



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

EXHIBIT A

STANDARD GRANT AGREEMENT (SGA) REQUEST FOR APPLICATIONS (RFA) (COMPETITIVE)

PROCUREMENT ID NUMBER – PHPA – 1173 BPM020057

Issue Date: June 17, 2020

ACCESS Harm Reduction

NOTICE

A Prospective Applicant that has received this document from the Maryland Department of Health, or that has received this document from a source other than the Procurement Officer, and that wishes to assure receipt of any changes or additional materials related to this RFA, should immediately contact the Procurement Officer and provide the Prospective Applicant's name and mailing address so that addenda to the RFA or other communications can be sent to the Prospective Applicant.

Minority Business Enterprises Are Encouraged to Respond to this Solicitation

**STATE OF MARYLAND
MARYLAND DEPARTMENT OF HEALTH
RFA KEY INFORMATION SUMMARY SHEET**

Request for Proposals: ACCESS Harm Reduction

Solicitation Number: PHPA-1173 BPM020057

RFP Issue Date: June 17, 2020

RFP Issuing Office: Maryland Department of Health
Center for Harm Reduction Services

Procurement Officer: Robert Bruce
Chief Operations Officer
Prevention and Health Promotion Administration
201 W Preston St. Room 322
Baltimore, MD 21201
Phone: (410) 767-0783 Fax: (410) 333-5995
E-mail: Robert.bruce@maryland.gov

Grant Monitor: Erin Russell
Center for Harm Reduction Services
500 N Calvert Street, 5th floor
Baltimore MD 21202
(410) 767-2713
E-mail: erin.russell@maryland.gov

Applications are to be sent to: Maryland Department of Health
Prevention and Health Promotion Administration
201 W Preston Street, Room 322
Baltimore, MD 21201
Attention: Robert Bruce PHPA-1173 BPM020057

Closing Date and Time: July 17, 2020, 2:00 PM Local Time

SECTION 1 - GENERAL INFORMATION

1.1 Summary Statement

- 1.1.1 The Maryland Department of Health (MDH or the Department), Center for Harm Reduction Services (CHRS), is issuing this Request for Applications (RFA) to organize and deliver innovative and culturally appropriate services along the full continuum of drug user health. Proposed projects should demonstrate a comprehensive perspective on drug user health and support the Center's overall strategic goal to *reduce substance-related morbidity and mortality by optimizing services for people who use drugs*.
- 1.1.2 It is the State's intention to support projects that reduce substance-related morbidity and mortality by optimizing services for people who use drugs, whether new or existing projects, as specified in this RFA, from an Agreement between the selected Applicant and the State. The anticipated duration of services to be provided under this Agreement is for two agreements.
- SFY 21 - October 1, 2020 – June 30, 2020 (9 months)
SFY 22- July 1, 2020 – June 30, 2022 (12 months)
- 1.1.3 The Department intends to make up to 30 awards as a result of this RFA.
- 1.1.4 Applicants, either directly or through their subcontractor(s), must be able to provide all services and meet all of the requirements requested in this solicitation and the successful Applicants shall remain responsible for performance regardless of subcontractor participation in the work.
- 1.1.5 Applicants must be nonprofit organizations, classified by the IRSs as tax-exempt under section 501(c)(3) of the Internal Revenue Code.

1.2 Contract Type

The Agreement resulting from this solicitation shall be a firm fixed price.

1.3 Procurement Officer

The sole point of contact in the State for purposes of this solicitation prior to the award of any Agreement is the Procurement Officer at the address listed below:

Robert Bruce
Procurement Officer
Maryland Department of Health
Prevention and Health Promotion Administration
201 W Preston Street, Room 322
Baltimore, MD 21201
Phone Number: (410) 767-0783



E-mail: Robert.bruce@maryland.gov

The Department may change the Procurement Officer at any time by written notice.

1.4 Grant Monitor

The Grant Monitor is:

Erin Russell
Center for Harm Reduction Services
500 N Calvert Street, 5th floor
Baltimore MD 21202
Phone number: (410) 767-2713
E-mail: erin.russell@maryland.gov

The Department may change the Grant Monitor at any time by written notice.

1.5 eMaryland Marketplace Advantage

Each Applicant is requested to indicate its eMaryland Marketplace Advantage (eMMA) vendor number in the Transmittal Letter (cover letter) submitted at the time of its Application submission to this RFA.

eMMA is an electronic commerce system administered by the Maryland Department of General Services. The RFA and associated materials, the solicitation and summary of the Pre-Proposal Conference, Applicant questions and the Procurement Officer's responses, addenda, and other solicitation-related information will be provided via eMMA.

In order to receive a contract award, a vendor must be registered on eMMA. Registration is free. Go to <https://procurement.maryland.gov/>, click on "Register" to begin the process, and then follow the prompts.

1.6 Questions

Written questions from prospective Applicants will be accepted by the Procurement Officer. Questions to the Procurement Officer shall be submitted via e-mail to the following e-mail address: Robert.bruce@maryland.gov. Please identify in the subject line the Solicitation Number and Title.

Questions are requested to be submitted at least five business days prior to the Application due date. The Procurement Officer, based on the availability of time to research and communicate an answer, shall decide whether an answer can be given before the Application due date.

1.7 Application Due (Closing) Date and Time

Applications, in the number and form set forth in Section 4.2 "Applications" must be received by the Procurement Officer, at the address listed on the Key Information Summary Sheet, no later than **2:00 PM** Local Time on **July 17, 2020** in order to be considered.



Requests for extension of this time or date will not be granted. Applicants mailing Applications should allow sufficient mail delivery time to ensure timely receipt by the Procurement Officer. Applications received after the due date and time listed in this section will not be considered. For any submission that is not hand delivered, the Applicant may confirm, at least 60 minutes before the deadline, that the application was received in PHPA Procurement. PHPA is not responsible for applications dropped off in the mailroom. Questions regarding this solicitation should be directed (**By e-mail only**, no phone calls will be accepted) to the PROCUREMENT OFFICER.

Applications may be modified or withdrawn by written notice received by the Procurement Officer before the time and date set forth in this section for receipt of Application. Multiple and/or alternate Applications will not be accepted.

Applications must be mailed or hand-delivered and may not be submitted by e-mail or facsimile.

1.8 Award Basis

The Grant shall be awarded to responsible Applicants submitting Applications that have been determined to be the most advantageous to the State, considering price and evaluation factors set forth in this RFA, for providing the activities as specified in this RFA. See RFA Section 5 for further award information.

1.9 Revisions to the RFA

If it becomes necessary to revise this RFA before the due date for Applications, the Department shall endeavor to provide addenda to all prospective Applicants that were sent this RFA or which are otherwise known by the Procurement Officer to have obtained this RFA. Addenda made after the due date for Applications will be sent only to those Applicants that submitted a timely Application and that remain under award consideration as of the issuance date of the addenda.

Acknowledgment of the receipt of all addenda to this RFA issued before the Application due date shall be included in the Transmittal Letter accompanying the Applicant's Project Narrative. Acknowledgement of the receipt of addenda to the RFA issued after the Application due date shall be in the manner specified in the addendum notice. Failure to acknowledge receipt of an addendum does not relieve the Applicant from complying with the terms, additions, deletions, or corrections set forth in the addendum.

1.10 Cancellations

The State reserves the right to cancel this RFA, accept or reject any and all Applications, in whole or in part, received in response to this RFA, to waive or permit the cure of minor irregularities, and to conduct discussions with all qualified or potentially qualified Applicants in any manner necessary to serve the best interests of the State. The State also reserves the right, in its sole discretion, to award a Grant based upon the written Applications received without discussions or negotiations.

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SECTION 2 – MANDATORY REQUIREMENTS

2.1 Applicant Mandatory Requirements

The Applicant must provide proof with its Application that the following Mandatory Requirements have been met:

- 2.1.1 The Applicant shall be a Social organization as defined per Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland or a local, state government agency, public college or state university.
- 2.1.2 For social organization Applicants (not local, state government agency, public college or state university), the Applicant or Applicant's fiscal sponsor must be a nonprofit organization, classified by the IRS as tax-exempt under section 501(c)(3) of the Internal Revenue Code. Proposals must include attachments of the following documentation from either the applicant or the applicant's fiscal sponsor organization:
 - Documentation of tax-exempt status of the Applicant or the Applicant's fiscal sponsor (i.e. IRS tax exempt status determination letter)
- 2.1.3 If selected for award, the Applicant will be required to obtain a letter of support from the local health officer or commissioner in the jurisdiction in which the project will be implemented.

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SECTION 3 – SCOPE OF WORK

3.1 Background and Purpose

Introduction

3.1.1 Vision, strategic goal, and statewide SFY21 goals

A. Vision and goal

CHRS envisions a Maryland where 1) health care and social service systems meet the needs of people who use drugs in a comprehensive, community-based manner, 2) people who use drugs have equitable access to high-quality care, and 3) services provided to people who use drugs are free from stigma and discrimination.

Our strategic goal is to reduce substance-related morbidity and mortality by optimizing services for people who use drugs. This includes improving access to service entry points, leveraging non-traditional service delivery models, increasing the capacity and harm reduction competence of the health care workforce, and ensuring systems are responsive to local needs. In working towards this goal and vision, CHRS strives to support local health departments to act as harm reduction authorities and hubs for comprehensive care.

