



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

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

Phone: 410-767-7117 – FAX: 410-333-5100  
www.dhmh.maryland.gov/hd - Room 500

May 26, 2010

TO ALL INTERESTED PARTIES:

The Office of Minority Health and Health Disparities (MHHD) seeks interested organizations to apply for a fiscal year 2011, Minority Outreach and Technical Assistance (MOTA) grant for the period July 1, 2010 through June 30, 2011. The MHHD mission has been expanded beyond cancer and tobacco to address all racial/ethnic health disparities. Therefore, the focus of the MOTA program is expanded to all health disparities. Organizations and entities that serve ethnic/racial groups, residing in Maryland are eligible to apply. This is a competitive grant opportunity.

MOTA's FY 2011 Request for Applications announcement is attached. The RFA outlines the requirements for the FY 2011 grant year. Due to recent statewide budget reductions, the department respectfully requests that careful consideration and planning be made to ensure that maximum service to the program is maintained. Please submit a typed, signed in blue-ink, unbound original application and seven copies in accordance with the request for application instructions. **Applications must be physically in the MOTA office by Wednesday, June 16, 2010; no later than 3:30 PM.** Applications will only be accepted by way of U.S. Mail, courier express mail or hand delivery to the address provided in the RFA instructions.

**In addition to the hard-copy of the application, we are requesting that an electronic copy of the entire application be sent to: [agist@dhmh.state.md.us](mailto:agist@dhmh.state.md.us).**

Interested applicants should address questions to Ms. Arlee W. Gist, Deputy Director for the Office of Minority Health and Health Disparities (MHHD), by calling 410-767-1052 or by email at [agist@dhmh.state.md.us](mailto:agist@dhmh.state.md.us)

Thank you for your interest.

Sincerely,

*Carlessia A. Hussein*

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

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:

June 4, 2010                      10:00AM-11:00AM

June 14, 2010                    10:00AM-11:00 AM

- \* 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 June 4, 2010 and June 14, 2010 from 10:00a.m to 11:00 a.m. Please be advised of the following information regarding the conference call:

Dial in number:    410-225-5300

Participant Code:    #2011

- \* 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)**  
**Office of Minority Health and Health Disparities (MHHD)**  
May 2010

**BACKGROUND:**

The Department of Health and Mental Hygiene (DHMH) has announced it is expanding its mission to reduce all ethnic and racial health disparities throughout the State of Maryland. The expansion incorporates the successful strategies used by the Office of Minority Health and Health Disparities (MHHD) on Cancer and Tobacco and extending them to all the public health programs within DHMH.

Through the enactment of legislation (SB 177 and HB 86) in 2004, the Office of Minority Health and Health Disparities (MHHD) was established in the Department of Health and Mental Hygiene to advocate for improving minority health, assist the Department in setting minority health priorities, utilize science and data to describe and promote systems change directed toward eliminating health disparities.

The MOTA program began (2001) under the auspices of 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**. The **Minority Outreach and Technical Assistance (MOTA)** program was mandated by legislation to provide outreach and technical assistance to racial/ethnic communities and organize effective participation in the local tobacco and cancer coalitions.

Please visit the CRFP/MOTA website for additional information about MOTA: [www.crf.state.md.us/html](http://www.crf.state.md.us/html).

**ELIGIBILITY:**

Maryland jurisdictions with at least 17% minority population or 15,000 minorities are eligible to receive a MOTA grant in fiscal year 2011 for the period of **July 1, 2011 to June 30, 2011** (*See Attachment A*). The Minority 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** be in **Good Standing** with Maryland State Government in the proposal. A letter of good standing can be obtained by submitting a written request to the Maryland Comptroller, General Accounting Division, Post Office Box 746, Annapolis, Maryland 21411. For guidance to receive your letter of good standing call (410) 260-7434.

