



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

## **Request for Applications**

### **Prenatal Breastfeeding Support Training for Health Care Practitioners**

#### **Maryland State Fiscal Year 2021**

*Issued by:*

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*May 4, 2020*

### **Pre-Application Conference Call**

Date: **Tuesday, May 12, 2020**  
Time: **1:00 pm – 2:00 pm**  
Meeting number (access code): 615 278 466  
Meeting password: Z2CjR2Pp3au

#### **Join by phone**

Tap to call in from a mobile device (attendees only)  
+1-415-655-0001 US Toll

#### **Join from a video system or application**

Dial 615278466@mdhealth.webex.com  
You can also dial 173.243.2.68 and enter your meeting number.

#### **Join using Microsoft Lync or Microsoft Skype for Business**

Dial 615278466.mdhealth@lync.webex.com

### **Questions and Answers**

Any questions should be sent to  
mdh.healthdisparities@maryland.gov AND [linda.carter1@maryland.gov](mailto:linda.carter1@maryland.gov).

Please use the following format for email subject titles:  
MHHD\_RFA\_05042020\_Question\_your organization name

Questions and Answers will be posted at: [MHHD Website](#)

Questions will be accepted through 3:30pm on May 28, 2020. Questions submitted after that time will not be answered.

### **Submission Deadline**

Applications must be submitted electronically no later than  
3:30 PM on Friday, May 29, 2020.

Applications must be submitted to  
[mdh.healthdisparities@maryland.gov](mailto:mdh.healthdisparities@maryland.gov) AND [linda.carter1@maryland.gov](mailto:linda.carter1@maryland.gov)

Applications must be submitted as one pdf document, which contains all required documents.

Application submissions must follow the following naming convention format:  
Email subject title: MHHD\_RFA\_05042020\_Application\_your organization name  
Application: RFA\_Application\_your organization name

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## A. BACKGROUND

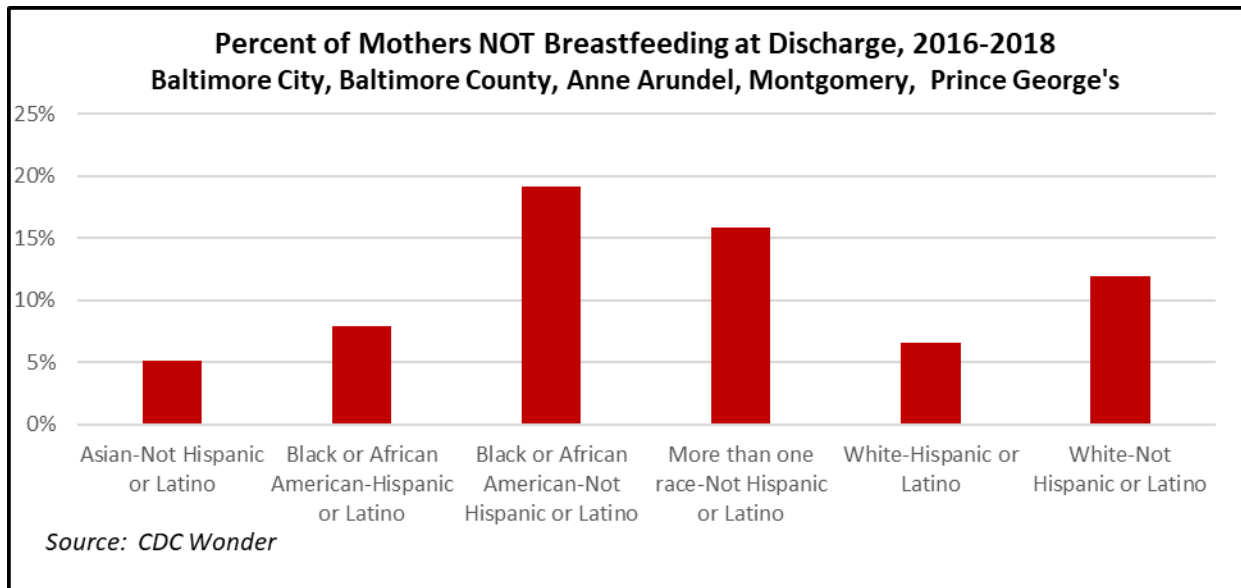
### A.1 Program Purpose and Structure

In Maryland, as in other parts of the country, women and infants of racial and ethnic minorities experience disparities in health outcomes:

- **Low birth weight** – Low birth weights for Non-Hispanic Blacks is 12.5% compared to 6.8% for Non-Hispanic Whites.
- **Infant mortality** – Infant mortality rates for Non-Hispanic Blacks is more than twice as high as for Non-Hispanic Whites (10.2% versus 4.1%, respectively).
- (*Maryland Vital Statistics Annual Report, 2018*)

Breastfeeding is known to provide multiple benefits to mothers and infants. Breastfeeding lowers risks of hypertension, diabetes, ovarian cancer, and breast cancer for mothers, and lowers risks of sudden infant death syndrome (SIDS), asthma, and obesity for children. (Centers for Disease Control and Prevention; American Academy of Pediatrics).

In Maryland’s five largest jurisdictions, women of racial and ethnic minorities breastfeed at lower rates than others:



Across the state, 20% of mothers ages 20-24 did not breastfeed, a rate twice as high as those ages 25 and up. In addition, 20% of mothers with 12 or less years of education did not breastfeed, compared to 7% among those with more than 12 years of education (*Maryland PRAMS Report – 2017 Births*).

**The purpose of this Request for Funding (RFA) is to improve health outcomes for racial and ethnic minority infants through evidence-based training of health care practitioners to provide education and support for pregnant women on breastfeeding.**

The training curriculum will prepare trainees to provide education and support to racial and ethnic pregnant women on breastfeeding. Training will be conducted through classroom instruction (in-person or online), in-field coaching, and continuing support.

Training will be provided to a cohort of nurses, midwives, other health professionals, and/or doulas practicing in five Maryland jurisdictions: Anne Arundel County, Baltimore City, Baltimore County, Montgomery County, and Prince George's County.

## **A.2 Expectations**

The Office of Minority Health and Health Disparities (MHHD) at the Maryland Department of Health (MHD) has established the following mandatory requirements for grantees:

1. Recruitment of a minimum of 20 doulas, community health workers, and/or health care practitioners who are certified or licensed under the Health Occupations Article, Annotated Code of Maryland. Recruited practitioners should have an established patient population of pregnant women, or have a Memorandum of Understanding (MOU), Memorandum of Agreement (MOA), or contract to provide services to such patients.
  - i. Trainees should serve a patient population that is comprised of at least 50% women in racial and ethnic minorities.
  - ii. Trainees will be expected to serve at least 20 pregnant women using the evidence-based breastfeeding curriculum after completion of the classroom portion of the training.
2. Provision of an evidence-based breastfeeding curriculum to trainees at no cost to trainees.
  - i. Curriculum must include classroom instruction (in-person or online), in-field instruction and coaching, and continuing technical assistance to trainees.
  - ii. Training may be provided in multiple cohorts but must allow sufficient time for in-field instruction and coaching over a 3-month period after the classroom instruction, and time to assess breastfeeding of mothers at 3 months. (Therefore, the classroom instruction portion for all trainees should be completed no later than March 31, 2021).
  - iii. Training must include assessments of trainees' knowledge and skills:
    1. Pre-classroom instruction
    2. Post-classroom instruction
    3. At the end of the program (i.e. after in-field instruction and coaching, and continuing technical assistance).
3. Participation in any required MHHD technical assistance, trainings (such as workshops, trainings, and conferences, etc.).
4. Quarterly reporting, using MHHD provided instruments.
  - i. Reporting of trainee data and outcomes, including:
    1. Trainees' license type; number years/months health care practice experience; education level; employment setting; annual number of patients seen by race/ethnicity and insurance type.
    2. Number of training sessions attended (classroom instruction, in-field coaching sessions, and continuing technical assistance).
    3. Completion of the training course and requirements.
    4. Number of trainees receiving in-field instruction, coaching, and technical assistance.
    5. Results from knowledge and skill assessments.

