



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Cigarette Restitution Fund Program
Director: *Carlessia A. Hussein, R.N., Dr. P.H.*

Phone: 410-767-7117 – FAX: 410-333-5100
www.crf.state.md.us - Room 500

May 1, 2008

TO ALL INTERESTED PARTIES:

The Maryland Cigarette Restitution Fund Program (CRFP) seeks interested organizations to apply for a fiscal year 2009, Minority Outreach and Technical Assistance (MOTA) grant for the period July 1, 2008 through June 30, 2009. Minority organizations and entities that serve minorities, residing in Maryland are eligible to apply. This is a competitive grant opportunity.

MOTA's FY 2009 Request for Applications announcement is attached. The RFA outlines the requirements for the FY 2009 grant year. Please submit a typed, signed in blue-ink, unbound original application and seven copies in accordance with the request for application instructions. **Applications must be physically in the MOTA office by Friday, May 30, 2008; no later than 3:30 PM.** Applications will only be accepted by way of U.S. Mail, courier express mail or hand delivery to the address provided in the RFA instructions. In addition to the hard-copy of the application, we are requesting that an electronic copy to be sent to: agist@dhhm.state.md.us.

Interested applicants should address questions to Ms. Arlee W. Gist, Deputy Director for the Cigarette Restitution Fund Program, by calling 410-767-1052 or by email at agist@dhhm.state.md.us

Thank you for your interest.

Sincerely,

Carlessia A. Hussein

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

Enclosure
cc: Arlee W. Gist
Truemenda C. Green

Technical Assistance on the Request for Application

Technical assistance will be offered via conference call for any questions regarding the posting of this funding announcement.

The following dates and times are offered to support questions, or comments in the preparation of the application:

May 1, 2008	10:00AM-11:30AM-Continuing Applicants
May 9, 2008	10:00AM-11:30AM- New Applicants
May 19, 2008	10:00AM-11:30AM- Continuing Applicants
May 28, 2008	10:00AM-11:30AM- All Applicants

* Please download a copy of the request for application for discussion on the call.

Conference Call Instructions

Department of Health and Mental Hygiene

Tele Conference Service

Audio-conferencing has been arranged to be held on, May 1st, May 9th, May 19th, and May 28th from 10:00a.m to 11:30 a.m. Please be advised of the following information regarding the conference call:

Dial in number: 410-549-4411
Participant Code: 2009 #

* Please use the same conference call code for each of the above referenced date/times.

If you have any trouble dialing into the audio-conference call, please contact DHMH Teleconference Services at (410) 767-5108. A Staff Member will assist you in your connection to the audio-conference.

**REQUEST FOR APPLICATIONS (RFA)
MINORITY OUTREACH & TECHNICAL ASSISTANCE (MOTA)
CIGARETTE RESTITUTION FUND PROGRAM (CRFP)**

May 1, 2008

BACKGROUND:

The Cigarette Restitution Fund Program (CRFP) was established by Maryland State Legislation and began operations on July 1, 2000 as a unit within the Maryland Department of Health and Mental Hygiene (DHMH). The CRFP consists of two programs, **Tobacco Use Cessation and Prevention** and **Cancer Prevention, Education, Screening and Treatment**. Each of these programs has a Local Public Health component that requires the establishment of cancer and tobacco health coalitions in Maryland jurisdictions. These coalitions assist the local public health officers in developing and implementing comprehensive plans to reduce tobacco use and to control cancer. The **Minority Outreach and Technical Assistance (MOTA)** program is mandated by legislation to provide outreach and technical assistance to minority communities and organize effective participation in the local tobacco and cancer coalitions. MOTA has funded 240 minority community-based organizations since its inception in 2001. Please visit the CRFP/MOTA website for additional information: www.crf.state.md.us/html.

ELIGIBILITY:

Maryland jurisdictions with at least 15% minority population and/or 17,000 minorities are eligible to receive a MOTA grant in fiscal year 2009 for the period of **July 1, 2008 to June 30, 2009** (*See Attachment A*). The Minority Outreach and Technical Assistance program will issue one grant to each eligible jurisdiction through a competitive process. Grant applicants must have non-profit organizational status and the organizations' business must be physically located in the county for which they are proposing to provide services.

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

ABSENCE OF TOBACCO HISTORY:

All offerors, prime contractor (grantee), employees, consultants or subcontractors (sub-grantees), are hereby advised that under the terms of the standard grant agreement resulting from this request for application (RFA), they are prohibited from performing services and purchasing merchandise from tobacco manufacturers so long as the grant remains in effect.

