



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary



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

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

FY 2024 Continuation Grant Application

Maryland State Office of Minority Health and Health Disparities

MOTA FY 2024 (Year 2) Continuation Grant Application

Continuation Grant Due Date: May 1, 2023

These guidelines have been prepared to assist the grantee in the preparation of their continuation grant application for FY 2024, year 2 of the grant cycle. The Maryland Department of Health (MDH), Office of Minority Health and Health Disparities (MHHD), uses the continuation grant application to evaluate a grantee’s progress in planning and conducting project interventions, evaluating the effectiveness of such interventions, and meeting project/ program objectives during the previous reporting year (FY 23).

CONTINUATION APPLICATION FORMAT

The Continuation Application is comprised of the Face Page, a Table of Contents, a Year End Assessment, a Proposed Project for the upcoming fiscal year, a Budget, and a Work plan. The format and instructions for preparing the Continuation Application are provided below.

FACE PAGE (On Separate Page) (1 Page)

Grantee Project Name

Grantee Project Director’s Name

Grantee Project Director’s Contact Information: Phone, Fax, E-mail address

Grantee Organization Name

Grantee Organization Address

Year of Grant Cycle: **FY 2024 Year 2 Continuation Application**

TABLE OF CONTENTS

PART I: YEAR ONE (1) ASSESSMENT (2-3 Pages)

1. Describe any gaps between pro-rated (through March) annual targets and actual achievement during the FY 2023 grant cycle. (Attach your YTD performance showing achieved performance measures through March)
2. Describe barriers, challenges, and lessons learned during the 2023 grant cycle.
3. Describe strategies used to resolve barriers and challenges (Taking into consideration the COVID-19 pandemic effects, if any).

PART II: PROPOSED PROJECT FOR YEAR 2 (5 Pages)

1. Project Narrative
 - a. Program Purpose/Strategies/Interventions for Fiscal Year 2024. (Describe any changes from implemented strategies and interventions in the fiscal Year 2023 and provide a rationale for identified changes).
 - b. Project Objectives and Goals for Fiscal Year 2024 (Describe any changes from Fiscal Year 2023 and provide rationale).
 - c. Submit a detailed work plan utilizing the template provided in this guideline.
 - d. Describe the Monitoring and Evaluation Plan.
 - e. Desired/Expected Results (Outputs, Outcomes/Impacts, Measures)
2. Proposed Performance Measures and Deliverables. Please review performance measures for FY 2023 and revise as needed for 2024 based on the FY 2023 experience. To facilitate this process please complete the applicable table in attachment E itemizing, the required performance measures, your 2023 proposal targets, the targets stated in your FT 2023 SGA/COA, the 2023 actual year-to-date achievement (through March 2023), and your proposed FT 2024 performance measure targets (based on the 2023 experience). **Be sure to submit your completed attachment E with your application.** If you have other performance measures that are relevant to your program, provide those measures and your proposed annual targets in the narrative and in form 432-C.
3. Proposed Staff to Execute the Project. (Describe any changes from Fiscal Year 2023 and provide rationale).
4. Describe any expected hiring and training time for any new proposed staff.
5. Performance reporting will continue to be monthly data and narrative reports due on the 10th of the subsequent month.

PART III: PROJECT BUDGET YEAR

1. Provide the Year 2 budget on forms 432 A through H using the excel spreadsheets for these forms.
2. Provide Budget Narrative for Year 2 (Fiscal Year 2024).

Each FY 2024 MOTA grantee will be expected to comply with the following financial guidance for this grant:

1. **Fiscal Reports:** The applicant will follow the guidelines as provided in the [MDH Human Services Agreement Manual \(HSAM\)](#). Program progress reports will be submitted on a quarterly basis using a format provided by MDH and will be used to support fiscal reporting. Fiscal reports are due whenever a payment is requested. All payment requests

must be made by using MDH Forms 437, and 438; an Attestation Form, and a Disbursement Journal (General Ledger, Excel Spreadsheet, etc.). Grantees will also supply copies of receipts to support the total claimed expenses. At year-end, a fiscal report that reconciles actual expenditures and performance measures (MDH 440 and 440A) will be required.

The HSAM provides guidance for the financial management of grant programs. The applicant must complete and submit the applicable MDH 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.

2. **Available Funds:** Program funds are available on an annual basis depending upon the appropriations by the Maryland General Assembly through June 30, 2024. Grantees **MAY** receive additional funding for FY 2024. Any additional funding amount will be determined based on performance in 2023.
3. **Start-up Costs:** All MOTA applicants are eligible for an advance of 25% of the total grant award. To request start-up costs, grantees are required to submit a completed MDH form [437](#).
4. **Personnel:** Program funds used for personnel, contractors, consultants, sub-grantees, etc. should be reasonable based on the program design. Program funds should be directed toward maximizing programmatic services and materials versus salaries, clinical services, and promotional materials.
5. **Closeout Fiscal Report:** All 2022 MOTA applicants must submit MDH 440 and 440A by August 31, 2024.
6. **Fiscal Forms:** Completion of MDH 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:** All 2024 MOTA applicants should have the appropriate accounting/file storage/grant management systems in place to receive and account for grant funds.
8. **Administrative Costs:** For the fiscal year 2024, 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 the 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.