- ii. Reporting of trainee’s aggregated patient health outcomes, including:
  - 1. Number of pregnant women served using the identified support program.
  - 2. Race, ethnicity, insurance status, and other demographics of pregnant women served.
  - 3. Numbers of mothers breastfeeding at discharge, one month following discharge, and three months following discharge.

**NOTE – No individual patient-level data or personally identifiable information (PII) should be reported to the training vendor or to MHHD. Aggregate numbers only should be reported to the training vendor and to MHHD.**

## **B. ELIGIBILITY AND AWARD INFORMATION**

### **B.1 Eligibility Information**

- 1. All non-profit organizations that provide training to doulas within Maryland are eligible to apply.
- 2. Only one application may be submitted per organization.
- 3. Organizations must be able to provide services to health care practitioners in at least one of the target jurisdictions: Anne Arundel County, Baltimore City, Baltimore County, Montgomery County, and Prince George’s County.
- 4. Organizations must indicate in their application where training will be provided.
- 5. Applicants must identify and maintain an operational office within Maryland.
- 6. All official records must be maintained at this location and accessible for site visits and audits.
- 7. Applicants must provide a copy of (a) IRS nonprofit determination for your organization, (b) IRS form 990, (c) financial statement and (d) most recent audit report if your organization received public funds over \$100,000 annually in the last three years.
- 8. Applicants must include a letter of good standing with the Maryland State Government in their proposal. A letter of good standing can be obtained by submitting a written request to the Maryland Comptroller, General Accounting Division, Post Office Box 746, Annapolis, Maryland 21404. For guidance to receiving your letter of good standing, call 410-260-7434.
- 9. Letters of commitment must be obtained from any partnering organizations.

### **B.2 Award Information**

<b>Anticipated award amount (total)</b>	<b>\$50,000</b>
<b>Anticipated number of awards</b>	<b>2</b>
<b>Anticipated average amount per award</b>	<b>\$25,000</b>
<b>Anticipated award date</b>	<b>July 15, 2020</b>
<b>Anticipated project start date</b>	<b>July 15, 2020</b>

- 1. Funding is available for use in state fiscal year (SFY) 2021 (July 1, 2020 through June 30, 2021).

2. All activities must be completed in SFY 2021, and no expenses can be incurred after June 30, 2021.
3. Awards will be issued as Grant Agreements, a form of grant that allows for substantial state involvement, using a cooperative agreement model. Substantial involvement by the state may include, but is not limited to, the following functions and activities:
  - a. Review and approval of work plans and budgets before work can begin on a program during the period covered by this assistance or when a change in scope of work is proposed.
  - b. Any publications (best practices programs/tool kits, pamphlets, posters, fliers, media messages, etc.) funded with MHHD funds must be forwarded to MHHD for review and comment prior to publication, to ensure consistency with MHHD objectives.
  - c. Review of proposed personnel, contracts, consultant agreements/sub-grantees.
  - d. Involvement in the evaluation of the performance of key recipient personnel supported through this assistance.
  - e. In accordance with applicable laws, regulations, and MDH policies, the authority to take corrective action if detailed performance specifications (e.g. activities in this funding guidance; approved work plan activities; budgets; performance measures and reports) are not met.
4. This is a competitive funding announcement. Applications will be evaluated based on each applicant's ability to demonstrate their capacity and ability to meet the criteria and expectations outlined in the RFA.
5. Funding is dependent on the availability of Maryland State Government appropriated funds, an acceptable grant application, and a decision that funding is in the best interest of the state.