AWARD INFORMATION

The Minority Outreach Technical Assistance program (MOTA) will provide funding during the State's fiscal year (FY) 2009. Awards will be issued as Grant Agreements, a form of grant that allows for substantial state involvement.

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

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

Funding within this fiscal year (FY 2009) is dependent on the availability of appropriated funds, satisfactory performance, and a decision that funding is in the best interest of the State government.

PROGRAM REQUIREMENTS:

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

- a. Engage: Encourage Minorities to Dialogue on Health Matters
- b. Outreach:
 - Minority Health Advocacy in Local Health Department Cancer/Tobacco Coalitions
 - Health Education of Minorities in Tobacco/Cancer
- c. Technical Assistance: Capacity Building Assistance to Minority Serving Organizations
- d. Sustainability: Collaboration and Partnerships among Minority Serving Groups

Each applicant must be able to demonstrate their capability to implement the following:

- 1 Program activities, goals and objectives **must** reach the following minority groups: African Americans, Asian Americans, Hispanic/Latino Americans, Native Americans and Women. It is within these ethnic/gender groups where various tobacco and cancer related health disparities currently exist.

2. The DHMH Human Services Agreements Manual (HSAM) **must** be used as the financial management guidance for all funds received from CRFP. You may access an electronic copy of this manual by using the following link http://www.dhmh.state.md.us/forms/sf_gacct.htm .
3. Applicants must identify and maintain an operational office within the county proposed. All official records must be maintained at this location for site visits and audits.
4. Applicants must provide a copy of the following (a) IRS nonprofit determination for your organization (b) IRS Form 990 (c) financial statement and (d) audit report.

Each FY 2009 grantee will be expected to comply with the following program operational and reporting guidance:

1. Grantees **will** complete and submit a progress report that quantifies, activities directed to each minority group and describes activities conducted during the period of the report. Be specific and provide narrative information and list communities that benefited from the activities. Be able to demonstrate the implementation of your MOTA Action Plan completing proposed activities to meet the program objectives and methods used to document all activities and results. The required report format and frequency of submission will be provided by MOTA.
2. Grantees **will** submit quarterly and year-end reports that reconcile actual expenditures and performance measures (DHMH FORMS 438) achieved using the MOTA format, along with DHMH Forms 440 and 440A.
3. Grantees **will** recruit and train African-American, Asian American, Native American, Latino American minorities and Women to attend the local cancer and tobacco coalition meetings. New members recruited to attend should be trained to do the following: represent the organization as a MOTA grantee, during the coalition meetings advocate for minority health services as it relates to cancer/tobacco health matters, take minutes/reports on coalition process/recommendations/actions, submit a narrative summary of each coalition meeting to the MOTA project director.
4. Grantees **must** attend mandatory trainings/ regional/conference call meetings held by the grantor – (at least two trainings will be technical workshops) and attend recommended conference (s) as requested by funding administration.
5. Grantees **must** create a presentation and/or showcase an exhibitor display of goals, accomplishments, and activities conducted within the award year during the Annual Maryland Minority Health Disparities Conference, or other minority health focused conference or meeting.
6. Grantees that receive \$100,000 and above **MUST** distribute at least 30% of the total grant award through a sub-grant award. Sub-grant monitoring is a requirement for grantees receiving \$100,000 and above. The following requirements must be documented for organizations awarded \$100,000 and above:
 - Subgrants must be awarded by the submission and review of a request for proposal.
 - Proposal review and award process must contain the following elements:
 - A formal proposal from each sub-grant applicant.
 - Advertise the proposal within the local county.

- Applicants must be a minority serving organization, or minority consultant.
 - The proposal should contain: a detailed budget using DHMH forms (432 A-H), budget justification, proposed activities to be conducted, proposed number of minorities to be trained/recruited for the coalition, proposed number of educational materials to be distributed in the community.
 - Review/award criteria will be under the discretion of the grantee agency.
 - Sub-grant monitoring must include:
 - Annual site visit to the sub-awardees.
 - Annual site visits should include: summary report, a review of fiscal and program activities for the grant period.
 - Review of invoices and program reports prior to authorization of payments.
 - Sub-grant contracts must be in place within 60 days of the official award, September 1, 2008.
7. Grantees **must** become familiar with and use the Sustainable Minority Outreach Technical Assistance (SMOTA) model as an organizing and systematic approach to achieving successful and sustainable participation of minority groups.