B. Statewide SFY21 goals

CHRS established statewide goals for SFY21 to guide activities that will contribute to our strategic goal of reducing substance-related morbidity and mortality:

1. Each jurisdiction will achieve naloxone saturation among people at high risk of overdose by the end of SFY21, with the overall impact of reduced opioid overdose mortality from SFY20 to SFY21 statewide.
2. Every funded Syringe Services Program (SSP) in the state will make Hepatitis C testing available to participants through co-location of services within the SSP by the end of SFY21, with the overall impact of increasing HCV testing access, as measured by number of individuals tested, from SFY20 to SFY21.
3. People who use drugs will have access to low-barrier buprenorphine in every awarded jurisdiction by the end of SFY21, with the overall impact of reducing opioid overdose mortality from SFY20 to SFY21 in awarded jurisdictions and statewide.
4. At least two jurisdictions will offer mobile Syringe Services Programs in combination with, or co-located with, buprenorphine induction by the end of SFY21.
5. CHRS will develop a written plan for measuring improvements in quality of services provided to people who use drugs by the end of SFY21.
6. The percent uninsured among individuals served by CHRS-funded programs will be below the statewide percent uninsured (6% in 2018¹) by the end of SFY21 and will decrease from the beginning to end of SFY21.

Background Information and Strategic Priorities

3.1.2 Background Information

A. Public health crisis for people who use drugs in Maryland

Marylanders who use drugs disproportionately experience negative health outcomes. Existing services struggle to find ways to make care available, accessible, affordable, and acceptable to the 11.5% of Marylanders who use drugs.^{ii,iii} While addressing those health issues, public health programming must consider many other unmet needs, including social determinants, and emerging public health threats among people who use drugs. A comprehensive approach to drug user health is necessary, and motivates the mission of this PBR and CHRS statewide goals.

People who use drugs (PWUD) are at high risk for premature death and poor health outcomes driven by overdose, infectious disease, and social determinants of health such as homelessness. The opioid overdose crisis is evidence of an underprepared behavioral health system, inadequate services for people who are not engaged in treatment, and extreme stigmatization of people who use drugs. Rates of morbidity and mortality for people who use drugs have increased significantly since the first wave of the opioid overdose crisis began in 1999.^{iv} This is particularly true in Maryland, where new HCV cases have increased by 55.8% from 2009 to 2015, with the CDC attributing the overall rise in new HCV cases to the rise in injection drug use.^v The number of overdose deaths in Maryland has nearly quadrupled since 2010.^{vi}

In addition to disproportionate health outcomes, people who use drugs also face stigma and discrimination in health care. While the need for health care access is evident, people who use drugs have limited engagement with health care services due to stigma and discrimination in health care settings, negative attitudes towards people with substance use disorders, structural barriers to participation, and a lack of cultural competency among providers. These barriers perpetuate the poor health outcomes of PWUD; as a result, those who most need health and social services are often the least likely to access them.

B. Harm reduction

Harm reduction is an approach to service provision and a drug-policy reform movement that seeks to reduce the harms associated with drug use and drug policies. The Harm Reduction Coalition defines harm reduction as “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.”^{vii}

Harm reduction is based upon several key tenets. A harm reduction approach posits that people are not defined by their drug use, and quality of life improvement is prioritized as an outcome over abstinence. Harm reduction puts people first and suggests that people should define their own goals, particularly with regard to any changes in their drug use behaviors. In this way, harm reduction approaches identify people who use drugs as the change agents in their own lives. Harm reduction also emphasizes that the voices of people who use drugs must be centered in programs and policies that affect them.

These tenets manifest in the operation of harm reduction-based programs and drive what harm reduction services look like. Harm reduction programs are built on strong relationships with the community and constantly seek the input of and/or are operated by people who use drugs. Programs incorporate practical education about risk reduction strategies and overdose prevention, but also address people's health and social needs beyond those directly related to drug use. A person's drug use should not affect their access to harm reduction services, meaning services are provided in a low-barrier manner that makes them accessible to people regardless of current drug use.

3.1.3 Strategic Priorities

The following strategic priorities reflect harm reduction tenants and will guide CHRS resource allocation. This section serves as additional background information and context for consideration as the PBR is developed. Applicants that demonstrate commitment to these strategic priorities will receive higher scores, as these will be incorporated into the evaluation of PBRs.

A. Meet people where they are

1. Prioritization of highly impacted populations

All programs funded through CHRS should prioritize populations highly impacted by overdose and other drug-related harms, and adopt program activities that engage these highly impacted populations. CHRS has identified particular populations highly impacted by drug-related harm, based on data from the Statewide Ethnographic Assessment of Drug Use and Services (SEADS) report, community health needs assessments, and statewide overdose reports.^{viii} Highly impacted in your jurisdiction may be similar or different from those at the state level.

- Individuals recently discharged from emergency medical care following an opioid overdose^{ix}
- Individuals experiencing homelessness and housing instability
- Individuals transitioning from the correctional system back to communities
- Individuals recently released from supervision or treatment, whose opioid tolerance is low^x
- Individuals with a history of mental health disorders
- Individuals who use drugs over the age of 55^{xi}
- Non-Hispanic black individuals and Latinx individuals who use substances (including alcohol)^{xii}
- People who use drugs in jurisdictions with lack of proximal medication assisted treatment and intensive outpatient facilities^{xiii}
- Female PWUD and PWUD with children (Note: intoxication deaths were 2.8 times higher among men than women; however, services specifically for female PWUD and PWUD with children are lacking)^{xiv}
- People with employment instability^{xv}

2. Client-centered service delivery and low barrier/low threshold services

Programs funded through CHRS should use clients' needs, preferences, and realities to dictate service delivery models. Local health departments, nonprofits, and health care providers should consider a variety of service delivery models and continuously adapt them to fit clients, rather than requiring clients to fit into a rigid clinical system that does not work for their lives.

Low barrier and low threshold services aim to increase the accessibility of programs and services for highly impacted and marginalized populations. Programs should utilize a non-judgmental approach, be flexible in how services are organized, and reduce eligibility requirements as much as possible.^{xvi,xvii,xviii}

Client-centered service delivery benefits both the client and the provider. In addition to improving the quality of the clients' experiences, it helps service providers meet clients' needs more efficiently, thus reducing burden on the provider. It conserves provider resources by delivering services in a manner that will be most beneficial to the client. Some examples of client-centered delivery include:

- Syringe service programs and naloxone training provided through street outreach or a "backpack model," responsive to feedback from clients
- Syringe service programs or buprenorphine providers that are open during non-traditional hours
- Phone-line and doorstep delivery of harm reduction supplies
- Online ordering and delivery by mail of harm reduction supplies
- Harm reduction case management that is responsive to goals and needs determined by the client
- Buprenorphine induction available multiple days a week rather than just one day, to be more accessible to clients with rigid work schedules
- Trauma-informed spaces reflective of the culture of people who access the space
- Hours and services that are reserved for individuals who do not identify as men

3. Geographically-specific strategies

Programs funded by CHRS should be tailored to the specific strengths and needs of the jurisdiction. The overdose epidemic affects communities across Maryland in a variety of ways, and drug use trends, behaviors, and attitudes differ by community. In response to this reality, programs in each jurisdiction should make efforts to be aware of these varying impacts and trends, and work to adapt programs appropriately. Maryland communities also vary in their local public health, harm reduction, and clinical infrastructure. Local programming should leverage geographic-specific strengths and address weaknesses through partnerships, community engagement, and external capacity building.

B. Provide comprehensive services

1. Drug user health framework

Programs funded through CHRS should address the full continuum of drug user health through strong partnerships and comprehensive services. The Drug User Health Services Framework, developed in 2015 by NASTAD in *Modernizing Public Health*, transcends the

drug use prevention and treatment binary through which services have historically been framed for people who use drugs. The purpose is to build responsive systems of care that address the structural and social barriers that may underlie drug use and contribute to the harms associated with drug use.

CHRS revised the framework in the figure below. The pillars of the model categorize the way in which people who use drugs access services. The Drug User Health Services Framework is based on points in the health care system through which people who use drugs obtain or miss opportunities for care. The columns provide examples of services in each category. The horizontal bar represents how social and economic support crosses all services and engagement strategies. CHRS aims to support services in each county within all categories.



Figure 1 - CHRS Expanded Drug User Health Services Framework

2. Responsiveness to emerging needs

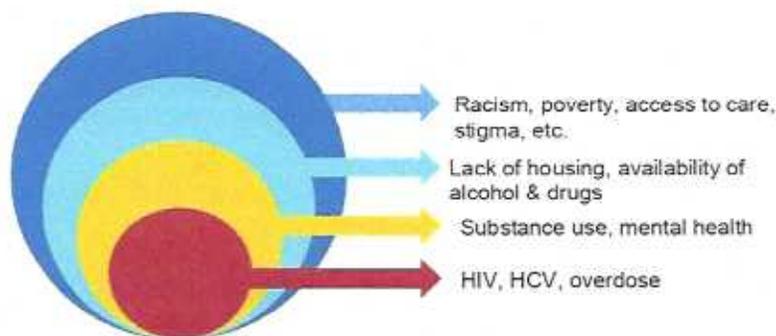
Programs funded by CHRS should be poised to know about new threats to drug user health as soon as they emerge and respond quickly and appropriately. This means that programs are continuously communicating with people in active use, including highly impacted populations; ideally, people who use drugs have a role in the program itself. Threats include fluctuations in the drug market that will increase overdose risk, spikes in sexually transmitted diseases among people who use drugs, and other infectious disease outbreaks.