SUPPORTING DOCUMENTATION

- **Letters of Commitment:** A **letter of commitment** from at least three (3) community partners or collaborators **must be submitted**. Each letter must be printed on the respective organization's letterhead. Letters should indicate the specific contributions the partner or collaborator will provide to support the proposed project.
- **Health Department Support Letter:** There *must be one (1) letter of support*, from the local health officer, or another representative from the local health department in the focal jurisdiction. 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.

PART IV: WORK PLAN YEAR 2

1. Provide a [Work Plan for Year 2](#) (see below).
2. Provide a [CALENDAR of proposed program activities for the first month of the year 2 award](#). (see attached sample)

2024 MOTA APPLICATION SUBMISSION

Partners must submit their application electronically via email by 6:00 p.m. Eastern Time on **Monday, May 1, 2023, to namisak.kramer1@maryland.gov**. If you have questions, you should contact Namisa Kramer at 410-767-8954 or namisak.kramer1@maryland.gov.

All pages of the document must be numbered clearly and sequentially beginning with the Table of Contents. The narrative should be typed double-spaced, no smaller than 12-point font, and contain 1" margins. The Year End Report and Continuation Application are not to exceed a total of 15 pages (appendices/attachments not included).

Technical Assistance

For questions related to the program or assistance in preparing the document, please contact Namisa Kramer at 410-767-8954 or via email at namisak.kramer1@maryland.gov.

APPENDICES

Attachment A: Work Plan Template

Attachment B: Sample Calendar of Program Activities (This will be updated monthly)

Attachment C: Sample MDH Program Budget Forms 432B

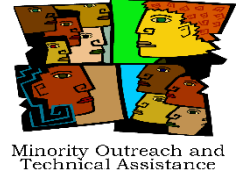
Attachment D: Sample Program Budget Narrative Justification

Attachment E: Required Performance Measures Worksheet

Attachment A: Work Plan Template

Goal 1:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected outcome must be defined for each action step.</i>	<i>An evaluative measure must be defined for each action step.</i>	<i>A responsible person must be identified for each action step.</i>	<i>Comments are optional.</i>
Goal 2:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
Goal 3:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments
Goal 4:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Comments

Attachment B: Sample Calendar



Name of Organization:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
		NOTES:				

Attachment C: Sample MDH Program Budget [432-B](#)

PROGRAM BUDGET

PROGRAM

ADMINISTRATION:

GRANT NUMBER:	CHA2008MG	DATE	SUBMITTED: 05/XX/2023
CONTRACT PERIOD:	07/01/23 -- 06/30/24	FISCAL YEAR:	2024
ORGANIZATION:	The Peoples Racial/Ethnic Outreach Program	PHONE #:	410-555-1212
STREET ADDRESS:	Any Street		
CITY, STATE, COUNTY:	Any City, Any State	ZIP:	21201
PROGRAM TITLE:	MOTA Grant Year 2		
CHARGEABLE SERVICES (Y/N)		MDH PROVIDES 50% OR MORE OF FUNDING (Y/N)	
FOR MDH USE ONLY			

OTHER DIRECT FUNDING

LINE ITEMS MAY NOT BE CHANGED	MDH FUNDING REQUEST	SUPPLEMENTAL FUNDING REDUCTION	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS	12,000					12,000
FRINGE	2,400					2,400
CONSULTANTS	2,500					2,500
EQUIPMENT	500					500
PURCHASE OF SERVICE	0					0
RENOVATION	0					0
REAL PROPERTY PURCHASE	0					0
UTILITIES	0					0
RENT	0					0
FOOD	480					480
MEDICINES & DRUGS	0					0
MEDICAL SUPPLIES	0					0
OFFICE SUPPLIES	200					200
TRANSPORTATION/TRAVEL	430					430
HOUSEKEEPING/ MAINTENANCE/REPAIRS	0					0
POSTAGE	390					390
PRINTING/DUPLICATION	1,000					1,000
STAFF DEVELOPMENT/ TRAINING	0					0
TELEPHONE	100					100
ADVERTISING	0					0
INSURANCE	0					0
LEGAL/ACCOUNTING/AUDIT	0					0
PROFESSIONAL DUES	0					0
OTHER (repair phone line) (ATTACH ITEMIZATION)	0					0
TOTAL DIRECT COSTS	20,000					20,000
INDIRECT COST	0					0
TOTAL COSTS	20,000					20,000
LESS: CLIENT FEES						0
MDH FUNDING	20,000					20,000

MDH 432B (Rev.3/19)

Attachment D: Sample Program Budget Narrative Justification
GRANT PROGRAM NAME
(GRANT) FY 2024

A. Salaries/Special Payments **\$12,000**

Program Director Grade 14/3 .60 FTE **\$6,000**
Margaret Doe: To direct the Charles County MOTA program; implement and monitor the MDH-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 **\$4,500**
Vacant: To provide community outreach for African American populations. Prepares and presents group educational presentations and distributes written information. Responds to inquiries and coordinate community presentations under the direction of the MOTA Program Director

Secretary/Fiscal Officer Grade 8/9 .25 FTE **\$2,500**
Cindy Doe: To provide administrative support for the MOTA program including establishing files, maintaining program and fiscal records, and ensuring the effective flow of work. Prepares materials and assembles packets, handles, and processes electronic correspondence, works with accounting experts, and serves as liaison to the MDH MOTA program.