The SMOTA MODEL steps are:

(1) Prepare to engage the community, (2) Outreach to each minority group, (3) Provide technical assistance, and (4) Undertake efforts to enable minority groups to enhance and sustain their infrastructures well into the future and beyond MOTA funding. To download a copy of the SMOTA Model, use the following link:

<http://www.crf.state.md.us/html/mota.cfm>.

REPORTING REQUIREMENTS:

1. **Grantees must agree to participate in the MOTA Electronic Information and Data Reporting (EIDR) System. This system allows the grantee to document activities completed, progress on performance measures, and evaluation of outcomes/impact of the proposed program.**
2. **The frequency of the reporting will be determined by the department.**

FISCAL REQUIREMENTS:

Each grantee must comply with the fiscal guidance for this grant:

The DHMH Human Services Agreement Manual provides guidance for financial management of CRFP funds. Each recipient of MOTA funds must complete and submit DHMH **Forms 432 A-H, 433 and 434**. To access DHMH forms go to <http://www.dhmh.state.md.us/pca/html/forms2.htm>. Administrative costs (indirect) **cannot** exceed 7% of the total grant award. Additional information regarding administrative costs will be provided upon request. A written budget justification narrative using the provided format, must accompany the budget.

- A. Program Budgets- a detailed budget narrative is required. A sample format is included.
- B. Complete DHMH Forms 432 A-H, FORM 433 and Form 434 in their entirety are required. An omission of any of these forms will render an application unresponsive and may not be reviewed at the discretion of the funding administration.

- C. Applicant should have the appropriate accounting/file storage/grant management systems in place to receive and account for grant funds.

APPLICATION FORMAT AND CONTENT:

The MOTA application should be no less than 7 pages and no more than 15 pages long (not including budget pages and written budget narrative justification), using 12 pt. font, printed on one side and each page numbered sequentially.

*** Application terms and definitions are provided in Attachment F.**

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

The narrative description of the project must contain the following sections in succession using the specifications below:

APPLICATION CONTENT

- A) **Cover Letter– (See required letter sample: Attachment D1):** Place on your organization’s letterhead a detailed cover letter that states your intent to submit an application for funding consideration. The purpose of the cover letter is to introduce the organization, and the application. The authorizing official should sign and provide the contact name and phone number for the MOTA Project Director. The federal tax identification number should also be provided.
- B) **Abstract Page–(see required abstract template: Attachment D2):** Complete in its entirety the abstract template.
- C) **Applicant’s Organizational Capability** – Provide a narrative outlining the organization’s experiences and abilities to account for/manage the proposed grant and to provide services to the targeted minorities. Include information regarding the organization’s ability and experiences in promoting health education, the agency’s background, structure, mission, and current and past performances with similar grants. Provide the most recent audit report if your organization received public funds over \$100,000 annually in the last three years.
- D) **Community Experience** – Provide a summary of your organization’s longevity in the county and experience with each of the targeted minority groups. Summarize specific activities that have occurred with each targeted minority group and the outcomes of the activities performed in conducting outreach to each group during past years.

E) **Health Disparities in Your Jurisdiction-** Explain the need for services in the community.

1. Description of Target Community: Describe the geographic area to be served where work is to be performed and explain why services are needed (See Attachment G). Provide a demographic description of the target community which may include but not limited to:

- (a) Ethnic and racial groups in the community
- (b) Age groups in the community
- (c) Income levels
- (d) Describe the local/county minority cancer incidence; cancer related deaths, tobacco use, and tobacco related deaths.
- (e) Other pertinent information on health disparities.

* Health disparities data can be found at your state/local government department of health, office of minority health.

F) **Ethnic/Racial Organizations** – Provide a complete list of the minority serving or racial/ethnic organizations in your jurisdiction entitled “Ethnic/Racial Organizations.” Please note within the format, if your agency has had previous collaborations/partnership with the listed groups or if the relationship is “new”. The list should contain the name of organizations, organizations’ address, contact person, phone, fax, email, racial/ethnic or civic orientation (example: faith-based, social club, community-based) and type of services offered. (Please use the template under: Attachment C)

G) **MOTA PROGRAM** – Provide in no less than seven (7) pages and no more than ten (10), a detailed description of how the funds will be used to implement the proposed activities:

- 1. Present your program’s plans to achieve the goals established by the program, before the end of the fiscal year 2009.
- 2. Additional objectives can be added, however they must be supported in the narrative.
- 3. The performance standards must be achieved by the end of the FY 2009 fiscal year. It is encouraged to set performance standards above the minimum performance required. Additional performance measures can be used, but must be supported in the narrative.