Programs must also continuously monitor performance data that is available from local and statewide resources. In addition to relationships with the population served, programs should form partnerships with local education institutions, government agencies, and nonprofit organizations that can provide data and information to monitor emerging health threats. Lastly, programs must have flexible operating procedures in place to allow nimble and appropriate response to these emerging needs and health threats.

3. Address social determinants of health

Social determinants of health are another key component of comprehensive drug user health. Social determinants of health are conditions in people's environments that affect their health outcomes, functioning, and quality of life. These conditions are shaped by the distribution of money, power, and resources. These environmental factors play a role in overdose risk, the spread of infectious disease, and other substance-related health disparities and addressing them will contribute to long term solutions of the opioid crisis. Some of these social and environmental factors that influence health are economic stability, education, social and community context, health and health care, neighborhood, and built environment (Healthy People 2020).

Social Determinants of Drug User Health



C. Provide culturally competent and peer-run services

CHRS-funded programs should continuously strive to ensure their organization and workforce is culturally competent. Cultural competence in this context refers to individual awareness, knowledge, attitudes, and skills that allow an organization to effectively serve clients of diverse cultures. CHRS prioritizes funding for organizations operated by people with lived experience and minorities, including LGBT+ individuals; local health departments collaborating with such community-based organizations will score highly. Harm reduction competencies include:

- Knowledge of substances and their psychosomatic effects
- Knowledge of social and economic contributors to the harms associated with drug use
- Awareness of intersectional identities of people who use drugs, including gender, race, ethnicity, and economic disparities that shape the context in which someone uses drugs
- Knowledge of harm reduction approaches to substance use that are drug-specific
- Understanding local and regional services landscape
- Communication skills that utilize a person-centered approach, such as active listening and motivational communication

- Knowledge of overdose prevention and response
- Understanding of sexual risk and harm reduction approaches

Note: Proposals including syringe service programs will receive training in the core concepts of harm reduction and how to run an SSP. CHRS will make this training available at least two times each year with additional regular opportunities for web-based and peer learning. Those conducting overdose response training and providing access to naloxone will be offered a training of trainers (available Summer 2020).

1. Engaging people with lived experience

Creating a service provision environment that is culturally competent requires engagement and incorporation of staff with lived experience who reflect the community served. To achieve this necessitates long-term systematic changes in recruitment, selection, training, and retention of the workforce. People with lived experience, including Peers and Community Health Workers, should be included as members of the formal workforce. If people with lived experience participate in program planning or evaluation, they must be compensated for their time hourly with cash. Syringe Services Programs in particular must maintain a community advisory board.

2. Linguistic competence and health literacy

Another component of cultural competence is linguistic competence, which includes addressing limited English proficiency and health literacy needs of clients. Harm reduction programs need to be alert to the importance of cross-cultural and language appropriate communications. Programs should address health literacy needs in their community to ensure participants understand the harm reduction messages and services delivered. Ultimately, health departments should aim for all program participants to have "...the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions."^{xix} For additional information on national standards for culturally and linguistically appropriate services in health and health care, see the Office of Minority Health [National Standards on Culturally and Linguistically Appropriate Services \(CLAS\)](#).

3. LGBT+

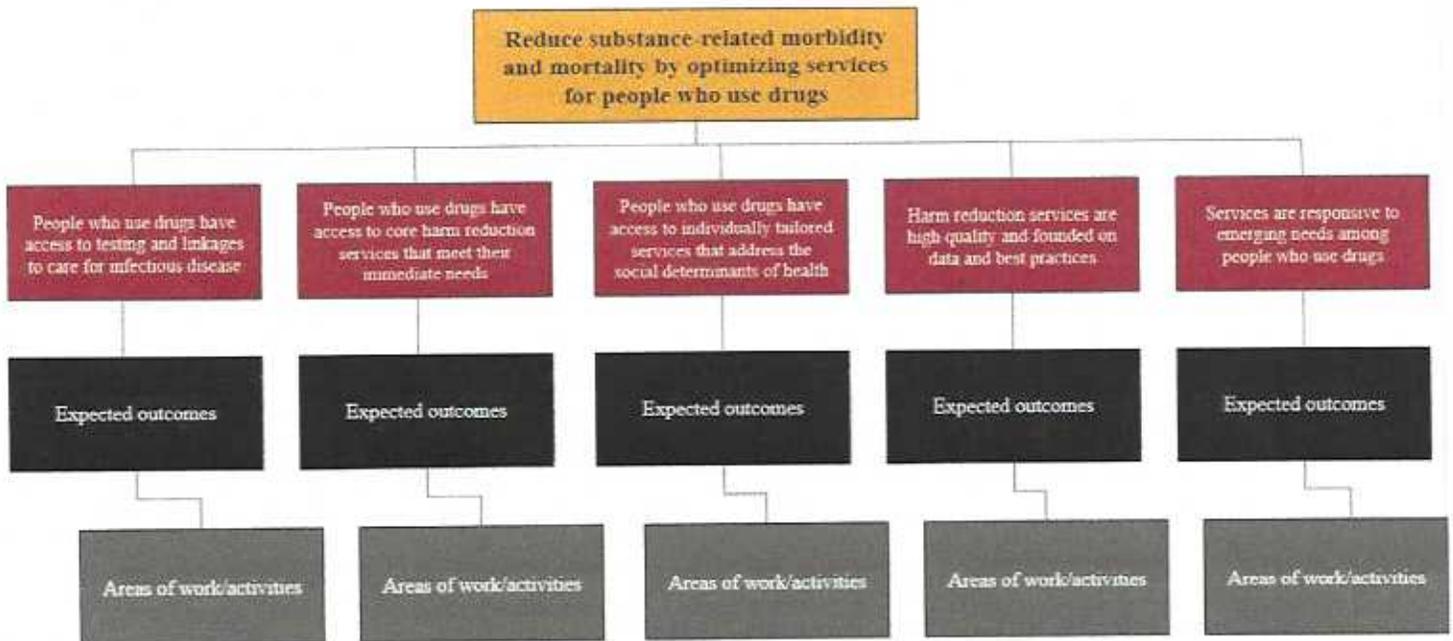
LGBT+ individuals are disproportionately affected by a variety of physical and mental health issues; they also experience disparities in health care due to a variety of factors, including experiences of stigma, past trauma, lack of awareness, and insensitivity to unique needs. LGBT+ patients face additional barriers to equitable care, such as refusals of care, delayed or substandard care, mistreatment, inequitable policies and practices, little or no inclusion in health outreach or education, and inappropriate restrictions or limits on visitation. These inequalities are exacerbated for LGBT+ people from racial/ethnic minorities or due to other factors such as education level, income, geographic location, language, immigration status, and cultural beliefs. Experiences of discrimination and mistreatment have contributed to a long-standing distrust of the health care system by many in the LGBT+ community and have affected their health in profound ways according to The Joint Commission's 2011 report.

All funded programs should be prepared to work with and engage the LGBT+ community. There are a number of resources available regarding cultural competency for people who use drugs, as well as related intersectionalities. For additional information on cultural competency for people who use drugs, see the Harm Reduction Coalition’s resources on [injection drug use](#) and [LGBTQ cultural competency](#).

Theory of Change and Results Framework

3.1.4 Theory of Change

The results framework is built using the Theory of Change approach, a planning methodology that links areas of work, outcomes, annual statewide goals and, ultimately, our strategic goal to reduce substance-related morbidity and mortality by optimizing services for people who use drugs.



3.2 Scope of Work - Requirements

3.2.1 Results framework

The applicant shall perform the tasks described in the areas of work column of the results framework during the grant period. The applicant will complete the results framework as part of the application (see 4.3 of this RFA) for instructions for completing the results framework. If awarded, the results framework will be incorporated into the subgrant agreement as the grantee's workplan. In performing the tasks defined in the results framework, the applicant shall achieve the target performance measures defined in the results framework, in a manner and in the timeframe described in the results framework.

3.2.2 Conditions of Award

All tasks completed in the performance of awarded grants must adhere to the following conditions of award, which grantees will be required to sign as part of the grant agreement. Grantees must also adhere to any special terms of award, which may vary based on funding source. Grantees will be required to sign a document agreeing to these conditions as part of the grant agreement.

1. All funded activities will be conducted with a harm reduction framework, including:
 - a. Provision of services to people who are actively using drugs, without the expectation that they stop using drugs; and,
 - b. Non-judgmental, non-stigmatizing engagement of people who use drugs; and
 - c. Acknowledgement of the harms associated with drug use while presenting accurate and complete information about ways to reduce these harms as much as possible.
2. All activities will be conducted in accordance with Maryland and federal law.
3. Entity staff will participate in monitoring activities by MDH as requested. This may include, but is not limited to, phone check-ins, surveys, and/or site visits by MDH to verify that project activities are being conducted in the manner proposed in the application.
4. Entity staff will provide detailed fiscal reports to MDH quarterly and upon request.
5. In the event that MDH discovers project activities are not being conducted in the proposed manner, the entity will cooperate with MDH to redistribute any purchased resources and/or reimburse MDH and/or terminate the grant agreement.
6. In the event that MDH discovers application information was intentionally falsified or the entity was misrepresented, the entity will cooperate with MDH to redistribute any purchased resources and/or reimburse MDH and/or terminate the grant agreement.
7. Entity staff will participate in training and capacity-building activities as required by MDH.
8. Entity staff will notify MDH of any changes to relevant staff and project activities supported by the grant within 30 days of the change.