## **AWARD INFORMATION**

**The Minority Outreach and Technical Assistance program (MOTA) will provide funding during the State's fiscal year (FY) 2011. 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 2011) 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:**

The MOTA program uses the Sustainable Minority Outreach Technical Assistance (SMOTA) model as an organizing and systematic approach to achieving successful and sustainable participation of racial/ethnic groups, detail how your proposed program will use **each** step to achieve the MOTA program goals and objectives for FY 2011.

The SMOTA MODEL steps are:

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

## **PROGRAM REQUIREMENTS (Continued):**

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

### **ENGAGE**

Convene Ethnic/Racial Minorities to Dialogue and Advocate For the Elimination of Health Disparities through:

- Ethnic/Racial/Racial/ethnic Health Advocacy Through Town Hall/Community Meetings
- Ethnic/Racial/Racial/ethnic Health Advocacy Through Mini-Health Summits
- Ethnic/Racial/Racial/ethnic Health Advocacy Through Membership/Participation in Local Management Boards, Community Health Coalitions and Community Health Advisory Councils

### **OUTREACH**

Conduct outreach to ethnic and racial minorities in an effort to encourage preventive health and healthy lifestyles by:

- Health Education of Ethnic/Racial Minorities in Cancer/Tobacco Related-Illness
- Health Education of Ethnic/Racial Minorities in Chronic Disease Management (Diabetes, Obesity, Asthma, Infant Mortality, Immunizations and Cardiovascular Disease)
- Health Education of Ethnic/Racial Minorities in Accessing Preventive Health Screenings (Cancer screenings, Tobacco Cessation programs, Blood Pressure Checks, Nutrition, Fitness)
- Health Education of Ethnic/Racial Minorities on Health Disparities and Social Determinates of Health

### **TECHNICAL ASSISTANCE**

Provide technical assistance to racial/ethnic groups to establish or enhance their services:

- Establish a racial/ethnic health committee (Inclusive of, but not limited to: community-based groups, health ministries, health education programs, faith-based groups, and/or health advocacy groups)
- Assist the racial/ethnic health committee in the establishment of 501(c)(3) organization, grant management, grant writing, leadership groups, organizational development, and organizational capacity building trainings.

## **PROGRAM REQUIREMENTS (Continued):**

### **SUSTAINABILITY**

- Facilitate the establishment of racial/ethnic group consortiums, collaborations, partnerships in an effort to promote a coordinated effort to reducing health disparities.

**Each applicant must be able to demonstrate their capability to implement to meet the fiscal, reporting and program requirements in addition to the following:**

1. Program activities, goals and objectives **must** reach the following racial/ethnic groups: African Americans, Asian Americans, Hispanic/Latino Americans, Native Americans and Women. It is within these racial/ethnic/gender groups where various 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 MHHD. You may access an electronic copy of this manual by using the following link [http://www.dhmh.state.md.us/forms/sf\\_gacct.htm](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 2011 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 racial/ethnic 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 fiscal 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 **must** attend: 1) mandatory trainings; 2) regional meetings; and 3) conference call meetings held by the grantor – (at least one training will be technical workshops) and attend recommended conference (s) as requested by funding administration.
4. Grantees office and/or site of operation **can not** be housed in a residential location. Verification will be requested and mandated.

5. Grantees that receive \$50,000 and above **MUST** distribute at least 20% of the total grant award through a sub-grant award. Sub-grant monitoring is a requirement for grantees receiving \$50,000 and above. The following requirements must be documented for organizations awarded \$50,000 and above:
- Sub grants 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 racial/ethnic serving organization, or racial/ethnic consultant.
    - The sub-grantee 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, 2010.

## **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 MHHD 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. **(Attachment E and F)**
- 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.
- D. For fiscal year 2011, in light of budget reductions, we are requesting that careful consideration be given to charging the minimal administrative costs in the budget. This requirement will help to ensure that maximum funds are dedicated to direct program services.
- E. 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.

### **APPLICATION FORMAT AND CONTENT:**

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

**THE NARRATIVE:** The narrative section should be able to stand alone in terms of depth of information. This section should be succinct, self-explanatory and well organized so that reviewers can understand the proposed 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 racial/ethnic groups.