G) MOTA PROGRAM (Continued)

Goal Statement:

The goal of the Minority Outreach and Technical Assistance (MOTA) is to assist the CRFP Program to reduce tobacco use and cancer mortality among minorities throughout the State of Maryland.

Measurable Objectives:

Objective 1: To increase the education and awareness of minorities on tobacco related illnesses, the consequences of tobacco use, tobacco prevention/cessation, minority cancer disparities, and local cancer screening opportunities, by the end of FY 2009.

Performance Standard 1: To conduct cultural events and/or health education sessions, targeting ethnic minorities (African-American, Asian American/Pacific Islander, Latino/Hispanics, Native American, and Women) to promote education/awareness of cancer/tobacco prevention, cessation, treatment and screening.

Performance Standard 1.2: To distribute at minimum 3,000 pieces of culturally appropriate cancer/tobacco information within the local community.

Objective 2: To increase the recruitment and training of minorities to actively participate in and advocate for the health service needs of targeted minorities in the Local Cancer and Tobacco Community Health Coalitions, by the end of FY 2009.

Performance Standard 2.1: To recruit and train minorities from each ethnic/racial group to attend and represent minority interest in their local Cancer/Tobacco Control Plans. (African-Americans, Asian American/Pacific Islander, Latino/Hispanics, Native Americans, Women).

Performance Standard 2.2: To actively participate with and for minorities in the planning for local cancer and tobacco service delivery.

Objective 3: To increase the number of minorities that seek cancer screening opportunities, by the end of FY 2009.

Performance Standard 3.1: To educate minorities on how to access local cancer screenings.

Performance Standard 3.2: To document the minority referred for cancer screening.

Objective 4: To increase the number of minorities that seek tobacco cessation program opportunities, by the end of FY 2009.

Performance Standard 3.1: To educate minorities on how to access local tobacco cessation services.

Performance Standard 3.2: To document the minority referred for tobacco cessation services.

G) MOTA Action Plan:

The plan must contain program goals, objectives proposed activities and evaluation methods that target each of the four minority groups in each jurisdiction. A detailed description of the plan in narrative format **and** submit the objectives in a table format, must be submitted.

(See Attachment B, three pages)

The action plan seeks to address the questions of how you will carry out your activities and services to the community? Who will do them? and in what time period? The action plan developed will assist the applicant in providing a blue print for the proposed activities. It will also serve as an administrative tool to evaluate whether or not performance is achieved.

The components of the action plan are:

(a.) Action Plan: Describe specific actions for each minority group that will be undertaken to achieve each objective and list specific dates for completion of each task. Task or activity should relate to the objectives proposed. Use the attached MOTA Action Plan sample to prepare your proposed activities, timeline, lead staff and performance measures.

(b.) Describe how you will (a) collect activity data; (b) monitor process [did the activities take place and how effective were they]; (c) present outcome [how did the minority community benefit from the activity] (d) what evaluation methods will be used [activity logs, sign-in sheets,]

Explanation for Action Planning Purpose

<i>Objectives</i>	<i>The objective column should list objectives to achieve the desired program goals.</i>
<i>Activities</i>	<i>The activities column should list the proposed activities planned to meet the goals and objectives.</i>
<i>Progress Monitoring</i>	<i>The monitoring methods used should help assess whether or not the activities planned will help accomplish the objective(s).</i>
<i>Estimated Completion Dates</i>	<i>The dates should give an estimate of when the proposed activity will be completed.</i>
<i>Minority Groups Reached</i>	<i>Each activity should target one or more racial/ ethnic groups.</i>
<i>Staff Person(s) Responsible</i>	<i>A staff person should be designated as the lead or authority on each proposed activity.</i>
<i>Action Plans Required-</i>	<i>In order to implement the proposed activities, planning must be conducted.</i>