### **C. APPLICATION INFORMATION**

The application narrative should be no more than 10 pages long (not including the cover letter, executive summary, budget, budget narrative justification, and attachments). The application should be 12 pt. font, Times New Roman, 1-inch margins, double-spaced, and each page numbered sequentially.

Applications acceptable for review will contain the following information:

1. **Cover Letter** - A detailed cover letter on letterhead with your intent to apply for funding must be included. The authorizing official should sign and provide the contact name, title, email, and phone number. The federal tax identification number should also be provided.
2. **Executive Summary** -The executive summary should succinctly describe the proposed training program, the need for training in the proposed areas, target populations to be served, and how the success of the program will be determined.
3. **Application Narrative** - The application narrative should follow the outline below:
  - a. **Jurisdiction(s)** – Identify the targeted jurisdiction(s) in which services will be provided.
  - b. **Problem Statement** -Describe the nature and scope of the public health problem in the targeted jurisdictions. Specify how the program will affect the targeted population, program partners and other stakeholders. Provide specific data regarding expected outcomes.
  - c. **Target population** - Describe the target population to be served, including both trainees and their patient populations. Include information on race/ethnicity, languages spoken

- (if the program will serve mothers with limited English proficiency), geographic areas, and any evidence of disparate health outcomes. Include current data on key indicators such as incidence, prevalence, morbidity, and mortality associated with maternal and child health, focusing on risk factors, protective factors, and/or outcomes associated with breastfeeding (as available). Include references for all data. Provide the expected number of trainees and patients to be served, and the eligibility criteria for trainee selection.
- i. Ability or plans to collect health care practitioners' baseline data is required.
  - d. **Proposed program (i.e. curriculum and training model)** – Provide specific information on the training model to be used, including curriculum, training modalities, and expected outcomes. Evidence-based programs are preferred. The application should provide relevant citations to the training model and peer-reviewed research on the model.
  - e. **Goals and Objectives** - This section should consist of a description of the goal(s) and objectives of the proposed program. Objectives must follow the SMART (Specific, Measurable, Attainable/Achievable, Relevant, and Time bound) approach. Specific targets regarding the number and percentage of mothers breastfeeding at hospital discharge, one month after, and three months after should be provided, and based upon expected improvement of the baseline. These targets must be included in the performance measurement plan (Form 432 C). Baseline and follow-up data is required.
  - f. **Program work plan** - Provide a clear and detailed description of the activities to be undertaken, how they address the identified health issue and how they will achieve the goals and objectives of the program. Specific information on recruitment methods and the training model should be provided, including curriculum, training modality, length and frequency of the training program, implementation of in-field coaching, and methods of ongoing support to health care practitioners. Additional requirements:
    - i. Discuss any barriers you anticipate encountering and approaches you will use to overcome these barriers.
  - g. **Organizational capacity** – The application should describe the applicant's ability to deliver the training program to the target population and to meet all grant requirements. This includes: the organizational structure; financial stability; relevant partnerships; experience in working with the target population, addressing the topic being proposed, and/or delivering this training model; and current and past performances with similar grants. Describe training provided to doulas, including the number of doulas trained and the types of training provided. If this training was not provided in the past two years, provide general dates.
    - i. Provide additional information regarding capacity provide classroom sites and/or distance learning, training materials, in-field coaching, and other key elements.
  - h. **Program management** – Describe the roles and responsibilities of all program staff, such as leadership, trainers, grant managers, fiscal staff, evaluation staff, and others. Provide information on the education and experience of identified personnel (resumes may be attached but are not required).
  - i. **Partnerships** - Describe all partnerships with internal or external programs, such as recruitment sources, health care practices and systems, current training programs, partners providing training space, materials, and/or technology, and others. Letters of commitment from any proposed partners are required.