3.2.3 Monitoring

Grantees will be required to adhere to the following requirements:

- Risk level determination
 - A pre-award risk assessment will be conducted with each grantee following the evaluation team's recommendation for award. Grantees will be determined to be high risk, medium risk, or low risk. The risk level of the grantee determines the schedule of site visits and the frequency.
 - High risk grantees are subject to additional review before award and additional monitoring during the grant period. High risk grantees may be subject to the following additional review before being awarded a grant:
 - Background checks to verify proper payment of withholding taxes, credit standing, and other problem indicators
 - Internet searches and reference checks to identify and review negative information

- Review of open OIG and inspection reports to determine if there are ongoing OIG or criminal investigations

High risk grantees may be required to maintain a separate bank account for the award. MDH will provide the grantee with additional information on fraud awareness and will more closely monitor the grant funds to ensure they are accounted for and appropriately spent; MDH may require high risk grantees to submit more detailed documentation to support invoices, and may apply a higher level of scrutiny to invoices. CHRS will utilize a written procedure for monitoring grantees based on the pre-award risk assessment results.

- Site visits

Site visits will occur with all CBO grantees within the first 6 months of the grant period. Grantees determined to be “high risk” by the pre-award risk assessment tool will be scheduled for a site visit within the first 4 months of the grant period, and then again within the last 6 months of the grant period.

Site visits will be conducted using a site visit tool. Site visits will be focused in three areas: fiscal, programmatic, and quality. MDH staff will meet with grantee staff to review documentation on site and will assess the space in which services are being provided. MDH may review all records pertaining to service delivery related to the grant and fiscal and management records onsite.

The agenda for the fiscal portion of the site visits may be based on the grantee’s responses to pre-award risk assessment questions. The fiscal portion of the site visit will include review of accounting records and the justification and documentation behind each line item expenditure.

3.2.4 Reporting

Grantees will be required to provide monthly reports, which will be tailored to align with the performance measures included in the results framework, as well as any other reporting required by the Department. Detailed guidance regarding reporting will be provided prior to grant agreement execution.

3.3 Invoicing

3.3.1 General

- (a) All invoices for services shall be signed by the Grantee and submitted to the Grant Monitor. All invoices shall include the following information:

- Grantee name;
- Remittance address;
- Federal taxpayer identification number (or if sole proprietorship, the individual’s social security number);
- Invoice period;
- Invoice date;
- Invoice number
- State assigned Contract number;
- State assigned (Blanket) Purchase Order number(s);
- Goods or services provided; and
- Amount due.

Invoices submitted without the required information cannot be processed for payment until the Contractor provides the required information.

- (b) The Department reserves the right to reduce or withhold Grant payment in the event the Grantee does not provide the Department with all required deliverables within the time frame specified in the Grant or in the event that the Grantee otherwise materially breaches the terms and conditions of the Grant until such time as the Grantee brings itself into full compliance with the Grant.

3.3.2 Invoice Submission Schedule

The Grantee shall submit invoices in accordance with the following schedule:

Quarter	Period of performance	Invoice due date
FY21 Quarter 1	October 1, 2020 – December 31, 2020	January 15, 2021
FY21 Quarter 2	January 1, 2021 – March 31, 2021	April 15, 2021
FY21 Quarter 3	April 1, 2021 – June 30, 2021	July 15, 2021
FY22 Quarter 1	July 1, 2021 – September 30, 2021	October 15, 2021
FY22 Quarter 2	October 1, 2021 – December 31, 2021	January 15, 2022
FY22 Quarter 3	January 1, 2022 – March 31, 2022	April 15, 2022
FY22 Quarter 4	April 1, 2022 – June 30, 2022	July 15, 2022

SECTION 4 – APPLICATION FORMAT

4.1 Two Part Submission

Offerors shall submit Proposals in separate sealed volumes:

- Volume I – Project Narrative
- Volume II – Budget Justification/Narrative

4.2 Proposals

4.2.1 Each Application shall contain an unbound original*, so identified, and three (3) copies. Unless the resulting package will be too unwieldy, the State’s preference is for the Application to be submitted in a single package including a label bearing:

- The RFA title and number,
- Name and address of the Applicant, and
- Closing date and time for receipt of Applications

To the Procurement Officer prior to the date and time for receipt of Applications (see Section 1.6 “Applications Due (Closing) Date and Time”).

4.2.2 Applications will be shown only to State employees, members of the Evaluation Committee, or other persons deemed by the Department to have a legitimate interest in them.

***All information submitted as part of this proposal is subject to release under the Public Information Act (PIA). If you would like the Maryland Department of Health (MDH) to consider redactions in the event that your proposal is subject to a PIA request, submit a proposed PIA copy including justifications for each redaction and under what statute that justification is qualified for redaction.**

4.3 Volume I – Project Narrative

Note: No pricing information is to be included in the Project Narrative (Volume I). Pricing information is to be included only in the Budget Justification/Narrative (Volume II).

4.3.1 The Technical Proposal shall include the following documents and information in the order specified as follows:

4.3.1.1 Transmittal Letter:

- Applicant;
- Solicitation Title and Solicitation Number that the Proposal is in response to;
- Signature, typed name, and title of an individual authorized to commit the Applicant to its Proposal;
- Federal Employer Identification Number (FEIN) of the Applicant, or if a single individual, that individual's Social Security Number (SSN);
- Applicant's eMMA number;
- Applicant's MBE certification number (if applicable);
- Applicant's SBR number (if applicable) – please contact eMMA at 410-767-1492 if you don't know your number.

4.3.1.2 The Project Narrative shall include the following sections a-c. The project narrative should be *no more than 7 pages in total*.

- a. **Organization:** Brief description of what the organization does, mission, population served, and how the proposed project supports the mission (*No more than one page*)
- b. **Staff capacity:** Brief description of applicant's staff capacity and organizational chart, identifying those responsible for implementing the proposed activities. Include information about relevant experience and capacity to provide services to people who use drugs. This may include staff experience conducting harm reduction work, the organization's policies and procedures that serve people who use drugs (such as low-barrier service policies), history of providing harm reduction services, etc. (*No more than one page*)
- c. **Proposed project:** Address the following as *clearly, simply, and briefly as possible*. Proposed project may be a new initiative or may be support for continuation or expansion of an existing project. (*No more than five pages total*) **Include:**
 - a. Specific public health problem/need that the proposed project will address
 - b. Proposed project activities (include how the project will get done and milestones)
 - c. Evidence base for the proposed project and activities
 - d. Resources needed: clearly state what funding will support versus what is already in place—*do not include pricing here*

4.3.1.3 The Results Framework/Work Plan

Applicants must use the template in **Attachment C** to complete their "results framework," which will become their work plan upon award. There are 5 **pre-defined objectives**, and several **pre-defined outcomes** per objective, as listed in the results framework example below. Applicants will select objectives and outcomes that the proposed project addresses, and enter their chosen objectives and outcomes into Attachment C. Applicants will complete the third and fourth column of the results framework by listing the proposed project's areas of work, and creating performance measures that

address those areas of work. Performance measures should be *specific, measurable, and should indicate a time period* in which they will be achieved. The areas of work and performance measures should be achievable during the grant period.

Applications must address objectives 4, 5, and another objective of the Applicant's choice, and should select at least one outcome per objective. Applicants who would like to address more than these three objectives may do so. Applicants may create additional outcomes if the selection listed does not sufficiently capture the proposed project outcomes; any additional outcomes the applicant creates must address the pre-defined objectives. Performance measures must measure the proposed areas of work, which must link to the selected outcomes and to the objectives in a manner as described in section 3.1.4.

The framework below provides examples for how to complete the last two columns of the framework ("Areas of work/activities" and "Preliminary performance measures"). After reviewing the framework below, complete **Attachment C (an editable word document is available for download [here](#))**. Use the background information in this RFA as a guide and keep in mind the primary strategic goal to reduce substance-related morbidity and mortality by optimizing services for people who use drugs.