### **APPLICATION CONTENT**

The narrative description of the project must contain the following **Sections A-N** in succession using the specifications below:

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

- 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 racial/ethnic groups. Summarize specific activities that have occurred with each targeted racial/ethnic group and the outcomes of the activities performed in conducting outreach to each group during past years.

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

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

- (a) Ethnic and racial groups in the community
- (b) Age groups in the community
- (c) Income levels (Insured, uninsured, underinsured)
- (d) Describe the local/county racial/ethnic cancer incidence; cancer related deaths, tobacco use, and tobacco related deaths.
- (e) Hard to reach ethnic/racial populations experiencing health disparities

Health disparities data can be found at your state/local government department of health, Office of Minority Health, The Maryland Comprehensive Cancer Control Plan(2004-2008), Maryland Tobacco Use Prevention and Cessation Program’s 2007 Report, Maryland Health Disparities Chartbook 2009. The Office of Minority Health and Health Disparities (MHHD) houses and maintains statewide health disparities data on the website: <http://www.dhmf.maryland.gov/hd> or via written request:

**Department of Health and Mental Hygiene  
Office of Minority Health and Health Disparities  
Attn: Health Disparity Data Request  
201 West Preston Street, Room 500  
Baltimore, Maryland 21201  
410-767-7117**

**F) Ethnic/Racial Organizations** – Provide a complete list of the racial/ethnic serving or racial/ethnic organizations, faith-based institutions and businesses in your jurisdiction entitled “Ethnic/Racial Organizations.” NO FEWER THAN 10 organizations must be listed. 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) THE MOTA PROGRAM** – Provide a detailed description of how the funds will be used to implement the following goals, objectives and performance standards for the MOTA Program:

1. Present your program's plans to achieve the goals/objectives established by the program, before the end of the fiscal year 2011.
2. The performance standards must be achieved by the end of the FY 2011 fiscal year.
3. **If Your Organization is Eligible to apply for \$50,000 and above, the following requirement must be met:**

SUBGRANTEE MONITORING

Applicants that are awarded \$50,000 and above **MUST** distribute at least 20% of the total grant award through a sub-grant award. Sub-grant monitoring and reporting is a requirement for grantees applying for \$50,000 and above.

The following requirements must be documented for organizations applying for funding of \$50,000:

- a. Sub grants must be awarded by the submission and review of a request for proposal.
- b. Proposal review and award process must contain the following elements:
  - i. A formal proposal from each sub-grant applicant.
  - ii. Advertise the proposal within the local county.
  - iii. Applicants must be a racial/ethnic serving organization, or racial/ethnic consultant.
  - iv. The proposal should contain: a detailed budget using DHMH forms (432 A-H), budget justification, proposed activities to be conducted, proposed number of educational materials to be distributed in the community.
  - v. Review/award criteria will be under the discretion of the grantee agency.
  - vi. Sub-grant monitoring must include:
    1. Annual site visit to the sub-awardees.
    2. Annual site visits should include: summary report, a review of fiscal and program activities for the grant period.
    3. Review of invoices and program reports prior to authorization of payments.
- c. Sub-grant contracts must be in place within 60 days of the official award, September 1, 2010.

4. Use the Sustainable Minority Outreach Technical Assistance (SMOTA) model as an organizing and systematic approach to achieving successful and sustainable participation of racial/ethnic groups; detail how your proposed program will use **each** step to achieve the MOTA program goals and objectives for FY 2011.

The SMOTA MODEL steps are:

- (1) Prepare to **engage** the community,
- (2) **Outreach** to each racial/ethnic group,
- (3) Provide **technical assistance**, and
- (4) Undertake efforts to enable racial/ethnic groups to enhance and **sustain** their infrastructures well into the future and beyond MOTA funding. To download a copy of the SMOTA Model, use the following link:  
<http://www.crf.state.md.us/html/mota.cfm>.

