



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

November 6, 2007

TO ALL INTERESTED PARTIES:

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

MOTA's FY 2008 Request for Applications announcement is attached. The RFA outlines the requirements for the FY 2008 grant year. Submit a typed, unbound original application and seven copies in accordance with the request for application instructions. Applications must be physically in the MOTA office by **Monday, December 10, 2007; 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. Applications received electronically or facsimile will **NOT** be considered.

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

**REQUEST FOR APPLICATIONS
MINORITY OUTREACH & TECHNICAL ASSISTANCE
CIGARETTE RESTITUTION FUND PROGRAM**

November 6, 2007

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.

ELIGIBILITY:

Maryland jurisdictions (not previously funded in the 1st Request for Application) with at least 15% minority population and/or 17,000 minorities are eligible to receive a MOTA grant in fiscal year 2008 for the period of **January 1, 2008 to June 30, 2008 (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 status and the organizations' business must be physically located in the county for which they are proposing to provide services.

The eligible Maryland counties for this request for application include: Anne Arundel, Calvert, Dorchester, Howard, Talbot and Worcester.

Applicants **must** include a letter of good standing with Maryland State Government in the proposal. A letter of good standing can be obtained by writing 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, and all consultants or subcontractors (sub-vendors), are hereby advised that under the terms of the standard contract agreement resulting from this request for application (RFA), they are prohibited from performing services and purchasing merchandise from tobacco manufacturers so long as the contract remains in effect.

PROGRAM REQUIREMENTS:

- A) Application goals and objectives must target each minority group including: African Americans, Asian Americans, Hispanic/Latino Americans, Native Americans and Women, where various health disparities exist within these targeted populations.
- B) 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>.
- C) 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.
- D) 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.
- E) Provide a copy of the following (a) IRS nonprofit determination for your organization (b) IRS Form 990 (c) financial statement and (d) audit report.
- F) Submit a MOTA Action Plan containing program goals, objectives proposed activities and outcome measures that target each of the four minority groups in each jurisdiction. Provide a description of the plan in narrative format **and** submit the objectives in a table format. (*See Attachment B*)
- G) Complete and submit quarterly progress reports that 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. Use the required format provided by MOTA.
- H) Complete and submit bi-monthly statistical reports that quantify activities directed to each minority group. Use the required format provided by MOTA.
- I) Submit a year-end report using the MOTA format, along with DHMH Forms 440 and 440A.
- J) Develop and maintain on-going data collection for evaluating the program's outcome. An outcome evaluation template is provided. (*See Attachment C*)
- K) Attend local cancer and tobacco coalition meetings and actively participate with plan development and implementation of the county plans along with local health department staff.

- L) Recruit African-American American, Asian American, Native American, Latino American minorities and Women to attend the local cancer and tobacco coalition meetings. Members recruited to attend should be able to do the following: represent the organization as a MOTA grantee, during meetings advocate for minority health services as it relates to cancer/tobacco health matters, take minutes/reports on coalition process/recommendations/actions.
- M) Attend mandatory trainings/ regional meetings held by the grantor -- at least two trainings will be technical workshops and attend recommended conference (s) as requested by funding administration.

FISCAL REQUIREMENTS:

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 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 12pt. font, printed on one side and numbered pages. Attached to the application, there must be three letters of commitment, of which; one must come from the local health officer. DHMH forms 432A through H, 433, and 434 along with a budget narrative justifying each line item must be included.

A sample budget (DHMH432B *Attachment D*) and written budget narrative justification (*Attachment E*) are provided as guidance. Usage of this sample in its entirety will eliminate your application from the grant competition.

The application should include:

- A) **Cover Letter** – Place your letter of interest on your organization’s letterhead with phone and fax numbers and email address. The authorizing official should sign and provide the contact name and phone number for the MOTA Project Director and with hours of operations for the proposed MOTA program. The federal tax identification number should also be provided.
- B) **Applicant’s Corporate Capability** – Provide a narrative outlining the corporate experiences and abilities to manage the proposed grant and to provide services to the targeted minorities. Include information regarding the organization’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.
- C) **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.
- D) **Ethnic/Racial Organizations** – Provide a list of the minority serving or racial/ethnic organizations in your jurisdiction entitled “Ethnic/Racial Organizations.” List should contain the name of organizations, organizations’ address, contact person, phone, fax, email, and type of services offered.
- E) **MOTA PROPOSAL** – Provide in no less than seven (7) pages and no more than ten (10) a detailed description of how the MOTA funds will be used:
 - 1. Explain the need for services in the community – tobacco use and cancer incidence in the proposed jurisdiction.
 - 2. 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 F*). 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