B. Fringe Benefits **\$2,400**
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 may cover health educator training of community groups, developing educational materials, convening workgroups and conferences, and accounting technical assistance.

D. Equipment **\$500**
One (1) computer, printer, and software

E. Telephone **\$100**
To cover the cost of two phones used half-time for the MOTA program.

F. Purchase of Service
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.

<u>G. Food</u>	\$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.	
<u>H. Office Supplies</u>	\$200
Stationery, file folders, desk supplies, hanging files, copy paper, and notebooks.	
<u>I. Postage</u>	\$390
500 contact persons x 2 mailings x .39 = \$ 370 Postage for educational mailings and recruitment of minorities	
<u>J. Printing/Duplication</u>	\$1,000
1,000 brochures for mailing to community racial/ethnic groups	
<u>K. Travel In-State</u>	\$430
15 trips X 50 Miles X 56.5 cents per mile For Outreach Worker travel to provide community presentations and follow-up	
<u>L. Legal/Accounting/Audit</u>	
To obtain accounting technical assistance to support establishing acceptable business and financial practices, and to advise on financial reporting, invoicing, closeout, and audit.	
<u>M. Other</u>	
If any, must be itemized and details are given showing how the costs are calculated.	
<u>N. Indirect Costs</u>	
Indirect costs are a component of administrative costs. Administrative costs do not exceed 7% of the total MHHD grant and are included in the above line items.	
<u>O. Total Costs</u>	\$20,000
This total is the same as MDH funding because no other funds are being received for services provided under the MOTA grant agreement.	
<u>P. MDH Funding</u>	\$20,000

Attachment E: Required Performance Measures Worksheet

Instructions: For your focus area, list in column 2 the annual targets for these measures that you wrote in your FY 2023 proposal. In column 3, list the annual targets shown in your FY 2023 SGA/COA. In column 4, list your FY 2023 year-to-date performance (through March 2023). In column 5, list your feasible FY 2024 annual targets.

Mental Health

	FY 2023 Proposal	FY 2023 SGA/COA	FY 2023 YTD	FY 2024 Proposed
# Of encounters (individuals touched)				
# Of individuals that expressed interest in mental health services/resources				
# Of individuals Linked/referred to mental health services				
# Of unduplicated (newly enrolled) individuals enrolled in the mental health services				
# Of individuals who Completed 60 days, 90 days, 120 days, and 180 days in services				
# Of individuals who expressed improvement of mental health concerns at the treatment end				
# Of individuals Who Completed the Exit Survey				

Cancer

	FY 2023 Proposal	FY 2023 SGA/COA	FY 2023 YTD	FY 2024 Proposed
# Of Encounters (individuals touched)				
# Of Engagements (Individuals with whom information or services were exchanged)				
# Of individuals linked to a Health Care Professional or FQHC (Federally Qualified Health Center) for screening				
# Of unduplicated (newly enrolled) Individuals in the Program				
# Of individuals who completed 60 days, 90 days, and 120 days of programming				
# Of individuals who exhibited greater knowledge of cancer prevention, education, and services at program completion				
# Of individuals who completed an exit survey				

Obesity/Diabetes

	FY 2023 Proposal	FY 2023 SGA/COA	FY 2023 YTD	FY 2024 Proposed
# Of encounters (individuals touched)				
# Of engagements (Individuals with whom information was exchanged)				
# Of individuals enrolled in weight loss program				
# Of individuals who experienced a decrease in BMI				
# Of individuals who maintained weight loss for 60 days, 90 days, 180 days				
# Of individuals linked to a healthcare professional				
# Of individuals who completed an exit survey				

Pregnancy Outcomes and Birth Outcomes

	FY 2023 Proposal	FY 2023 SGA/COA	FY 2023 YTD	FY 2024 Proposed
# Of Encounters (individuals touched)				
# Of Engagements (individuals with whom information or services were exchanged)				
# Of individuals linked to Health Care Professionals or FQHC (Federally Qualified Health Center)				
# Of unduplicated (newly enrolled) individuals in the Program				
# Of individuals who completed programming within 90 days				
# Of individuals who successfully completed training (i.e., prenatal care, breastfeeding, parenting, nutrition, etc.)				
# Of individuals who completed an exit survey				