- H) **Personnel:** Provide the names, position titles, education, experience and resume of the proposed MOTA project director, outreach workers and all others who will be paid by MOTA funds. Describe the role and responsibilities of each staff person. Identify who will be responsible for financial management, submission of fiscal forms and interface with the MOTA fiscal officer and/or program manager.
- I) **Support Letters** – Included in this section in the application, there *must be three(3) letters of collaboration*, of which; one must come from the local health officer, of the local department of health. Each letter must be printed on each organization’s letterhead. Support letters should indicate the intent of those organizations to support your application and/or detail plans, if any, to contribute in collaboration with you on this grant.
- J) **Available Funds – Available funds to eligible counties are detailed on the attached form.** (See *Attachment A.*) DHMH forms 432A through H, 433, and 434 along with a budget narrative justifying each line item must be included. A sample budget (DHMH 432B *Attachment E*) and written budget narrative justification (*Attachment F*) are provided as guidance. Usage of this sample in its entirety will eliminate your application from the grant competition.
- K) **Proposed Budget** – Applicants must become familiar with DHMH fiscal forms 432 A-H. All forms are to be completed according to DHMH policy and procedures. Forms that do not meet the necessary requirements will be returned for revision. Applicants are advised to obtain accounting services to maintain its general ledger for all grant related expenses. Applicants are urged to call the MOTA office to request technical assistance in order to minimize the need for corrections.
- L) **Additional Forms** – The authorizing official must complete and sign DHMH Form 433, Condition of Human Service Agreement Statement and DHMH Form 434, Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964, and Section 503 and 504 of the Rehabilitation Act of 1973 as Amended. Applicants are urged to request technical assistance to minimize the need for corrections.
- M) **Payment Terms and Process** – To initiate the payment process, applicants will be required to request an advance payment. The request will be submitted after the grant agreements have been executed and approved. The program administration requires each grantee to submit a quarterly attestation that attests to sound accounting procedures. Quarterly payments will be approved based on documentation of expenditures of funds and receipt of bi-monthly statistical and progress reports that demonstrate acceptable accomplishments.

N) Application Deadline –

Application must be physically in the MOTA office by: **Friday, May 30, 2008; no later than 3:30 PM.** Submit one original unbound copy along with seven copies.

For additional information, contact Arlee Gist on 410-767-1052 or by email using agist@dhhm.state.md.us, or Truemenda Green on 410-767-8954 or by email using tcgreen@dhhm.state.md.us. You may visit <http://www.crf.state.md.us/html/mota.cfm> to find out more about MOTA.

**Issued by: Department of Health and Mental Hygiene
Cigarette Restitution Fund Program
Minority Outreach and Technical Assistance
201 West Preston Street, Room 500
Baltimore, Maryland 21201
410-767-7117
Carlessia A. Hussein, R.N., Dr. P.H.
Director**

Attachment A

**MINORITY OUTREACH AND TECHNICAL ASSISTANCE
Cigarette Restitution Fund Program**

FY 2009 ELIGIBLE COUNTIES

Jurisdictions with 100,000 or More Minorities*

Anne Arundel County	\$ 40,000
Baltimore City	\$166,000
Baltimore County	\$ 88,000
Montgomery County	\$147,000
Prince George's County	\$252,000

Jurisdictions with 17,000 or 15% Minorities**

Howard County	\$ 35,000
Harford County	\$ 35,000
Calvert County	\$ 35,000
Charles County	\$ 35,000
Caroline County	\$ 35,000
St. Mary's County	\$ 35,000
Kent County	\$ 35,000
Frederick County	\$ 35,000
Talbot County	\$ 35,000
Dorchester County	\$ 35,000
Wicomico County	\$ 35,000
Somerset County	\$ 35,000
Washington County	\$ 35,000
Worcester County	\$ 35,000

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

Garrett County	-0-
Allegany County	-0-
Carroll County	-0-
Cecil County	-0-
Queen Anne's County	-0-

(Attachment B)

**Department of Health and Mental Hygiene (DHMH)
Cigarette Restitution Fund Program (CRFP)
Minority Outreach and Technical Assistance Program (MOTA)
Action Plan**

FY2009: Performance Measures:

- Number of minorities recruited for the Local Tobacco/Cancer Coalition
- Number of cultural events/health sessions conducted targeting minorities
- Number of cancer/tobacco health education materials distributed:
- Number of minorities referred to cancer screening and tobacco cessation opportunities.

Objective 1: To increase the education and awareness of minorities on tobacco related illnesses, the consequences of tobacco use, tobacco prevention/cessation, minority cancer disparities, and local cancer screening opportunities.