Steps to complete the results framework template

1. *Learn each of the five objectives and assess how they are being addressed in the Applicant's jurisdiction:*

- People who use drugs have access to testing and linkage to care for infectious disease
- People who use drugs have access to core harm reduction services that meet their immediate needs (i.e. naloxone and syringe services)
- People who use drugs have access to individually tailored services that address the social determinants of health
- Harm reduction services are high quality and founded on data and best practices
- Services are responsive to emerging needs among people who use drugs

2. *List proposed activities that address objectives 4, 5, and select one more objective*

- Activities should detail how each program milestone will be achieved
- Include program stages that will have a clear timeframe, such as "submit an application to start a Syringe Service Program by December 2020," and "launch mobile SSP by March 2021"

3. *Define SMART performance measures for each activity that:*

- Indicate a tangible target number or deliverable within a certain period of time
- Represent program growth indicated by percent increase in services or people served

4. *Select the outcomes associated with each activity and remove outcomes not being met this year*

Results framework

(An editable word document of the results framework template is available for download [here](#))

Objectives	Outcomes	Illustrative areas of work/activities (examples)	Performance measures (examples)
<p>Objective 1: <i>People who use drugs have access to testing and linkage to care for infectious disease.</i></p>	<ol style="list-style-type: none"> 1. Increase the percentage of HIV tests provided by the health department to individuals who identify drug use as a risk factor 2. Increase the percentage of HCV tests provided by the health department to individuals who identify drug use as a risk factor, or to programs who serve people who use drugs 3. Increase the number of PWUD who receive HCV treatment 4. Increase the number of PWUD that are tested and referred to appropriate prevention, care and support services 5. Increase the number of service providers that offer HIV, HCV, and Syphilis testing to people at high risk in the jurisdiction 6. Increase the percentages of HIV testing providers in the jurisdiction who offer linkages to prevention services (PrEP, nPrEP, SSP) 7. Increase the number of PLWH who use drugs who are linked to Maryland AIDS Drug Assistance Program 	<ul style="list-style-type: none"> • Purchase sufficient number of HCV testing kits to offer each syringe services program participant a test • Hire two peer recovery specialists and provide training on HCV testing and linkage to treatment • Establish referral relationships with HCV providers • Integrate offering an HCV test to each participant into the SSP workflow 	<ul style="list-style-type: none"> • Test 10% more syringe services clients for HCV than in previous year • Establish ____ (number) of new relationships with community-based organizations that can reinforce or build new connections in the community to engage people who use drugs who do not know their HIV status • With the help of a consultant, revise all existing health education tools and materials to be culturally competent



Objectives	Outcomes	Illustrative areas of work/activities (examples)	Performance measures (examples)
<p>Objective 2: <i>People who use drugs have access to core harm reduction services that meet their immediate needs.</i></p> <p>(Core harm reduction services include Syringe Services Programs, overdose education and naloxone distribution, drug checking services, and low-barrier buprenorphine.)</p>	<ol style="list-style-type: none"> 1. Implement a syringe services program, or improve accessibility of existing syringe services programs 2. Achieve naloxone saturation (naloxone distributed in a year is 20 times the number of overdose deaths) in the jurisdiction 3. Implement drug-checking programs 4. Increase the number of providers in the jurisdiction with X waiver 5. Increase the proportion of waived providers who are prescribing buprenorphine 6. Increase the proportion of providers prescribing buprenorphine whose services can be considered low-barrier 	<ul style="list-style-type: none"> • Partner with a community-based organization to open a drop-in center that offers overdose education, drug-checking, naloxone distribution and case management • Partner with a community-based organization to start a backpack-model syringe service program • Hire 10 additional Peer Support Specialists to distribute naloxone in detention centers and to people under supervision, residential treatment programs, and recovery housing. 	<ul style="list-style-type: none"> • Provide overdose education and naloxone to 400 individuals within the first 6 months of the drop-in center's opening day • Distribute sterile injection supplies to 200 individuals by June 30, 2021 through backpack outreach • Peer Support Specialists distribute 300 doses of naloxone to people leaving detention centers by June 30, 2021
<p>Objective 3: <i>People who use drugs have access to individually tailored services that address the social determinants of health.</i></p>	<ol style="list-style-type: none"> 1. Increase number of programs offering case management services for people who use drugs 2. Increase percentage of people accessing services who are enrolled in health insurance 3. Increase referrals to harm reduction services from providers in various sectors 4. Increase linkages to housing assistance among unstably housed people who use drugs 	<ul style="list-style-type: none"> • Implement a non-traditional model of care that responds to unique client needs • Standardize and systematize the use of evidence-based tools, such as SBIRT, to improve screening, detection, and referral for mental health and substance use • Proactively engage and re-engage participants who miss appointments or are lost to follow-up • Link participants to health and social support services not provided onsite • Hire a certified application counselor to ensure all participants are enrolled with health insurance • Provide case management to people leaving the correctional system to address needs such as housing, reemployment, and reinstatement of benefits 	<ul style="list-style-type: none"> • More than 60% of participants follow through on referrals provided • Peers follow up with 90% of participants who received referrals to determine the outcome of the referral • 100% of participants who test positive for HCV are referred to care, and SSP staff follow up with 100% of those participants • 50% of participants who test positive for HCV receive treatment



Objectives	Outcomes	Illustrative areas of work/activities (examples)	Performance measures (examples)
<p>Objective 4: <i>Harm reduction services are high quality and founded on data and best practices.</i></p>	<ol style="list-style-type: none"> 1. Harm reduction staff receive continuing education and professional development 2. Use data collected to adapt and improve services OR improve the utility of data collected in order to adapt and improve services 3. Increase the number of organizations practicing trauma-informed care principles 4. Increase the number of providers offering low threshold services to people who use drugs 	<ul style="list-style-type: none"> • Re-evaluate data collection practices to ensure minimal data is collected • Analyze data collected and adapt service delivery model to reach new client populations • Require staff to attend harm reduction-related trainings each year and create structures for in-house training on harm reduction principles • Implement business practices to create better working conditions and more positive practice environments addressing staff disparities • Conduct a self-assessment of compliance with regulations and funding requirements, standards of care, and state performance goals • Host a community training on the importance and effectiveness of low threshold services 	<ul style="list-style-type: none"> • 80% of staff members attended a harm reduction-related training during the grant period • Hire a consultant to analyze participant data and identify at least 3 action items based on the analysis
<p>Objective 5: <i>Services are responsive to emerging needs among people who use drugs.</i></p>	<ol style="list-style-type: none"> 1. Increase opportunities for community feedback from people who use drugs 2. Adjust program evaluation methodology to include the voices of people who use drugs 3. Develop novel mechanisms for improving communication and information sharing among people who use drugs 	<ul style="list-style-type: none"> • Incorporate continuous requests for input from clients into workflow • Establish a community advisory board • Assess client demographic and risk factor data to improve outreach and engagement • Participate in program improvement collaborations to share and learn best practices with peer agencies working under a similar context 	<ul style="list-style-type: none"> • The community advisory board meets 4 times over the course of the grant period • 99% of clients were asked whether they had feedback on services provided • 30% of clients during the grant period responded to the client feedback survey • Identify at least 3 areas of improvement in outreach activities as a result of assessing client demographic data



4.3.1.4 Mandatory Requirements Documentation

The applicant shall submit documentation of tax-exempt status of the applicant or the applicant's fiscal sponsor, if applicable.

4.4 Volume II – Budget Narrative

4.4.1 Under separate sealed cover from the Project Narrative and clearly identified in the format identified in Section 4.2 "Applications," the Applicant shall submit an original unbound copy of the Budget Narrative. The Budget Narrative shall contain all price information in the format specified in **Exhibit B**. The Applicant shall complete the Budget Narrative Form only as provided in the Budget Narrative Form.

(An editable word document of Exhibit B and Exhibit C is available for download [here](#))

4.4.2 The Applicant shall attach to the Budget Form a Budget Narrative document that details the total cost of the proposed activities. The budget categories may include: Personnel (salary and fringe), Consultants; Travel; Contractual; Supplies; Operating Costs; and Other project-related costs.

(An editable word document of Exhibit B and Exhibit C is available for download [here](#))

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SECTION 5 – EVALUATION COMMITTEE, EVALUATION CRITERIA, AND SELECTION PROCEDURE

5.1 Evaluation Committee

Evaluation of Applications will be performed by a committee established for that purpose and based on the evaluation criteria set forth below. The Evaluation Committee will review Applications, participate in Applicant oral presentations and discussions, and provide input to the Procurement Officer. The Department reserves the right to utilize the services of individuals outside of the established Evaluation Committee for advice and assistance, as deemed appropriate.

5.2 Project Narrative Evaluation Criteria

The criteria to be used to evaluate each Project Narrative listed below in descending order of importance.

1. Capacity to perform the proposed activities, considering organization capacity, history, and staff
2. Adherence to the given objectives and the overall goal of reducing substance-related morbidity and mortality by optimizing services for people who use drugs
3. Ability to “meet people where they are,” including the following:
 - a. Prioritization of highly impacted populations
 - b. Client-centered service delivery and low barrier/low threshold services
 - c. Geographically-specific strategies
4. Provision of comprehensive services that:
 - a. Address the continuum of drug user health needs
 - b. Respond to emerging needs
 - c. Address social determinants of health
5. Demonstrated commitment to cultural competence and peer-run services, including:
 - a. Engaging people with lived experience
 - b. Ensuring services are provided in a manner that considers linguistic competence and health literacy
 - c. Services engage LGBT+ populations
6. Feasibility of achieving the chosen outcomes in the performance period
7. Quality, clarity, and conciseness of the proposal

5.3 Budget Narrative Evaluation Criteria

All Qualified Applicants will be ranked from the lowest (most advantageous) to the highest (least advantageous) based on the rating of the Project Narratives. The Budget Narrative (including the Budget Form and Budget Narrative), will be evaluated based on reasonable cost given the time and effort described in the Project Narrative. The budget line items must be within the stated guidelines set forth in this RFA and as submitted on **Exhibit C – Budget Narrative**.