- j. **Outcomes** – Provide information on the health outcomes expected to be impacted by the training program. Identify data sources, data collection and analysis methodology, and reporting frequencies.
  - k. **Evaluation** – Describe the evaluation approach, including indicators to be measures, data collection and analysis methods, and how evaluation findings will be used.
    - i. Evaluation should assess three areas:
      1. Process measures should assess the quality of the training provided.
      2. Program outcomes should measure any change in the health care practitioners’ delivery of education and support to pregnant women.
      3. Health outcomes should measure the number and percent of mothers breastfeeding at discharge, one month following discharge, and three months following discharge.
    - ii. Measures of fidelity to the evidence-based practice are required if the proposed curriculum is evidence-based.
  - l. **Dissemination** – Describe any plans for disseminating results, including submissions to journals, agency reports, newsletters, etc.
4. **Budget** - Submit a one-year, 12-month line-item budget (see Appendix C). All required original and editable budget documents can be found at: [health.maryland.gov/mhhd](http://health.maryland.gov/mhhd).
  5. **Budget Narrative Justification** - Submit a budget narrative that explains in detail how each line item budget figures were calculated. (see Appendix D)
  6. **Attachments** – Attachments should be included, using the letter numbering order below. If an attachment is not needed for your organization, include a page with the attachment letter and title with a brief explanation that the document is not applicable. (Note – all attachments must be combined with the application into one pdf document.)
    - Attachment A - MDH fiscal forms 432 A-H (available at [health.maryland.gov/mhhd](http://health.maryland.gov/mhhd))
    - Attachment B - MDH fiscal form 433 (available at [health.maryland.gov/mhhd](http://health.maryland.gov/mhhd))
    - Attachment C - MDH fiscal form 434 (available at [health.maryland.gov/mhhd](http://health.maryland.gov/mhhd))
    - Attachment D - Letter of good standing with the Maryland State Government
    - Attachment E - IRS nonprofit determination for your organization
    - Attachment F - IRS form 990
    - Attachment G - Financial statement
    - Attachment H - Audit (if required) - Provide the most recent audit report if your organization received public funds over \$100,000 annually in the last three years.
    - Attachment I - Curriculum information, such as timelines, content, and assessment instruments (optional)
    - Attachment J - Resumes (optional)
    - Attachment K - Letters of commitment, MOUs, and MOAs (if applicable)

#### **D. PROGRAM REPORTING REQUIREMENTS**

1. **Quarterly reports** will be submitted by the grantee to MHHD including data required through this RFA and evaluation findings. A narrative section of the report should include progress updates; successes; any challenges or barriers and plans to overcome these; and other information as directed by MHHD.
2. **Site visit** – MHHD staff will conduct at least one (1) site visit. Grantee program staff will be expected to be present on site to answer questions, demonstrate program workflow, and review procedures and program materials with the MHHD representatives. MHHD staff may

required additional site visits to provide technical assistance and/or conduct additional assessment.