OBJECTIVES	ACTIVITIES	Minority Groups Reached	Staff Person (s) Responsible	Estimated Completion Dates	Performance Measure Addressed	Progress Monitoring Method(s)	ACTION PLANS REQUIRED
<p>Objective 1: To engage minorities in cancer/tobacco health promotion information exchange.</p> <p>Objective 2: To conduct health education presentations to minority groups.</p>	<p>Attend community events where minorities are gathered.</p> <p>Distribute health education materials.</p>	<p>Native American African-American</p>	<p>J. Doe</p>	<p>July-August 2008 Sept-October 2008</p>	<p># of materials distributed</p>	<p>Pre-count materials Complete Activity Log on attendees</p>	<p>Staff planning meetings will be immediate upon notice of grant award.</p> <p>Get a community calendar of local events.</p>

(Attachment B)

**Department of Health and Mental Hygiene (DHMH)
Cigarette Restitution Fund Program (CRFP)
Minority Outreach and Technical Assistance Program (MOTA)
Action Plan**

FY2009: Performance Measures:

- Number of minorities recruited for the Local Tobacco/Cancer Coalition
- Number of cultural events/health sessions conducted targeting minorities
- Number of cancer/tobacco health education materials distributed
- Number of minorities referred to cancer screening and tobacco cessation opportunities

Objective 2: To increase the recruitment and training of minorities to actively participate in and advocate for the health service needs of targeted minorities in the Local Cancer and Tobacco Community Health Coalition.

OBJECTIVES	ACTIVITIES	Minority Groups Reached	Staff Person (s) Responsible	Estimated Completion Dates	Performance Measure Addressed	Progress Monitoring Method(s)	ACTION PLANS REQUIRED
Objective 1: To recruit minorities to participate in community coalition. Objective 2: To train recruited minorities to advocate for the health needs of their ethnic group.	Develop a flyer announcement Provide education on coalition meeting process, roles, and expectations.	Native American African-American Latino-American Asian-American Women	J. Doe	July-Aug 2008 Sept-October 2008	# of minorities recruited	Completed recruitment forms	Staff planning meetings will be immediate upon notice of grant award.

(Attachment B)

**Department of Health and Mental Hygiene (DHMH)
Cigarette Restitution Fund Program (CRFP)
Minority Outreach and Technical Assistance Program (MOTA)
Action Plan**

FY2009: Performance Measures:

- Number of minorities recruited for the Local Tobacco/Cancer Coalition
- Number of cultural events/health sessions conducted targeting minorities
- Number of cancer/tobacco health education materials distributed
- Number of minorities referred to cancer screening and tobacco cessation opportunities

Objective 3 and Objective 4: To increase the number of minorities that seek cancer screen and tobacco cessation opportunities.

OBJECTIVES	ACTIVITIES	Minority Groups Reached	Staff Person (s) Responsible	Estimated Completion Dates	Performance Measure Addressed	Progress Monitoring Method(s)	ACTION PLANS REQUIRED
Objective 1: To educate minorities on cancer screenings available at the local health department. Objective 2: To educate minorities on tobacco cessation services at the local health department.	Sponsor 1 health education sessions for church leaders on cancer/tobacco illnesses	African-American Asian American Latino American Faith Leaders	J. Doe	July-August 2008 Sept-October 2008	# persons referred	Meeting sign-in sheet Referral sheet Flyer	Staff planning meetings will be immediate upon notice of grant award.

(Attachment: C)

Department of Health and Mental Hygiene
Cigarette Restitution Fund Program

Minority Outreach and Technical Assistance (MOTA)

SECTION G.: ETHNIC/RACIAL ORGANIZATIONS WITHIN THE COUNTY

Name of Organization	Organizations Mailing Address	City	State	Zip Code	Phone/Fax	Contact Person	Email/web address	Type (s) Of Services	New or Existing Partner
Faith Church	111 First Street	Balto.	MD.	21201	410.333-4444	Jane Doe	jdoe@email.com	Counseling Food Bank Health Education	New

(Attachment D1)

COVER LETTER FORMAT

DATE, XXXX

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

Dear Ms. FULL NAME:

BODY OF LETTER

Sincerely,

NAME, TITLE
AGENCY NAME

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

(Attachment D2)

Department of Health and Mental Hygiene
Cigarette Restitution Fund Program

Minority Outreach and Technical Assistance Program (MOTA)

FISCAL YEAR 2009

ABSTRACT

(Please type or legibly hand-write)

Title of the Project: _____

Applicant Information

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Hours of Operation: _____

Contact Person: _____ Title: _____

Contact Person Email: _____ Organization web address: _____

Employer's Identification Number (Fed E.I.N.): _____

Amount of Funding Eligible: _____

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

Authorized Person Signature

Date

(Attachment F)

