_____	_____
B. Demonstration of Need	_____	_____
C. Self determination & Individual Choice	_____	_____
D. Consumers Included in Community	_____	_____
E. Collaboration/Inter-Agency Partnerships	_____	_____

**Prioritization Score: (Total Yes Answers):**                      \_\_\_\_\_

**Priority Scale:**

- 5 yes answers = high
- 4 yes answers = high moderate
- 3 yes answers = moderate
- 2 yes answers = low moderate
- 1 yes answer = low

**Prioritization Scale:**                      \_\_\_\_\_



**Additional Information**

**for**

**Federally Qualified Health Centers Capital  
Funding Applicants**

Prepared by:

**The Office of Health Policy and Planning  
Family Health Administration  
Department of Health and Mental Hygiene**

**If you have any questions about this information, please contact the**

**Office of Health Policy and Planning**

Christina Shaklee  
410-767-6523

# To All Federally Qualified Health Centers

Office of Health Policy and Planning, Family Health Administration

## Areas of Priority to Be Considered in Grant Applications for Capital Funding

*The Maryland Office of Health Policy and Planning, in collaboration with the Primary Care Association, has developed the following list of priorities to be considered for inclusion in the review of any grant applications received for grant funding for fiscal year 2014.*

The list will provide a basis for determining the State's greatest needs for FQHC services in keeping with federal guidelines and in an attempt to make available quality health care services for the underserved throughout the State. The list is in no way exclusionary. The Office of Health Policy and Planning is aware that all of the Federally Qualified Health Centers provide much-needed service and that all of their expansion plans will benefit the underserved. All grant applications will continue to be evaluated equally. The list serves only to provide an agreed-upon set of priorities in the event that funding will not support awards to all applicants.

The priority list is in no way meant to be exclusionary. It will be used in the event of inadequate funds to cover all applications.

The agreed-upon priorities in order of importance include:

- Projects that would expand services into counties of Maryland not currently served by FQHCs.
- Projects that support and/or foster inclusive or innovative collaborations among community agencies and/or community integration (e.g., a new cooperative agreement between an FQHC and a community hospital).
- Projects that would expand into counties/jurisdictions already served but which can establish documented evidence of inadequate services in that area.
- Projects that support obstetrical and gynecological services.
- Projects that support dental services.
- Projects that support behavioral health services.