## G) MOTA PROGRAM( Continued)

### FY2011 Goals and Objectives

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

#### Goal Statement:

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

#### Measurable Objectives:

**Objective 1: To facilitate racial/ethnic groups to actively dialogue and advocate for the elimination of health disparities in Community Forums, Mini Health Summits, and Local Health Coalitions and other venues, by the end of FY 2011.**

**Performance Standard 2.1:** To conduct four (4) health disparity forums with in the local jurisdiction targeting the following racial/ethnic groups: African-Americans, Asian American/Pacific Islander, Latino/Hispanics, Native Americans, and Women.

**Performance Standard 2.2:** To actively advocate for racial/ethnic minorities participation in the planning for local health service delivery within the local jurisdiction.

**Performance Standard 2.3:** To join and demonstrate participation in one health committee, health advocacy group or health coalition that addresses a health disparity by the end of the grant year FY 2011.

## G) MOTA Program (Continued)

**Objective 2: To increase the education and awareness of racial/ethnic groups on health disparities, and local preventive health screening opportunities, by the end of FY 2011.**

**Performance Standard 1.1:** To conduct three (3) health fairs, cultural events and/or health education sessions, targeting racial/ethnic groups (African-American, Asian American/Pacific Islander, Latino/Hispanics, Native American, and Women) to promote education/awareness of chronic disease management and local health screenings.

**Performance Standard 1.2:** To distribute a minimum of 1,500 pieces of health education information on chronic disease management and health disparities that is culturally and linguistically appropriate and also meets the health literacy standards of all racial/ethnic groups within the local community.

**Performance Standard 1.3:** To conduct 1 (one) targeted activity aimed at educating racial/ethnic youth-only on associated health risks (i.e. tobacco-use, obesity, juvenile/youth diabetes, asthma, etc).

**Objective 3: To convene a community-based racial/ethnic health committee, by the end of FY 2011.**

**Performance Standard 3.1:** To conduct two (2) workshops for the racial/ethnic community health committee that addresses one of the following topics: forming a 501(c)(3), grant writing, grant management, leadership development, forming health ministries, or establishing an effective health education program.

**Performance Standard 3.2:** To conduct one (1) meeting facilitating the establishment of the racial/ethnic community health committee demonstrating a partnership between several groups aimed at addressing health disparities within the local jurisdiction.

## H) MOTA Action Plan:

The plan must contain program goals, objectives proposed activities and evaluation methods that target each of the four racial/ethnic groups in each jurisdiction. A detailed description of the plan in narrative format **and** the objectives in a table format must be submitted. (*See Approved Action Plan Format: Attachment B*) The action plan seeks to address the questions of how you will carry out your activities and services to the community. 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 the racial/ethnic group that will be undertaken to achieve each objective and list specific dates for completion of each task. Task or activity should relate to the objectives proposed. Use the attached MOTA Action Plan sample

(Attachment B) 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 racial/ethnic group benefit from the activity] (d) what evaluation methods will be used [i.e. activity logs, sign-in sheets. Explanation for Action Planning Purpose

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

- I) **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 person. Identify who will be responsible for financial management, submission of fiscal forms and interface with the MOTA fiscal officer and/or program manager.
- J) **Health Department Support Letter** – Included in this section in the application, there *must be one (1) letter of collaboration*, from the local health officer, or their designee of the local department of health. Each letter must be printed on each organization’s letterhead. Support letters should indicate the intent of the collaborative effort between the applicant and the health department on matters related to addressing health disparities and the health education needs of the community.
- K) **Community Support Letters-** Included in this section in the application, there *must be three (3) letter of collaboration*, from established community-based organizations. Each letter must be printed on each organization’s letterhead. Support letters should indicate the intent of the collaborative effort between the applicant and the community-based organization on matters related to addressing health disparities and the health education needs of the community those organizations to support your application and/or detail plans, if any, to contribute in collaboration with you on this grant/grant-related activity.