#### **E. FISCAL REPORTING REQUIREMENTS**

1. **Fiscal Reports:** The applicant will follow the guidance as provided in the MDH Human Services Agreement Manual (HSAM) available on the MHHD website at [health.maryland.gov/mhhd](http://health.maryland.gov/mhhd). Program progress reports will be submitted on a quarterly basis using a format provided by MDH and will be used to support payment request. A request for payment can be requested whenever the program has expended all but one-month of funds. The grantee will be required to submit forms MDH 437, MDH 438 and an MHHD Attestation Form. Grantees will be required to submit copies of receipts to support all expenditures listed on the MDH 438. In addition to the forms, a Disbursement Log or some form of a General Ledger Report will be required. At year-end, each grantee will be required to submit an MDH 440 and 440A to reconcile actual expenditures and performance measures.
2. **A program grant award** will only be issued by the funding administration after each fiscal form is complete, accurate, and acceptable.
3. **Fiscal documents** are available on the [MHHD Website](#).
4. **Available Funds:** Program funds are available on an annual basis depending upon the appropriations by the Maryland General Assembly through June 30, 2021.
5. **Start-up Costs:** Successful applicants are eligible for an advance of 25% of the total grant award. To request start-up costs, grantees are required to submit an MDH 437, signed in blue ink.
6. **Personnel:** Program funds used for personnel, contractors, consultants, subgrantees, etc. should be reasonable based on the program design. Program funds should be directed towards maximizing programmatic services and materials versus salaries, clinical services, and promotional materials. Maximum fringe benefit/fiscal tax rate for this grant is 7.65%
7. **Closeout Fiscal Report:** Successful applicants must submit MDH 440 and 440A by August 23, 2021.
8. **Fiscal Forms:** Completion of MDH Forms 432 A-H, 433 and 434 in their entirety are required at the time of application submission. An omission of any of these forms will render an application incomplete and may not be reviewed at the discretion of the funding administration.
9. **Accounting System:** Applicant should have the appropriate accounting/file, software and/or grant management systems in place to receive and account for grant funds.
10. **Administrative Costs:** For fiscal year 2021, no more than 7% of the program budget should be used for administrative costs. This is to ensure that maximum funds are dedicated to direct program services.

**F. APPLICATION SUBMISSION PROCESS AND DEADLINE**

**Submission Deadline**

Applications must be submitted electronically no later than  
**3:30 PM on Friday, May 29, 2020**

**Applications must be submitted to**

[mdh.healthdisparities@maryland.gov](mailto:mdh.healthdisparities@maryland.gov) AND [linda.carter1@maryland.gov](mailto:linda.carter1@maryland.gov)

Applications must be submitted as one pdf document,  
which contains all required documents.

**Application submissions must follow the following naming convention format**

Email subject title: MHHD\_RFA\_05042020\_Application\_your organization name

Application: RFA\_Application\_your organization name

## **Appendix A - Population Health Data Resources**

Behavioral Risk Factor Surveillance System (BRFSS)

<https://phpa.health.maryland.gov/ccdpc/Reports/Pages/brfss.aspx>

<https://ibis.health.maryland.gov/>

<https://www.cdc.gov/brfss/index.html>

County Health Rankings and Roadmaps

<https://www.countyhealthrankings.org/>

Maryland Department of Health

<http://health.maryland.gov>

Maryland State Health Improvement Process

<https://pophealth.health.maryland.gov/Pages/SHIP.aspx>

Maryland Vital Statistics Administration

<https://health.maryland.gov/vsa/Pages/reports.aspx>

Pregnancy Risk Assessment Monitoring System (PRAMS)

<https://www.cdc.gov/prams/index.htm>

<https://phpa.health.maryland.gov/mch/Pages/prams.aspx>

United States Census

<https://data.census.gov/>

Youth Risk Behavioral Survey (YRBS)

<https://phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS-Main.aspx>

**Appendix B - Sample Work Plan Template**

<b>Disease Focus Area:</b>				
<b>Overarching Goal:</b>				
<b>Objective 1:</b>				
<b>Activities</b>	<b>Timeline</b>	<b>Expected Outcome</b>	<b>Data Source and Evaluation Methodology</b>	<b>Staff Responsible</b>
<i>List 3 – 5 activities for each objective. You can add rows to the table as needed.</i>	<i>An expected completion date (month and year) must be defined for each activity.</i>	<i>An expected outcome must be defined for each activity.</i>	<i>An evaluative measure must be defined for each activity.</i>	<i>A responsible person must be identified for each activity.</i>
<b>Objective 2:</b>				
<b>Activities</b>	<b>Timeline</b>	<b>Expected Outcome</b>	<b>Data Source and Evaluation Methodology</b>	<b>Staff Responsible</b>
<b>Objective 3:</b>				
<b>Activities</b>	<b>Timeline</b>	<b>Expected Outcome</b>	<b>Data Source and Evaluation Methodology</b>	<b>Staff Responsible</b>