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

SAMPLE BUDGET JUSTIFICATION
FOR FORM 432B

<u>A. Salaries/Special Payments</u>			\$38,000
<u>Program Director</u>	Grade 14/3	.60 FTE	\$21,000
Margaret Doe: To direct the Charles County MOTA program; implement and monitor the DHMH approved action plan, supervise employees, guide consultants, manage Purchase-of-Service agreements, manage invoices and all financial procedures, evaluate progress and submit all required program and fiscal reports.			
<u>Outreach Worker A</u>	Grade 7/9	.40 FTE	\$7,000
Vacant: To provide community outreach for African-American populations. Prepares and presents group educational presentations, distributes written information. Responds to inquiries and coordinates community presentations under the direction of the MOTA Program Director			
<u>Secretary/Fiscal Officer</u>	Grade 8/9	.40 FTE	\$10,000
Cindy Doe: To provide administrative support for the MOTA program to include establishing files, maintaining program and fiscal records, and ensuring effective flow of work. Prepares materials and assembles packets, handles and processes electronic correspondence, works with accounting experts, and serves as liaison to the DHMH MOTA program.			
<u>B. Fringe Benefits</u>			\$7,600
Calculated at a rate of 20% to include health and dental insurance, life insurance, workers compensation and state unemployment costs. This rate is computed on the total salary amount.			
<u>C. Consultants</u>			\$2,500
Consultant fees to cover health educator training of community groups, developing educational materials, convening workgroups and conferences, and accounting technical assistance.			
<u>D. Equipment</u>			\$2,500
1 computer, printer and software - \$2500			
<u>E. Telephone</u>			\$100
To cover cost of two phones used half time for MOTA program.			
<u>F. Purchase of Service</u>			\$8,000
Agreement(s) with community minority group(s) to outreach to Native American, Asian, Hispanic and African American populations to recruit their participation in the Cigarette Restitution Fund Program.			
<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 minority groups and community leaders. Full documentation will be submitted with invoices to the MOTA program. Documentation will be maintained on file for audit.

H. Office Supplies

\$200

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

I. Postage

\$390

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

Postage for educational mailings and recruitment of minorities

J. Printing/Duplication

\$75

1,000 brochures for mailing to community minority groups

K. Travel In-State

\$445

20 trips X 50 Miles X 44.5 cent per mile

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

L. Legal/Accounting/Audit

\$360

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

M. Other

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

N. Indirect Costs

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

O. Total Costs

\$60,650

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

P. DHMH Funding

\$60,650

Attachment G

PROGRAM BUDGET ESTIMATED PERFORMANCE MEASURES

PROGRAM ADMINISTRATION: _____ AWARD NUMBER: _____
 FISCAL YEAR: _____ CONTRACT PERIOD: _____ SUBMITTED: _____
 ORGANIZATION _____ PHONE NUMBER: _____
 ADDRESS: _____ ZIP: _____
 PROGRAM TITLE: _____

PERFORMANCE MEASURE	BUDGET YEAR FY 2009 ESTIMATE
Number of minorities recruited for the Local Tobacco/Cancer Coalition	10
Number of cultural events/health sessions conducted	4
Number of cancer/tobacco health education materials distributed	3000
Number of minorities referred for cancer screenings.	100

Attachment F

DEFINITION OF TERMS AND RESOURCES

1. **Minority:** defined within Maryland Senate Bill 896 as, “minority person includes African Americans, Latino/Hispanics, Asian descent, Native Americans and Women...”
2. **Referral:** to transfer a person who seeks medical care, treatment or information to the appropriate resource/facility/care.
3. **Tobacco Cessation Program:** a local program that offers free or discounted tobacco replacement products (gum, patches), cessation counseling and other support programs.
4. **Tobacco Prevention Program:** a local program that offers free or discounted tobacco prevention education classes/sessions/presentations
5. **Cancer Screening:** Medically approved screening for cancer that provides a diagnosis and recommendation for treatment.
6. **Recruit:** to increase in number individuals willing to serves as representatives of minority groups’ health service needs within the local health departments cancer/tobacco health coalition.
7. **Attendance:** to be present and accounted for by signature on the official attendance roster at the local health coalition meeting
8. **Train:** to provide a vocation, education or skill(s) to another person in an effort to increase that person’s ability to perform a specified task.
9. **County Community Health Coalition:** a Local County/jurisdiction Department of Health coordinated community health coalition that addresses cancer and tobacco health disparities within that geographic area.
10. **Note-Taking:** a designated person representing an agency who takes notes on what is discussed during meetings and reports the notes that were taken at the event/meeting.
11. **Meeting:** a gathering of a body of people to address a common issue.
12. **Health Education Materials:** medical or health education approved messages on the improvement of health status.
13. **Cultural Event:** a gathering or racial/ethnic minority persons to celebrate the heritage of that group.
14. **Health Fair:** a gathering of health providers who provide health information and/or health screenings during the event.
15. **Health Presentation:** to provide health information to participants.
 - *Workshop:* a [gathering](#) or [training](#) session which may be several days in length. It emphasizes problem-solving, hands-on training, and requires the involvement of the participants.
 - *Session:* a meeting or series of connected meetings devoted to a single order of business, program, agenda, or announced purpose.
 - *Individual:* a face-to-face, or individual-to individual conversation on health related matter.
16. **Capacity Building:** often refers to assistance which is provided to entities, organizations, which have a need to develop a certain skill or competence, or for general upgrading of performance ability.
17. **Technical Assistance:** assistance provided to entities, organizations, which do not have a specified knowledge or understanding of a particular area/expertise.
 - *One-on-One:* (Phone or In-Person): to provide guidance on how to implement/use a certain skill or practice.
 - *Workshop:* within a group setting provide guidance on the implementation of a skill or practice.
18. **Goal:** consists of a projected state of affairs which a [person](#) or a [system](#) plans or intends to achieve or bring about —not easily achieved in the immediate future.
19. **Objective:** a set of steps/processes a person takes to achieve a desired goal.
20. **Performance Measure:** a numerical value placed on an **event/activity/task to track its progress.**