- L) **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.
- M) **Proposed Budget –** Applicants must use the DHMH fiscal forms 432 A-H. All forms are to be completed according to DHMH policy and procedures. A Budget justification must explain how the applicant intends to utilize the funding. 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.
- N) **Additional Mandatory Forms –** The authorizing official of the agency must complete and sign DHMH Form 433, Condition of Human Service Agreement Statement and DHMH Form 434, Assurance of Compliance with the Department of Health and Human Services Regulation Under Title VI of the Civil Rights Act of 1964, and Section 503 and 504 of the Rehabilitation Act of 1973 as Amended. Applicants are urged to request technical assistance to minimize the need for corrections.
- O) **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.
- P) **Application Deadline –**  
Application must be physically in the MOTA office by: **Wednesday, June 16, 2010; no later than 3:30 PM.**

**IMPORTANT: Submit one original unbound copy along with six (6) additional copies.**

For additional information, contact Arlee Gist on 410-767-1052 or by email using [agist@dhhm.state.md.us](mailto:agist@dhhm.state.md.us), or Truemenda Green on 410-767-8954 or by email using [tcgreen@dhhm.state.md.us](mailto: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  
Office of Minority Health and Health Disparities  
Minority Outreach and Technical Assistance  
201 West Preston Street, Room 500  
Baltimore, Maryland 21201  
410-767-7117  
Carlessia A. Hussein, R.N., Dr. P.H.  
Director**

# APPENDICES

Attachment A: County Funding Allocation

Attachment B: MOTA Action Plan Template

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

Attachment D1: Cover Letter Format

Attachment D2: Abstract Format

Attachment E: Sample DHMH Program Budget Form 432 A

Attachment F: Sample Program Budget Justification

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

Attachment H: Definitions and Terms

Attachment I: Racial/Ethnic Population Data for Maryland 2008

Attachment A

**MINORITY OUTREACH AND TECHNICAL ASSISTANCE  
Office of Minority Health and Health**

**FY 2011 ELIGIBLE COUNTIES**

**Jurisdictions with 100,000 or More Minorities\***

Anne Arundel County	\$ 20,335
Baltimore City	\$ 66,815
Baltimore County	\$ 37,765
Montgomery County	\$ 63,910
Prince George's County	\$ 101,675

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

Howard County	\$ 19,000
Harford County	\$ 19,000
Calvert County	\$ 19,000
Charles County	\$ 19,000
Caroline County	\$ 19,000
St. Mary's County	\$ 19,000
Kent County	\$ 19,000
Frederick County	\$ 19,000
Talbot County	\$ 19,000
Dorchester County	\$ 19,000
Wicomico County	\$ 19,000
Somerset County	\$ 19,000
Washington County	\$ 19,000
Worcester County	\$ 19,000

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

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

(Attachment\_B)

**Department of Health and Mental Hygiene (DHMH)**  
**Office of Minority Health and Health Disparities (MHHD)**  
**Minority Outreach and Technical Assistance Program (MOTA)**  
**Action Plan**

FY2011: Performance Measures:

- Number of minorities who attend the community health forums/summits
- Number of health fairs/cultural events/health sessions conducted targeting racial/ethnic groups
- Number of health education materials distributed
- Number of technical assistance/capacity building opportunities conducted
- Number of community health committee partnerships and/or meetings conducted

OBJECTIVES	ACTIVITIES	Racial/ethnic Groups Reached	Staff Person (s) Responsible	Estimated Completion Dates	Performance Measure Addressed	Progress Monitoring Method(s)	ACTION PLANS REQUIRED
<p><b>Objective 1:</b> To convene racial/ethnic groups to actively dialogue and advocate for the elimination of health disparities in community forums, mini health summits, and local health coalitions, by the end of 2011</p> <p><b>Objective 2:</b> To increase the education and awareness of racial/ethnic groups and local preventive health screenings, by the end of FY2011</p>	<p>Attend community events where minorities are gathered.</p> <p>Conduct four (4) health disparity forums.</p>	<p>Native American African-American</p>	<p>J. Doe</p>	<p>July-August 2010 Sept-October 2010</p>	<p># of materials distributed # of forum attendees</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 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  
Office of Minority Health and Health Disparities