5.4 Selection Procedures

5.4.1 General

The Grant will be awarded in accordance with the Standard Grant Agreement method outlined in the Announcement. The State may determine an Applicant to be non-responsive and/or an Applicant's Application to be not reasonably susceptible of being selected for award at any time after the initial closing date for receipt of Applications and prior to Grant award. If the State finds an Applicant to be not responsive and/or an Applicant's Project Narrative to be not reasonably susceptible of being selected for award, that Applicant's Budget Narrative will be returned if the Budget Narrative is unopened at the time of the determination.

5.4.2 Award Determination

Upon completion of the Project Narrative and Budget Narrative evaluations and rankings, each Applicant will receive an overall ranking. The Procurement Officer will recommend award of the Grant to the responsible Applicant that submitted the Application determined to be the most advantageous to the State. In making this most advantageous Application determination, technical factors and financial factors will be weighted equally.

RFA ATTACHMENTS

EXHIBIT B – Budget Form

This must be completed and submitted with the Project Narrative in a separate envelope.

EXHIBIT C—Budget Narrative

This must be completed and submitted with the Project Narrative, along with the Budget Narrative Form, in a separate envelope.

(An editable word document of Exhibit B and Exhibit C is available for download [here](#))

ATTACHMENT A – Standard Grant Agreement “Sample”

This is the sample grant agreement used by the Department. **It is provided with the RFA for informational purposes and is not required to be submitted at Application submission time.** Upon notification of recommendation for award, a completed standard grant agreement will be sent to the recommended awardee for signature. The recommended awardee must return to the Procurement Officer three (3) executed copies of the Standard Grant Agreement within five (5) Business Days after receipt. Upon award, a fully executed copy will be sent to the Grantee.

ATTACHMENT B – RFA Document Checklist

Use this checklist to ensure that the required documents for the Project Narrative and Budget Narrative are completed.

ATTACHMENT C – Work Plan (“Results Framework”) Template

(An editable word document is available for download [here](#))

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EXHIBIT B – BUDGET FORM

FINANCIAL PROPOSAL FORM

The Budget Narrative shall contain all price information in the format specified on these pages. Complete the Budget Form only as provided in the Budget Form format. Do not amend, alter or leave blank any items on the Budget Form. Failure to adhere to any of these instructions may result in the Budget Narrative being determined non-responsive and rejected by the Department.

Submitted By: _____
 Authorized Signature: _____ Date: _____

Printed Name and Title: _____
 Company Name: _____
 Company Address: _____
 Location(s) from which services will be performed (City/State): _____
 FEIN: _____
 eMMA #: _____
 Telephone: (____) _____ -- _____
 Fax: (____) _____ -- _____
 E-mail: _____

Budget Summary SFY21 10/1/2020-6/30/2021

Line Item	Qty	Unit Cost	Total Cost
Salary			
Fringe			
Contractual			
Travel			
Operating Costs			
Supplies			
Other			
TOTAL			



Budget Summary SFY22 7/1/2021-6/30/2022

Line Item	Qty	Unit Cost	Total Cost
Salary			
Fringe			
Contractual			
Travel			
Operating Costs			
Supplies			
Other			
TOTAL			

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BUDGET NARRATIVE TEMPLATE

Sample Line Item Justification

Personnel (Preventionist): \$15,600

Justification: The Preventionist will be responsible for: conducting project-related relationship-building activities with new and existing partners; developing informational materials for community leaders and the public, including fact sheets and social media posts related to the project topic; coordinating and facilitating monthly project meetings with partners; conducting awareness-building activities within key demographic areas in the community to engage the project target audience; developing and providing professional training at targeted local governmental agencies and private businesses; attending community events relevant to the project and the project's partners. The Project Coordinator will also attend RISEMD meetings, collect data, conduct evaluation activities, prepare reports, and act as a liaison with the MDH Grant Monitor.

\$30/hr x 520 hours = \$15,600

ATTACHMENT A – Standard Grant Agreement “Sample”

ORGANIZATIONS RECEIVING APPROPRIATIONS FROM THE STATE STANDARD GRANT AGREEMENT

This Agreement, which is executed in compliance with Section 7-402 of the State Finance and Procurement Article of the Annotated Code of Maryland, is made this <enter day> day of <month, year>, between the State of Maryland (the “State”), acting through the Maryland Department of Health (the “Department”), located at <enter MDH Address> and the <grantee name> (the “Grantee”), located at <grantee address> in <county / city> County, <state, zip>, a Maryland Limited Liability Company / Corporation. .

1. Effective on the date of execution of this Agreement, the State is extending to the Grantee a grant in the amount of <amount in words> Dollars (\$ xx,xxx.xx) (the “Grant”), which the Grantee shall use only for the following purposes: <grant purpose>

2. Any expenditure of Grant funds that is not consistent with purposes stated in paragraph 1 may, at the sole discretion of the Department, be disallowed. Should any expenditure be disallowed or should the Grantee violate any of the terms of this Agreement, the State may require repayment to the State Treasury, an offset from any State Grant to the Grantee in the current or succeeding fiscal year, or other appropriate action. The Grantee shall repay to the State any part of the Grant that is not used for the purposes stated in paragraph 1 within 3 months after the date of this Agreement.

3. The Grantee may not sell, lease, exchange, give away, or otherwise transfer or dispose of real or personal property, or any part of or interest in real or personal property, acquired with Grant funds without the prior written consent of the Department. This includes transfer or disposition to a successor on the merger, dissolution, or other termination of the existence of the Grantee. The Grantee shall give the Department written notice at least 30 calendar days before any proposed transfer or disposition. Any proceeds from a permitted transfer or disposition shall be applied to repay to the State a percentage of that portion of the Grant allocable to the particular real or personal property transferred or disposed of, unless the Department and the Grantee agree to other terms and conditions. The percentage shall be equal to the percentage of the unadjusted basis of the property that would remain if the property had been recovery property placed in service after December 31, 1980 and if all allowable deductions had been taken up to the time of disposition under the Accelerated Cost Recovery System (ACRS) specified in the United States Internal Revenue Code, Section 168(b)(1).

4. For any item of real or personal property that is acquired with Grant funds and has an original fair market value of Five Thousand Dollars (\$5,000) or more, the Grantee shall, at its own expense, and for the reasonable useful life of that item or for 5 years, whichever is less, obtain and maintain insurance. The insurance shall provide full protection for the Grantee and the State against loss, damage, or destruction of or to the real or personal property. The Grantee shall, on request, provide the Department with satisfactory evidence of its compliance with this requirement. Proceeds of insurance required by this paragraph shall be applied toward replacement of the real or personal property or toward the partial or total repayment of the State of the Grant, in the sole discretion of the Department.

5. The Grantee may not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or any other characteristic forbidden as a basis for discrimination by applicable laws, and certifies that its Constitution or by-laws contains a non-discrimination clause consistent with the Governor’s Code of Fair practices.

6. The person executing this Agreement on behalf of the Grantee certifies, to the best of that person’s knowledge and belief, that:

A.) Neither the Grantee, nor any of its officers or directors, nor any employee of the Grantee involved in obtaining contracts with or grants from the State or any subdivision of the State, has engaged in collusion with respect to the Grantee’s application for the Grant or this Agreement or has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States;

B.) The Grantee has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee or agent working for the Grantee, to solicit or secure the Grant or this Agreement, and the Grantee has not paid or agreed to pay any such entity any fee or other consideration contingent on the making of the Grant or this Agreement; **the grantee understands and complies with the Conflicts of Interest provision of the Public Ethics Law, Maryland Code Annotated, General Provisions, Title 5, Subtitle 5.**

C.) The Grantee, if incorporated, is registered or qualified in accordance with the Corporations and Associations Article of the



Annotated Code of Maryland, **is in good standing**, has filed all required annual reports and filing fees with the Department of Assessments and Taxation and all required tax returns and reports with the Comptroller of the Treasury, the Department of Assessments and Taxation, and the Department of Labor, Licensing and Regulation, and has paid or arranged for the payment of all taxes due to the State; and

D.) No money has been paid to or promised to be paid to any legislative agent, attorney, or lobbyist for any services rendered in securing the passage of legislation establishing or appropriating funds for the Grant.

E.) Neither the Grantee, nor any of its officers or directors, nor any person substantially involved in the contracting or fund raising activities of the Grantee, is currently suspended or debarred from contracting with the State or any other public entity or subject to debarment under the Code of Maryland Regulations, COMAR 21.08.04.04.

7. Within 60 calendar days after the close of any grant period in which the Grantee receives funds under this Agreement, the Grantee shall provide to the Department an itemized statement of expenditures, showing how the funds were expended for that grant period. In addition, a copy of the statement shall be mailed to the Director, General Accounting Division, Office of the Comptroller of the Treasury, Room 200, Louis L. Goldstein Treasury Building, Annapolis, Maryland 21401. The Grantee shall retain bills of sale or other satisfactory evidence of the acquisition of any real or personal property for at least 3 years after the date of this Agreement. The Department, the Department of Budget and Management, the State Comptroller, and the Legislative Auditor, or any of them, may examine and audit this evidence, on request, at any reasonable time within the retention period.

8. The Grantee shall comply with Section 7-221, 7-402, and 7-403 of the State Finance and Procurement Article of the Annotated Code of Maryland, as applicable.