3. Goals and measurable objectives: present your program’s goals to be achieved by the end of the fiscal year. Please note that you are required to perform objectives 1 and 2 provided in **Attachment B**.
 *** In addition, you should choose at least one other objective from the remaining 3-5. You should have *at least three* objectives in total. *Explain your reasons for selecting these and other objectives.*
4. MOTA Action Plan (Methodology): How will you carry out your activities and services to the community? Who will do them? And in what time period?
 (a.) Action Plan with Timelines: Describe specific actions for each minority group that will be undertaken to achieve each objective and list specific dates for completion of each task. Use the attached MOTA Action Plan sample (*See Attachment B*) to prepare your proposed activities, timeline, lead staff and performance measures.
5. Evaluation: Describe how you will (a) collect activity data; (b) monitor process evaluation [did the activities take place and how effective were they]; (c) present outcome evaluation [how did the minority community benefit]; (d) prepare final evaluation/project impact.
 (a.) See sample **Attachment C** comprised of activities to evaluate the sample performance measures in **Attachment B**.

The following instructions below explains the evaluation tool provided in **Attachment C**.

Explanation for Outcome Evaluation Purpose

- Objectives –*** *The objective column should list the objectives listed in the action plan.*
- Outputs Activities –*** *The output column should list the proposed activities listed on the action plan.*
- Short Term Outcomes –*** *The short term outcomes column should explain the immediate outcome(s) resulting from the activities of the objective.*
- Medium Term Outcomes -*** *The medium term outcomes column should explain the outcome(s) accomplished mid-way related to the objective.*
- Long Term Outcomes -*** *The long term outcomes column should have a significant impact demonstrating the effectiveness of the objective.*
- Performance Measures -*** *The performance measures column should contain specific outcomes performance measures implemented to accomplish the objective.*

6. 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.

- F) **Support Letters** – Include at least three letters of support printed on each organization’s letterhead. One letter must be from the local health officer. Support letters should indicate the intent of those organizations to support your application and/or designee any possibilities to contribute in collaboration with you on this grant.
- G) **Available Funds** – Available funds to each grantee is \$15,000- \$17,000. (See *Attachment A.*)
- H) **Proposed Budget** – Applicants must become familiar with DHMH fiscal forms. 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.
- I) **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.
- J) **Payment Terms and Process** – To initiate the payment process, applicants will need to submit a completed undated DHMH Form 437 representing 33% of the total grant award. If you are a successful grantee, the MOTA Program will process the form and the remaining three payments upon receipt of a completed DHMH437 and 438 in compliance with the procedures set forth by the DHMH Division of Program Cost and Analysis at the periodic rate of 25%, 25% and 17% of the total grant award. The program administration requires each grantee to submit a quarterly attestation that supports expenditures. 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.
- K) **Application Deadline** – Application must be physically in the MOTA office by:

Monday, December 10, 2007; no later than 3:30 PM. Submit one original unbound along with five copies.

For additional information, contact Arlee Gist on 410-767-1052 or by email using agist@dnhm.state.md.us, or Truemenda Green on 410-767-8954 or by email using tcgreen@dnhm.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**

**MINORITY OUTREACH AND TECHNICAL ASSISTANCE
2nd Round Mid-Year
FY 2008 ELIGIBLE COUNTIES**

Jurisdictions with 100,000 or More Minorities*

Anne Arundel County	\$ 17,000
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Jurisdictions with 17,000 or 15% Minorities**

Howard County	\$ 15,000
Calvert County	\$ 15,000
Dorchester County	\$ 15,000
Talbot County	\$ 15,000
Worcester County	\$ 15,000

Jurisdictions with Less than 17,000 or 15% Minorities

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

* Allocations based on proportion of minorities in each large jurisdiction

Attachment A

**Minority Outreach & Technical Assistance
Fiscal Year 2008- 1/01/2008 – 06/30/08
SAMPLE MOTA ACTION PLAN METHODOLOGY**

Grantee Name: _____

Date Submitted: _____

Activity Goal & Targeted Minority: provide detail statement of activity to be performed:

Objectives	Assigned Staff	Activities	Minority Groups	Estimated Completion Dates	Performance Measures
1. Engage minorities in Cancer and Tobacco Coalitions and other health promotion activities	Hal Smith	<ul style="list-style-type: none"> Attend minorities events Distribute MOTA flyer Sign up minorities for mailing list 	African American Native American Asian Hispanic /Latinos	Sept. 2007 Dec. 2007 Mar 2007 June 2007	<ul style="list-style-type: none"> Recruited 10 Asian American, 4 African Americans, 1 Native American and 2 Hispanic to cancer and tobacco coalitions
2. Promote active participation in Coalition meetings	Jena Doe	Attend and participate at regularly scheduled meetings at local health department	African American Hispanic /Latino Asian	Every other month 8/20/07 10/20/07 12/20/07 2/20/07 4/20/07	<ul style="list-style-type: none"> Held 4 work sessions with new recruited minorities Developed tool kit for minorities recruited Conduct follow-up debriefings with minorities after each coalition meeting
3. Train recruited minority groups to prepare to advocate the needs of targeted groups at Cancer and Tobacco meetings	Debi Doe	<ul style="list-style-type: none"> Offer sessions to minority recruited to improve verbal advocacy techniques 	African American Native American Asian Hispanic /Latino	July 2007 Sept 2007 Nov 2007 Jan 2008	Train 16 minorities recruited to the cancer and tobacco coalitions Composition: Native American 4 Hispanic/Latino 4 Asian American 4 African American 4
4. Train minority communities to successful partner with other community groups, and institutions	Jim Brown	<ul style="list-style-type: none"> Offer training session to each group Distribute materials on partnership development 	African American Native American Asian Hispanic /Latino	July 2007 Aug 2007 Sept 2007 Oct. 2007	<ul style="list-style-type: none"> Sponsor 4 network sessions on fostering relationship Develop a resource directory comprised of community groups and other institutions
5. Train Minority groups to provide cultural competency education	Joey John	<p>Conduct Train-the-trainers for cultural competency quarterly</p> <p>Compile resource on training modules and literature</p>	African American Native American Asian Hispanic /Latino	Aug 2007 Nov 2007 Feb 2008 April 2008	Train 10 minorities on cultural competency

EXAMPLES OF OUTCOME EVALUATION

Objectives	Outputs (Activities)	Short term Outcomes	Medium Term Outcomes	Long Term Outcomes	Performance Measures
1. Engage minorities in Cancer and Tobacco Coalitions and other health promotion activities	Recruitment activities are in place to identify and encourage minorities to attend and participate in each cancer and Tobacco Coalition meetings	Minorities in community acquire knowledge about Tobacco and Cancer Coalitions	Minorities in communities participate in Tobacco and Cancer Coalition meetings	The Counties' Tobacco and Cancer plans should contain specific objectives to reduce tobacco use among minorities and cancer incidence and mortality in these groups	Attendance at workshops (# of people) Attendance at Coalition meetings Changed agenda of the Coalitions (# of articles changed)
2. Promote active participation in coalition meetings	Develop and disseminate tool-kits to be used at Coalition meetings to educate members about minority needs Provide on-going debriefing notices and reminders about upcoming Coalition meetings	Participants are knowledgeable in identifying Tobacco and Cancer meetings and securing participation (e.g. RSVP)	Minority communities regularly attend Tobacco and Cancer Coalition meetings.	Tobacco and Cancer Coalition members are sensitized to minority health issues pertaining to Tobacco use and Cancer incidence and mortality	Number of minority community persons attending meetings
3. Train recruited minority groups to prepare to advocate the needs of targeted groups at Cancer and Tobacco meetings	Provide classes on successful meeting participation techniques and public speaking related to Tobacco and Cancer Coalition meetings	Community members are aware about upcoming Coalition meetings and knowledgeable about securing their participation	Community members actively participate in Tobacco and Cancer Coalition meetings, by commenting on existing agenda items and adding additional suggestions Community members are able to share information received at the meetings (i.e. minutes) with their communities	Minority participation in meetings results in added items for the counties' Tobacco and cancer plans representing minority issues	Number of specific objectives in the Counties' Plan to reduce Tobacco use among minorities as well as cancer incidence Number of informational materials from Coalition meetings shared with minority communities
4. Train minority communities to successfully partner with other community groups, and institutions	Conduct educational sessions on networking and fostering partnerships Provide minority groups with means to search for relevant institutions	Minority communities have increased knowledge of institutional partners Minority communities are aware of their rights and obligations in partnership	Minority communities seek out partners and establish working relationship with other organizations	Minority groups have articulated partnership agreements that are included in County plans Minority groups are empowered through partnerships with institutions to influence agenda	Number of partnerships with other institutions Number of inventories on institutions and groups Number of invitations to join with other groups

				related to reduction of Tobacco and Cancer related diseases	
5. Train Minority groups to provide cultural competency education	Educational activities on “Train-the-trainers” for cultural competence Provide national resources on training modules, literature, evaluation tools, etc.	Minority groups are knowledgeable in culture competency training modules, national standards and evaluation methods	Minority groups provide cultural competency training to local providers and institutions on interacting with diverse communities on issues related to Tobacco and Cancer	Health care providers have ameliorated their cultural competency skills and are communicating better with diverse communities Tobacco and Cancer Coalitions have included cultural competency in County plans	Changed cultural competency scores among providers