Minority Outreach and Technical Assistance Program (MOTA)

FISCAL YEAR 2011

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) FY 2011**

**SAMPLE BUDGET JUSTIFICATION**  
**FOR FORM 432B**

<b><u>A. Salaries/Special Payments</u></b>			<b>\$38,000</b>
<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.			
<b><u>B. Fringe Benefits</u></b>			<b>\$7,600</b>
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.			
<b><u>C. Consultants</u></b>			<b>\$2,500</b>
Consultant fees to cover health educator training of community groups, developing educational materials, convening workgroups and conferences, and accounting technical assistance.			
<b><u>D. Equipment</u></b>			<b>\$2,500</b>
1 computer, printer and software - \$2500			
<b><u>E. Telephone</u></b>			<b>\$100</b>
To cover cost of two phones used half time for MOTA program.			
<b><u>F. Purchase of Service</u></b>			<b>\$8,000</b>
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.			
<b><u>G. Food</u></b>			<b>\$480</b>
To cover costs of food provided at four church MOTA programs with about 30 persons in attendance at each; eight youth MOTA workshops with about 20 youth in attendance at each; and six recruitment lunch			

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

**H. Office Supplies**

**\$200**

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

**I. Postage**

**\$390**

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

Postage for educational mailings and recruitment of minorities

**J. Printing/Duplication**

**\$75**

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

**K. Travel In-State**

**\$445**

20 trips X 50 Miles X 44.5 cent per mile

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

**L. Legal/Accounting/Audit**

**\$360**

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

**M. Other**

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

**N. Indirect Costs**

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

**O. Total Costs**

**\$60,650**

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

**P. DHMH Funding**

**\$60,650**

# Attachment G

## PROGRAM BUDGET ESTIMATED PERFORMANCE MEASURES

PROGRAM ADMINISTRATION: \_\_\_\_\_ MOTA \_\_\_\_\_ AWARD NUMBER: \_\_\_\_\_  
 FISCAL YEAR: FY 2011 \_\_\_\_\_ CONTRACT PERIOD: \_\_\_\_\_ SUBMITTED: \_\_\_\_\_  
 ORGANIZATION \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PROGRAM TITLE: \_\_\_\_\_

PERFORMANCE MEASURE	BUDGET YEAR FY 2011 ESTIMATE
Number of minorities who attend the community health forums/summits	5
Number of cultural events and/or health sessions conducted	4
Number of health education materials distributed	1500
Number of technical assistance/capacity building opportunities conducted	25
Number of community health committee partnerships and/or meetings conducted	3

## Attachment H

# DEFINITION OF TERMS AND RESOURCES

1. **Minority:** defined within Maryland Senate Bill 896 as, “racial/ethnic person includes African Americans, Latino/Hispanics, Asian descent, Native Americans and Women...
2. **Attendance:** to be present and accounted for by signature on the official attendance roster at the local health coalition meeting
3. **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.
4. **Community Health Committee:** a MOTA grantee coordinated community health committee that addresses health disparities or chronic disease management within that geographic area.
5. **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.
6. **Meeting:** a gathering of a body of people to address a common issue.
7. **Health Education Materials:** medical or health education approved messages on the improvement of health status.
8. **Cultural Event:** a gathering of racial/ethnic persons to celebrate the heritage of that group.
9. **Health Fair:** a gathering of health providers who provide health information and/or health screenings during the event.
10. **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.
11. **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.
12. **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.
13. **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.
14. **Objective:** a set of steps/processes a person takes to achieve a desired goal.
15. **Performance Measure:** a numerical value placed on an **event/activity/task to track its progress.**
16. **Partnership-**under a formal agreement entered into by two or more persons(groups) in which each agrees to produce/furnish a part of and agreed upon outcome/purpose/event.