9. The laws of Maryland shall govern the interpretation and enforcement of this Agreement.

10. This Agreement shall bind the respective successors and assigns of the parties.

11. The Grantee may not sell, transfer, or otherwise assign any of its obligations under this Agreement, or its rights, title, or interest in this Agreement, without the prior written consent of the Department.

12. No amendment to this Agreement is binding unless it is in writing and signed by both parties.

13. The following items are incorporated by referenced and made a part of this Agreement Appendix A & B, Attachment A, B, C, D, E.&F.

IN TESTIMONY WHEREOF, WITNESS the hands and seals of the parties.

GRANTEE

DEPARTMENT

(Name of Corporation or Association)

Maryland Department of Health.
(Name of Corporation or Association)

By: _____
SEAL

By: _____
SEAL

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____



APPENDIX A

The Department's Grant Monitor is:

The Grantee's Grant Monitor is:

<Name and Title of MDH grant monitor>
address,
<Office>
Maryland Department of Health
201 W. Preston Street
Baltimore, Maryland 21201
Phone:
Email:

<enter name, title, office, grantee agency,
phone number and email >

I. BACKGROUND INFORMATION OF AGREEMENT

<Enter background information of the agreement>

II. DUTIES OF THE GRANTEE

SCOPE OF WORK:

<Enter all duties and scopes of work for the grant agreement>

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APPENDIX B (insert revised budget)

Cost Estimate for:

<Name of Project>

PERIOD OF PERFORMANCE - <Date of Project>

<Enter Budget>

II. DUTIES OF THE DEPARTMENT

Other than awarding the funds to the <grantee/sub-recipient/sub-awardee> for this project <MDH awarding agency> will:

- Provide necessary technical support and monitoring to <grantee/sub-recipient/sub-awardee> to ensure state and federal grant compliance.

This includes but is not limited to:

- Completion of the MDH Office of the Inspector General Risk Assessment
- Completion of the Standard Grant Agreement Checklist
- Determination of Good Standing with The State of Maryland
- Review for Debarment, Suspension, or any Exclusion from doing business with Maryland
- Determination regarding No Conflicts of Interest
- Review of Single Audits
- Review for Debarment, Suspension, or any Exclusion from doing business with the Federal Government

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SECTION IV. INCORPORATION BY REFERENCE

Both parties hereby agree that the documents described below, if any, are hereby incorporated into and made an integral part of this Agreement: (Type "None", if none)

Exact Title of Document(s)	Number of Pages
<u>Conditions of Award- Attachment A</u>	<u>2</u>
<u>Federal Funds- Attachment B</u>	<u>2</u>
<u>Debarment Affirmation- Attachment C</u>	<u>2</u>
<u>Certification Regarding Tobacco Smoke- Attachment D</u>	<u>1</u>
<u>Certification Regarding Lobby- Attachment E</u>	<u>5</u>
<u>Additional Information required for Prevention and Health Promotion Administration Grants – Attachment F</u>	<u>2</u>

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CONDITIONS OF AWARD

Maryland Department of Health (MDH)

<Enter Department Here>

<Enter Federal Awarding Agency Here>

<Enter Name of Federal Award and Grant Number Here>

Period of Performance: <Enter From and To Dates Here>

Important Dates:

<Enter Date Here>: Quarterly progress report

<Enter Date Here>: All funds obligated

<Enter Date Here>: All funds must be spent

<Enter Date Here>: Final progress and fiscal report due to MDH

The grantee/sub-grantee/sub-recipient (circle one), shall comply with these conditions. Consequences for failure to comply with these conditions may include: a point reduction in score for future competitive and non-competitive applications, a reduction of overall award, audit exceptions and/or reduction in future awards.

Program Requirements:

1. The grantee/sub-grantee/sub-recipient, <Enter Grantee Name Here > agrees to comply with MDH guidelines and initiatives with regards to their expenditures/purchases.
2. When procuring equipment, the recipient must comply with the procurement standards at 45 CFR Part 92.36 and 45 CFR 74.40 through 74.48, including 74.45, which requires the performance and documentation of some form of cost or price analysis with every procurement action.
3. The grantee/sub-grantee/sub-recipient, will perform activities that coordinate, integrate, prioritize and sustain improvements in public health emergency preparedness.
4. The grantee/sub-grantee/sub-recipient, shall cite < Enter Name of Federal Award > and the MDH <Enter Department Here> as a funding source when publishing or presenting data or programs partially or fully funded by MDH grants.
5. The grantee/sub-grantee/sub-recipient, should inform the MDH <Enter Department Here> as a courtesy when a presentation or publication is made public that involves programs or data partially or fully funded by MDH, and any federal grants. All reports, data, software, or presentations generated from federal funded projects must be made available to MDH for review and comment prior to release or distribution.

Fiscal Requirements:

1. The grantee/sub-grantee/sub-recipient, shall **not** use <Enter Name of Federal Award> to:



- a. Support the costs of operating clinical trials of investigational agents, equipment or treatments;
 - b. Make payments directly to recipients of services, except for reimbursement of reasonable and allowable out-of-pocket expenses associated with consumer participation in State or consortia activities;
 - c. Support legal services;
 - d. Provide direct maintenance expenses of privately owned vehicles or any other costs associated with a vehicle, such as lease or loan payments, vehicle insurance, or license registration fees;
 - e. Purchase or improve land, or to purchase, construct, or make permanent improvements to any building, except for minor remodeling;
 - f. Pay property taxes;
 - g. Fund capital improvement projects;
 - h. Supplant personnel costs and/or other activities.
 - i. Prepare, distribute, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body.
2. The grantee/sub-grantee/sub-recipient will comply with all MDH and federal fiscal requirements for timely submission of detailed budgets and budget modifications, including monthly invoice requirements.
 3. The grantee/sub-grantee/sub-recipient will return any unspent and unobligated funds to MDH and provide the necessary supporting documentation.

Audits:

The grantee/sub-grantee/sub-recipient shall submit audits in accordance with Federal OMB 2 CFR 200, Subpart F - Audit Requirements. An electronic copy of all audits (2 CFR 200 Subpart F, as well as independent auditors) performed against federal funding should be forwarded to the Department for review.

Site Visits and Surveys:

1. As requested, the grantee/sub-grantee/sub-recipient shall participate fully in the MDH <Enter Department Here> Quality Improvement and Technical Assistance activities, which may include, but are not limited to:
 - a. Comprehensive site visits at the Department's request within the project period;
 - b. Interviews of staff, review of fiscal and program records, **monitoring, risk assessment**, review of inventory purchased against federal funding, interviews with administrators, and observation of program activities/facility.

Equipment Inventory Requirements:

Equipment purchased with federal funds may be recalled or requested to support local, regional and/or statewide emergency response efforts and must be catalogued for future reference and review. Cataloging of equipment should be updated and maintained throughout the project period.

Risk Assessment:

The grantee/sub-grantee/sub-recipient shall be required to participate in an MDH Risk Assessment in

accordance with Federal OMB 2 CFR §200.205 (b) thru (d), §200.207, and §200.331 (b) thru (h). As part of this requirement, sub- recipients will be monitored based on a risk level of High, Medium or Low. Each risk level imposes certain monitoring requirements set by the MDH Office of the Inspector General in accordance with the above federal guidelines.

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FEDERAL FUNDS

A Summary of Certain Federal Fund Requirements and Restrictions

[Details of particular laws, which may levy a penalty for noncompliance, are available from the Maryland Department of Health.]

1. Form and rule enclosed: 18 U.S.C. 1913 and section 1352 of P.L. 101-121 require that all *prospective* and present subgrantees (this includes all levels of funding) who receive more than \$100,000 in federal funds must submit the form "Certification Against Lobbying". It assures, generally, that recipients will not lobby federal entities with federal funds, and that, as is required, they will disclose other lobbying on form SF- LLL.
2. Form and instructions enclosed: "Form LLL, Disclosure of Lobbying Activities" must be submitted by those receiving more than \$100,000 in federal funds, to disclose any lobbying of federal entities (a) with profits from federal contracts or (b) funded with nonfederal funds.
3. Form and summary of Act enclosed: Sub-recipients of federal funds on any level must complete a "Certification Regarding Environmental Tobacco Smoke," required by Public Law 103-227, the Pro-Children Act of 1994. Such law prohibits smoking in any portion of any indoor facility owned or leased or contracted for regular provision of health, day care, early childhood development, and education or library services for children under the age of 18. Such language must be included in the conditions of award (they are included in the certification, which may be part of such conditions.) This does not apply to those solely receiving Medicaid or Medicare, or facilities where WIC coupons are redeemed.
4. In addition, federal law requires that:
 - a) OMB 2 CFR 200, Subpart F, Audit Requirements requires that grantees (both recipients and sub-recipients) which expend a total of \$750,000 or more in federal assistance shall have a single or program-specific audit conducted for that year in accordance with the provisions of the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. and the Office of Management and Budget (OMB) 2 CFR 200, Subpart F.
 - b) All sub-recipients of federal funds comply with Sections 503 and 504 of the Rehabilitation Act of 1973, the conditions of which are summarized in item (C).
 - c) Recipients of \$10,000 or more (on any level) must include in their contract language the requirements of Sections 503 (language specified) and 504 referenced in item (B).