PROGRAM BUDGET

PROGRAM
ADMINISTRATION:

GRANT NUMBER:	CHA2008MG	DATE SUBMITTED:	12/10/2007
CONTRACT PERIOD:	01/01/08 -- 06/30/08	FISCAL YEAR:	2008
ORGANIZATION:	The Peoples Minority Outreach Program	PHONE #:	410-555-1212
STREET ADDRESS:	Any Street		
CITY, STATE, COUNTY:	Any City, Any State	ZIP:	21201
PROGRAM TITLE:	MOTA Grant		
CHARGEABLE SERVICES (Y/N)		DHMH PROVIDES 50% OR MORE OF FUNDING (Y/N)	
FOR DHMH USE ONLY			

OTHER DIRECT FUNDING

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

DHMH 432B (Rev. Feb. 1997)

**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.			

<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>	\$75
1,000 brochures for mailing to community minority groups	
<u>K. Travel In-State</u>	\$445
20 trips X 50 Miles X 44.5 cent per mile For Outreach Worker travel to provide community presentations and follow-up	
<u>L. Legal/Accounting/Audit</u>	\$360
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 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 total CRFP grant and are included in the above line items.	
<u>O. Total Costs</u>	\$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.	
<u>P. DHMH Funding</u>	\$60,650

TABLE 1. ESTIMATED MARYLAND POPULATION BY RACE, HISPANIC ORIGIN, REGION AND POLITICAL SUBDIVISION, JULY 1, 2005.^{1,2}

REGION AND POLITICAL SUBDIVISION	ESTIMATED POPULATION, JULY 1, 2005						
	ALL RACES	WHITE		BLACK	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER	HISPANIC ³
		TOTAL	NON-HISP-ANIC				
MARYLAND	5,600,388	3,622,922	3,345,777	1,672,296	20,800	284,370	319,303
NORTHWEST AREA	466,144	419,874	407,591	35,799	1,081	9,390	13,548
GARRETT	29,909	29,659	29,518	167	10	73	142
ALLEGANY	73,639	68,562	67,971	4,539	92	446	706
WASHINGTON	141,895	126,885	124,491	12,987	277	1,746	2,640
FREDERICK	220,701	194,768	185,611	18,106	702	7,125	10,060
BALTIMORE METRO AREA	2,610,063	1,736,095	1,675,932	764,957	8,810	100,201	70,714
BALTIMORE CITY	635,815	203,405	192,809	416,862	2,493	13,055	14,277
BALTIMORE COUNTY	786,113	558,922	542,504	192,077	2,655	32,459	19,175
ANNE ARUNDEL	510,878	415,655	399,262	77,086	1,869	16,268	18,323
CARROLL	168,541	160,488	158,087	5,209	392	2,452	2,600
HOWARD	269,457	192,729	183,240	45,121	790	30,817	10,687
HARFORD	239,259	204,896	200,030	28,602	611	5,150	5,652
NATIONAL CAPITAL AREA	1,773,706	876,447	687,810	726,165	7,904	163,190	216,697
MONTGOMERY	927,583	639,111	525,146	157,056	3,696	127,720	125,768
PRINCE GEORGE'S	846,123	237,336	162,664	569,109	4,208	35,470	90,929
SOUTHERN AREA	323,265	239,720	232,357	74,943	1,744	6,858	8,367
CALVERT	87,925	75,052	73,396	11,523	277	1,073	1,794
CHARLES	138,822	84,926	81,181	49,178	1,075	3,643	4,370
ST MARY'S	96,518	79,742	77,780	14,242	392	2,142	2,203
EASTERN SHORE AREA	427,210	350,786	342,087	70,432	1,261	4,731	9,977
CECIL	97,796	91,416	89,566	5,050	304	1,026	1,981
KENT	19,899	16,496	15,915	3,176	49	178	655
QUEEN ANNE'S	45,612	41,402	40,828	3,627	103	480	645
CAROLINE	31,822	26,921	25,809	4,543	193	165	1,277
TALBOT	35,683	30,120	29,369	5,155	62	346	931
DORCHESTER	31,401	22,326	21,825	8,736	75	264	588
WICOMICO	90,402	66,579	64,371	21,910	293	1,620	2,556
SOMERSET	25,845	14,690	14,370	10,850	83	222	457
WORCESTER	48,750	40,836	40,034	7,385	99	430	867