Attachment G

TABLE 1. ESTIMATED MARYLAND POPULATION BY RACE, HISPANIC ORIGIN, REGION AND POLITICAL SUBDIVISION, JULY 1, 2006.^{1,2}

REGION AND POLITICAL SUBDIVISION	ESTIMATED POPULATION, JULY 1, 2006						
	ALL RACES	WHITE		BLACK	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER	HISPANIC ³
		TOTAL	NON-HISP-ANIC				
MARYLAND	5,615,727	3,610,808	3,315,487	1,688,378	21,363	295,178	337,341
NORTHWEST AREA	489,376	418,697	404,888	38,460	1,079	11,140	15,342
GARRETT	28,859	29,550	29,412	200	25	84	144
ALLEGANY	72,831	67,562	66,987	4,596	132	541	685
WASHINGTON	143,748	127,487	124,773	13,893	285	2,083	2,976
FREDERICK	222,938	194,098	183,516	19,771	637	8,432	11,537
BALTIMORE METRO AREA	2,612,164	1,724,043	1,659,773	773,145	8,858	108,118	75,450
BALTIMORE CITY	631,366	201,969	190,865	413,593	2,529	13,275	15,000
BALTIMORE COUNTY	787,384	552,999	535,107	197,781	2,629	33,975	21,004
ANNE ARUNDEL	509,300	411,498	394,379	78,548	1,915	17,339	19,052
CARROLL	170,260	161,421	158,773	5,632	387	2,820	2,787
HOWARD	272,452	191,366	180,977	47,246	768	33,072	11,705
HARFORD	241,402	204,790	199,672	30,345	630	5,637	5,902
NATIONAL CAPITAL AREA	1,773,446	874,010	874,327	725,906	8,353	165,177	226,944
MONTGOMERY	932,131	636,656	520,180	161,174	4,083	130,218	128,365
PRINCE GEORGE'S	841,315	237,354	154,147	564,732	4,270	34,959	98,579
SOUTHERN AREA	328,074	239,145	231,213	79,642	1,835	7,452	8,907
CALVERT	88,804	75,241	73,442	12,059	289	1,215	1,905
CHARLES	140,416	82,561	78,556	52,795	1,153	3,907	4,600
ST MARY'S	98,854	81,343	79,215	14,788	393	2,330	2,402
EASTERN SHORE AREA	432,667	354,913	345,486	71,225	1,238	5,291	10,698
CECIL	99,508	92,612	90,673	5,445	315	1,134	2,060
KENT	19,983	16,543	15,916	3,218	55	167	707
QUEEN ANNE'S	48,241	41,983	41,287	3,647	97	514	762
CAROLINE	32,617	27,530	26,368	4,661	178	248	1,329
TALBOT	36,062	30,437	29,603	5,198	69	358	966
DORCHESTER	31,631	22,452	21,954	8,806	75	298	593
WICOMICO	91,987	67,518	65,095	22,352	246	1,871	2,816
SOMERSET	25,774	14,808	14,447	10,626	106	234	484
WORCESTER	48,866	41,030	40,143	7,272	97	467	981

¹ See page x in the introduction of this report for an explanation of the methodology used in estimating population.

² Source: National Center for Health Statistics. Available on the Internet at: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>.

³ Persons of Hispanic origin may be any race.