Appendix C - Sample MDH Program Budget Form 432 B

PROGRAM BUDGET						
PROGRAM ADMINISTRATION:	MDH MHHD					
GRANT NUMBER:		DATE SUBMITTED:	5/29/2020			
CONTRACT PERIOD:	July 15 2020 - June 30 2021		FISCAL YEAR:	FY 2021		
ORGANIZATION:	ABC Organization			PHONE #:	111-111-1111	
STREET ADDRESS:	111 Main Street					
CITY, STATE, COUNTY:	Maryland Town, MD, Baltimore County				ZIP:	22222
PROGRAM TITLE:	Breastfeeding Training					
CHARGEABLE SERVICES (Y/N)		MDH PROVIDES 50% OR MORE OF FUNDING (yes)				
FOR MDH USE ONLY						
OTHER DIRECT FUNDING						
LINE ITEMS MAY NOT BE CHANGED	MDH FUNDING REQUEST	SUPPLEMENTAL FUNDING REDUCTION	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS	13400	0	0	0	0	13400
FRINGE	1025					1025
CONSULTANTS	3000					3000
EQUIPMENT	500					500
PURCHASE OF SERVICE	0					0
RENOVATION	0					0
CONSTRUCTION	0					0
REAL PROPERTY PURCHASE	0					0
UTILITIES	300					300
RENT	1000					1000
FOOD	0					0
MEDICINES & DRUGS	0					0
MEDICAL SUPPLIES	0					0
OFFICE SUPPLIES	200					200
TRANSPORTATION/TRAVEL	920					920
HOUSEKEEPING/	0					0
MAINTENANCE/REPAIRS	0					0
POSTAGE	55					55
PRINTING-DUPLICATION	1000					1000
STAFF DEVELOPMENT/	1000					1000
TRAINING	0					0
CLIENT ACTIVITIES	600					600
ADVERTISING	0					0
INSURANCE	0					0
LEGAL/ACCOUNTING/AUDIT	250					250
PROFESSIONAL DUES	0	0	0	0	0	0
OTHER	0					0
(ATTACH ITEMIZATION)	0					0
TOTAL DIRECT COSTS	23250	0	0	0	0	23250
INDIRECT COST	1750	0	0	0	0	1750
TOTAL COSTS	25000	0	0	0	0	25000
LESS: CLIENT FEES						0
MDH FUNDING	25000					25000

MDH 432B (2/19)

**Appendix D - Sample Program Budget Narrative Justification**

Line Item	Amount
<p><b>A. Salaries/Special Payments</b></p> <p><u>Program Director</u>                      <u>\$1,112</u>                      To direct the training program, implement and monitor the MHD approved work plan, supervise employees, guide consultants, evaluate progress, and submit all required program and fiscal reports.</p> <p><u>Trainer</u>                                      <u>\$10,240</u>                      To provide training to health care professionals: prepare and presents classroom instruction, schedule and conducts in-field instruction, and provide follow-up/continuing technical assistance to students. Salary based on .25 FTE.</p> <p><u>Fiscal Officer</u>                              <u>\$1,024</u>                      To provide fiscal oversight, work with accounting experts, manage invoices, and serves as liaison MHHD for all fiscal matters.</p> <p><u>Administrative Assistant</u>              <u>\$1,024</u>                      To provide administrative support: prepare materials, assemble packets, handles and processes correspondence, and other tasks.</p>	<b>\$13,400</b>
<p><b>B. Fringe Benefits</b>                      Calculated at a rate of 7.65% of total salaries, to include health and dental insurance, life insurance, workers compensation and state unemployment costs.</p>	<b>\$1,025</b>
<p><b>C. Consultants</b>                      To develop/provide training curriculum and technical assistance to trainers.</p>	<b>\$3,000</b>
<p><b>D. Equipment</b>                      To cover costs of computer and related equipment.</p>	<b>\$500</b>
<p><b>E. Utilities</b>                      To cover cost of utilities for office.</p>	<b>\$300</b>
<p><b>F. Rent</b>                      To cover the cost of space for office.</p>	<b>\$1,000</b>
<p><b>G. Office Supplies</b>                      To purchase stationery, file folders, desk supplies, copy paper, and notebooks.</p>	<b>\$200</b>
<p><b>H. Transportation and Travel</b>                      Two in-field observations each for 20 trainees; average of 40 miles round-trip per observation sessions; reimbursed at \$0.575 per mile.</p>	<b>\$920</b>
<p><b>I. Postage</b></p>	<b>\$55</b>