**Attachment H**

**Minority Population by Jurisdiction, Maryland 2008**

<b>REGION AND POLITICAL SUBDIVISION</b>	<b>TOTAL</b>	<b>Non Hispanic White</b>	<b>Minority Population</b>	<b>Percent Minority</b>	<b>African American</b>	<b>Asian/PI</b>	<b>AI/AN</b>	<b>Hispanic</b>
<b>MARYLAND</b>	<b>5,633,597</b>	<b>3,287,740</b>	<b>2,345,857</b>	<b>41.6%</b>	<b>1,692,495</b>	<b>305,847</b>	<b>23,468</b>	<b>375,830</b>
<b>NORTHWEST AREA</b>	<b>473,041</b>	<b>402,006</b>	<b>71,035</b>	<b>15.0%</b>	<b>41,266</b>	<b>11,595</b>	<b>1,203</b>	<b>18,541</b>
GARRET	29,698	29,112	586	2.0%	286	72	24	205
ALLEGANY	72,238	66,037	6,201	8.6%	4,887	520	138	770
WASHINGTON	145,384	124,464	20,920	14.4%	14,764	2,221	313	3,925
FREDERICK	225,721	182,393	43,328	19.2%	21,329	8,782	728	13,641
<b>BALTIMORE METRO AREA</b>	<b>2,620,026</b>	<b>1,645,145</b>	<b>974,881</b>	<b>37.2%</b>	<b>779,699</b>	<b>110,494</b>	<b>9,627</b>	<b>88,018</b>
BALTIMORE CITY	636,919	197,880	439,039	68.9%	409,800	14,115	2,708	17,014
BALTIMORE COUNTY	785,618	525,404	260,214	33.1%	200,875	35,505	2,953	24,528
ANNE ARUNDEL	512,790	390,325	122,465	23.9%	81,602	18,029	2,051	23,037
CARROLL	169,353	155,850	13,503	8.0%	7,068	2,987	410	3,194
HOWARD	274,995	178,249	96,746	35.2%	49,624	34,105	851	13,659
HARFORD	240,351	197,437	42,914	17.9%	30,730	5,753	654	6,586
<b>NATIONAL CAPITAL AREA</b>	<b>1,771,532</b>	<b>666,982</b>	<b>1,104,550</b>	<b>62.3%</b>	<b>713,104</b>	<b>170,644</b>	<b>9,496</b>	<b>245,982</b>
MONTGOMERY	950,680	519,847	430,833	45.3%	165,899	135,175	4,823	140,657
PRINCE GEORGE'S	820,852	147,135	673,717	82.1%	547,205	35,469	4,673	105,325
<b>SOUTHERN AREA</b>	<b>331,040</b>	<b>226,699</b>	<b>104,341</b>	<b>31.5%</b>	<b>85,016</b>	<b>7,864</b>	<b>1,868</b>	<b>10,691</b>
CALVERT	88,698	71,782	16,916	19.1%	13,115	1,379	314	2,237
CHARLES	140,764	74,573	66,191	47.0%	56,224	3,997	1,154	5,484
SAINT MARY'S	101,578	80,344	21,234	20.9%	15,677	2,488	400	2,970
<b>EASTERN SHORE AREA</b>	<b>437,958</b>	<b>346,908</b>	<b>91,050</b>	<b>20.8%</b>	<b>73,410</b>	<b>5,250</b>	<b>1,274</b>	<b>12,598</b>
CECIL	99,926	90,121	9,805	9.8%	6,111	1,121	350	2,363
KENT	20,151	16,061	4,090	20.3%	3,245	166	37	723
QUEEN ANNE'S	47,091	41,561	5,530	11.7%	3,972	553	102	976
CAROLINE	33,138	26,447	6,691	20.2%	4,844	263	200	1,602
TALBOT	36,215	29,670	6,545	18.1%	5,118	369	71	1,155
DORCHESTER	31,998	22,074	9,924	31.0%	8,934	320	76	712
WICOMICO	94,046	66,394	27,652	29.4%	22,880	1,729	230	3,244
SOMERSET	26,119	14,288	11,831	45.3%	11,009	243	108	625
WORCESTER	49,274	40,292	8,982	18.2%	7,297	486	100	1,198

Source: Maryland Vital Statistics Annual Report 2008