Section 503 of the Rehabilitation Act of 1973, as amended, requires recipients to take affirmative action to employ and advance in employment qualified disabled people. An

affirmative action program must be prepared and maintained by all contractors with 50 or more employees and one or more federal contracts of \$50,000 or more.

This clause must appear in subcontracts of \$10,000 or more:

- i. The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
- ii. The contractor agrees to comply with the rules, regulations, and relevant orders of the secretary of labor issued pursuant to the act.
- iii. In the event of the contractor's non-compliance with the requirements of this clause, actions for non-compliance may be taken in accordance with the rules, regulations and relevant orders of the secretary of labor issued pursuant to the act.
- iv. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the director, provided by or through the contracting office. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.
- v. The contractor will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1973, and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.
- vi. The contractor will include the provisions of this clause in every subcontract or purchase order of \$10,000 or more unless exempted by rules, regulations, or orders of the [federal] secretary issued pursuant to section 503 of the Act, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the director of the Office of Federal Contract Compliance Programs may direct to enforce such provisions, including action for non-compliance.

Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 791 *et seq.*) prohibits discrimination on the basis of handicap in all federally assisted programs and activities. It requires the analysis and making of any changes needed in three general

areas of operation-programs, activities, and facilities and employment. It states, among other things, that:

Grantees that provide health...services should undertake tasks such as ensuring emergency treatment for the hearing impaired and making certain that persons with impaired sensory or speaking skills are not denied effective notice with regard to benefits, services, and waivers of rights or consents to treatments.

- D) All sub-recipients comply with Title VI of the Civil Rights Act of 1964 that they must not discriminate in participation by race, color, or national origin.
- E) All sub-recipients of federal funds from SAMHSA (Substance Abuse and Mental Health Services Administration), NIH (National Institute of Health), CDC (Center for Disease Control and Prevention), and HHS (Health and Human Services) are prohibited from paying any direct salary at a rate of Executive Level II or more than \$189,600 per year. (This includes, but is not limited to, sub-recipients of the Substance Abuse Prevention and Treatment and the Community Mental Health Block Grants and NIH research grants, Public Health and Emergency Preparedness and Hospital Preparedness Program Cooperative Agreements.)
- F) There may be no discrimination on the basis of age, according to the requirements of the Age Discrimination Act of 1975.
- G) For any education program, as required by Title IX of the Education Amendments of 1972, there may be no discrimination on the basis of sex.
- H) For research projects, a form for Protection of Human Subjects (Assurance/Certification/Declaration) should be completed by each level funded, assuring that either: (1) there are no human subjects involved, or that (2) an Institutional Review Board (IRB) has given its formal approval before human subjects are involved in research. [This is normally done during the application process rather than after the award is made, as with other assurances and certifications.]
- I) In addition, there are conditions, requirements, and restrictions which apply only to specific sources of federal funding. These should be included in your grant/contract documents when applicable.

DEBARMENT AFFIRMATIONS

In accordance with the requirements of United States Office of Management and Budget's Grants and Cooperative Agreements with State and Local Governments OMB 2 CFR 200.213, Suspension and debarment:

A. AUTHORIZED REPRESENTATIVE

I HEREBY AFFIRM THAT:

I am the _____
(Title)

and the duly authorized representative of

(Name of Grantee/sub-recipient/sub-awardee)

and that I possess the legal authority to make this Affidavit on behalf of myself and the entity for which I am acting.

B. AFFIRMATION REGARDING DEBARMENT

I HEREBY AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above entities, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, except as follows [list each debarment or suspension providing the dates of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the entity, the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension]:

C. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES

I FURTHER AFFIRM THAT:



1. The entity was not established and it does not operate in a manner designed to evade the application of or defeat the purpose of debarment pursuant to Sections 16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and
2. The entity is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred entity, except as follows [indicate the reason(s) why the affirmations cannot be given without qualification]:

D. SUB-CONTRACT AFFIRMATION

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above entity, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: _____

By: _____
(Authorized Representative and Affiant)

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Services
Health Resources and
Service Administration
Rockville, MD 20857

CERTIFICATION REGARDING ENVIRONMENT TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned, or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole sources of applicable Federal funds are Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply will result with the monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offer or/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

X

Signature of Authorized Certifying Official

4/2004



Certification Regarding Lobbying

The undersigned certifies to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with the awarding of any Federal contract the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension continuation, renewal amendment or modification of any Federal contract, grant loan or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract grant loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbying" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contract, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered unto. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352 title U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

Award No.	Organizational Entry
Name and Title of Official signing for Organizational Entry	Telephone No. of Signing Official
X Signature of Above Official	X Date Signed
X	X



INSTRUCTIONS FOR COMPLETION OF SF-LLL DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A continuation sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or sub-award recipient. Identify the tier of the sub-awardee, e.g. the first sub-awardee of the prime is the 1st tier. Sub-awards include but are not limited to subcontracts, sub-grants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Sub-awardee", then enter the full name, address, city, state, and zip code of the prime Federal recipient. Include Congressional District if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational Level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in item 1 (e.g. Request for Proposal (RFP) number, Invitation for BID (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g. "RFP-DE-90-001".
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name First Name, and Middle initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal Official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-FFF-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instruction searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

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Continuation Sheet

Reporting Entity: _____ Page _____ of _____

Authorized for Local Reproduction Standard Form-LLL-A



**ADDITIONAL INFORMATION REQUIRED FOR PREVENTION AND HEALTH PROMOTION
ADMINISTRATION GRANTS**

1. The grant period or term is:

_____ (insert start and end dates) _____

2. There (are / _____ are not) programmatic conditions that apply to this grant, regardless of the type of funding. If applicable, these conditions are contained in Appendix D.
3. Within 60 calendar days after the close of any grant period, the Grantee shall provide to the MDH Department of Program Cost and Accounting and the PHPA grantor an itemized statement of expenditures showing how the funds were expended for the grant period.
4. Interim fiscal reporting requirements for this grant are listed below. All interim fiscal reports must be sent to the grant monitor within 30 days of the listed dates. Failure to submit the interim reports as described may delay further disbursement of grant funds.

5. All expenditure reports must be signed by the Chief Executive Officer or the Chief Financial Officer of the grantee's organization.
6. Before any grant funds are distributed, the Grantee shall provide a budget detailing how the grant funds are to be expended.
7. PHPA may call for annual independent financial audits of past and future grants to verify the propriety of reported expenditures.
8. Whenever funds must be distributed prior to the beginning of the grant period, subsequent payments to the Grantee will be made only after the Grantor verifies, through detailed expenditure reports, that the initial funds have been spent.

9. Federal Funding Acknowledgement (if applicable)

a. This grant (_____ does/ _____) does not contain federal funds.

b. The total amount of federal funds allocated for the

_____ is
\$ _____ in Maryland State fiscal year _____. This represents _____% of all
funds budgeted for unit in that fiscal year. This does not necessarily represent the amount of
funding available.

c. If contained, the source of these federal funds is:

d. The CFDA number is _____. The conditions that apply to all federal funds
awarded by the Prevention and Health Promotion Administration are contained in Appendix B. Any
additional conditions that apply to this federally funded grant are contained in Appendix D

10. This grant (_____ does/ _____) does not contract with subproviders on a cost reimbursement basis.

ATTACHMENT B – RFA Document Checklist

Project Narrative Checklist:

- Transmittal Letter
- Project Narrative (*See Section 4.3*)
- Results Framework (*See Attachment C*)

An editable word document for Attachment C is available for download [here](#)

Budget Narrative Checklist:

(An editable word document containing Exhibit B and Exhibit C is available for download [here](#))

- Budget Form (*See Exhibit B – Budget Form*)
- Budget Narrative (*See Exhibit C – Budget Narrative*)

Objective 1: People who use drugs have access to testing and linkage to care for infectious disease

Outcomes	Areas of work/activities	Preliminary performance measures
<p>Example: 1. Increase the number of people who use drugs who receive HCV treatment</p>	<ul style="list-style-type: none"> Purchase sufficient number of HCV testing kits to offer all syringe services program participants a test Hire additional peer recovery specialists and provide training on HCV testing and linkage Establish referral relationship with HCV treatment providers Integrate offering an HCV test to each participant into the SSP workflow 	<ul style="list-style-type: none"> Test 10% more syringe services clients for HCV than in previous year 100% of participants who test positive for HCV are referred to care, and SSP staff follow up with 100% of those participants 75% of participants who test positive for HCV receive treatment
	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

Objective 2: People who use drugs have access to core harm reduction services that meet their immediate needs

Outcomes	Areas of work/activities	Preliminary performance measures
	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

Objective 3: People who use drugs have access to individually tailored services that address the social determinants of health

<i>Outcomes</i>	<i>Areas of work/activities</i>	<i>Preliminary performance measures</i>
•	•	•
•	•	•

Objective 4: Harm reduction services are high quality and founded on data and best practices

<i>Outcomes</i>	<i>Areas of work/activities</i>	<i>Preliminary performance measures</i>
•	•	•
•	•	•

Objective 5: Services are responsive to emerging needs among people who use drugs

<i>Outcomes</i>	<i>Areas of work/activities</i>	<i>Preliminary performance measures</i>
•	•	•



Endnotes and References

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