Postage for educational mailings, recruitment of trainers, etc. Based on 100 letters at postage rate of \$0.55 per first class stamp.	
<b>J. Printing/Duplication</b> Printing for recruitment mailings and for curriculum materials.	<b>\$1,000</b>
<b>K. Staff Development</b> Staff attendance at train-the-trainer meetings.	<b>\$1,000</b>
<b>L. Client Activities</b> Additional supplies provided to trainers.	<b>\$600</b>
<b>M. Legal/Accounting/Audit</b> To obtain accounting technical assistance to support establishing acceptable business and financial practices, and to advise on financial reporting, invoicing, closeout, and audit.	<b>\$250</b>
<b>N. Indirect Costs</b> Indirect costs are a component of administrative costs. Administrative costs do not exceed 7% of total MHHD grant and are included in the above line items.	<b>\$1,750</b>
<b>TOTAL COSTS</b>	<b>\$25,000</b>



**Appendix E - Sample Program Performance Measures Form 432 C**

<b>PROGRAM BUDGET ESTIMATED PERFORMANCE MEASURES</b>	
PROGRAM ADMINISTRATION: MDH MHHD	AWARD NUMBER:
FISCAL YEAR: 2021	CONTRACT PERIOD: July 15, 2020 to
ORGANIZATION: ABC Organization	SUBMITTED: 5/29/2020
ADDRESS: 111 Main Street, Maryland Town, MD	PHONE NUMBER: 111-111-1111
PROGRAM TITLE: Breastfeeding Training	ZIP: 1111

	PERFORMANCE MEASURE	BUDGET YEAR ESTIMATE
1	Number of health care providers enrolled.	25 enrolled
2	Number of health care providers who complete the training program.	20 completed
3	Change in knowledge from pre-classroom instruction to post-classroom instruction.	30% increase
4	Change in skills from pre-classroom instruction to completion of training.	30% increase
5	Number of mothers served by the trainees/health care providers; percent from minority populations.	100 total mothers- 50% African-American; 25% Hispanic; 10% Asian.
6	Number and percent of mothers served that were breastfeeding at time of discharge.	90%
7	Number and percent of mothers served that were breastfeeding one month following discharge.	90%
8	Number and percent of mothers served that were breastfeeding three months following discharge.	85%
9	Trainee's rating of instructor knowledge, per satisfaction survey results.	85% rate the instructors' knowledge as good or excellent
10	Trainee's rating of helpfulness of the in-field instruction, per satisfaction survey results.	85% rate this as helpful or extremely helpful
11		

**MDH 432C (2/19)**

## **Appendix F - Definitions and Terms**

1. **Evidence-based practice** – Practice, teaching curriculum, or other program supported by peer-reviewed research. Includes standards for implementation and fidelity measures. May or may not be listed in an evidence-based clearinghouse.
2. **Health care practitioner** - Health care practitioners who are certified or licensed under the Health Occupations Article, Annotated Code of Maryland
3. **MHD** – Maryland Department of Health
4. **MHHD** – Office of Minority Health and Health Disparities (within MHD)
5. **MOA** – Memorandum of Agreement
6. **MOU** – Memorandum of Understanding
7. **RFA** – Request for Applications