Behavioral Health Administration
Lisa A. Burgess, M.D.
(Acting) Deputy Secretary/Executive Director
55 Wade Ave., Dix Bldg., SGHC
Catonsville, MD 21228

MEMORANDUM

To: Minority Outreach Technical Assistance (MOTAs) Partners
        Faith-based Organizations
        Community-based Organizations
        Other Interested Parties

From: Lisa A. Burgess, M.D.
        Deputy Secretary, Behavioral Health (Acting)

Date: October 8, 2019

RE: State Opioid Response (SOR) Request for Proposals for Minority Outreach Technical
        Assistance (MOTA) Partner, Faith and Community-Based Organizations

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The Maryland Department of Health (MDH), Behavioral Health Administration (BHA) was
awarded a one-year Supplemental State Opioid Response (SOR) grant from the Substance Abuse
and Mental Health Services Administration (SAMHSA). The purpose of this grant is to address
Maryland's opioid crisis by increasing access to evidence-based treatment, reducing unmet
treatment needs for individuals with an Opioid Use Disorder (OUD), and reducing opioid-related
deaths through the provision of prevention, treatment, and recovery support services.

BHA will be providing funding through a competitive process to the local jurisdictions to
support Minority Outreach and Technical Assistance (MOTAs), Faith-based Organizations,
and Community-based Organizations. This funding may be used to create *New and Innovative*
initiatives to provide outreach, information, education on opioid use, and training on educational
prevention strategies, including Naloxone/Narcan use and distribution, harm reduction services,
health education and referrals/linkages to treatment, recovery and other supports.

Enclosed please find Request for Proposals (RFP), application form and budget forms provided
to the Local Health Departments (LHDs) Local Behavioral Health Authorities LBHAs), and
Local Addiction Authorities (LAAs) by BHA. Interested organizations should complete

application forms and budget and submit to the LHD in the jurisdictions you are proposing to deliver services in.

Applications must be received by the LHD no later than **November 8, 2019** in order to be considered for funding. The LHD will review and score applications submitted by the deadline and send recommendations for funding by December 9, 2019 to BHA. A panel composed of BHA, the Opioid Operational Command Center (OOCC), MHD's Office of Minority Health and Health Disparities, and other partners will review recommendations and determine awards amounts to the selected LHD or LBHA. All notifications and feedback to the providers regarding their scores and funding will be sent directly by the LHD or LBHA/LAA. BHA will notify the LHD on January 15, 2020, contingent upon the results of the federally required risk assessment and if no additional follow-up or clarification is needed.

If you have any questions regarding the RFP, please send questions no later than October 17, 2019 to Kimberly Qualls at kimberly.qualls@maryland.gov. Responses to questions will be sent out and posted by October 25, 2019 on BHA's website at https://bha.health.maryland.gov. Thank you.

Attachments
RFP
Budget
Health Officers Contact List

cc: Marian Bland
        Noel Brathwaite, Ph.D.
        Marianne Gibson
        Seante' Hunt
        Marion Katsereles
        Kathleen Rebbert-Franklin
        Steven Reeder
        Iva Jean Smith
        Stephanie Slowly
        Mary Kay Tierney
        MABHA
        MACHO

The Maryland Department of Health (MDH)
Behavioral Health Administration (BHA)

<u>**State Opioid Response (SOR)**</u>
Request for Proposal (RFP) for
Minority Outreach Technical Assistance (MOTA) Partners,
Faith-Based and Community-based Organizations

Providers in all counties are eligible to apply; however, providers in Baltimore County should not submit under this State RFP, but rather respond to the Request for Proposal submitted by the Baltimore County Health Department only.

Title of Opportunity:	Minority Outreach and Technical Assistance Partners, Faith-Based and Community-based Organizations SOR Grants
Application Due Date:	November 8, 2019 due to Local Behavioral Health Authorities (LBHAs) or Local Addiction Authorities (LAAs)
	December 9, 2019 - Selected Proposals due to the Behavioral Health Administration (BHA)
BHA Point of Contact:	Kimberly Qualls Email: kimberly.qualls@maryland.gov
Period of Performance:	September 30, 2019 through September 29, 2020
Funding Amount:	Up to $250,000

I. SOR GRANT DESCRIPTION/OVERVIEW

The Maryland Department of Health (MDH), Behavioral Health Administration (BHA) was recently awarded a one-year Supplemental State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Administration (SAMHSA). The SOR grant is designed to address Maryland's opioid crisis by increasing access to evidence-based treatment, reducing unmet treatment needs for individuals with a Substance Use Disorder (SUD) and opioid-related deaths and overdose through the provision of prevention, treatment, and recovery support activities. Evidence-based practices (EBPs) refers to approaches to prevention, treatment, or recovery that are validated by some form of documented research evidence and are appropriate for the population to be served.

Dedicated SOR funding in the amount of $3.4 million will be awarded to the Local Health Departments (LHDs) or designated Local Behavioral Health (LBHA) or Local Addiction

Authorities (LAAs) to provide funding to Minority Outreach Technical Assistance (MOTA) programs, faith-based and community-based organizations. The purpose of this funding is to create ***NEW and INNOVATIVE*** initiatives to provide outreach, information, education on opioid use, and training on educational prevention strategies, including Naloxone/Narcan use and distribution, harm reduction services, health education, and referrals/linkages to treatment, recovery and other supports.

All provider applications must be sent by **November 8, 2019** to the Local Health Department (LHD). All applications must be reviewed and approved by the LHD or designated Local Behavioral Health Authority (LBHA) or Local Addiction Authority (LAA) using selection criteria and scoring defined in this RFP. *LHDs, LBHAs, and LAAs should submit selected applications to Kimberly Qualls at kimberly.qualls@maryland.gov by **December 9, 2019**.*

The LHD or designated authorities will submit their recommendations to BHA for final review and approval, and the BHA and OOCC will review selected applications and determine final selection. Jurisdictions may submit proposals/applications from multiple MOTA partners, faith-based and community-based organizations. ***MOTA partners and communities that have been impacted the most by overdose deaths will be given priority for funding.***

(LBHAs and LAAs are the local management authorities designated by BHA for the development, planning, and oversight of behavioral health services and supports for individuals who have a substance-related, and mental health with co-occurring addictive disorders within their jurisdictions).

II.   ELIGIBILITY CRITERIA

1. Eligible organizations include:
    a. Current recipients of Minority Outreach Technical Assistance (MOTA) Program grants from the Maryland Department of Health, Office of Minority Health and Health Disparities;
    b. Faith-Based organizations or Community-Based;
    c. Tribal-Based communities; and
    d. Must be a 501c3 and in good standing with the State Comptroller's Office.

2. Funding will be prioritized for:
    a. Current Minority Outreach Technical Assistance (MOTA) grant recipients;
    b. Faith-Based and other Community-Based organizations vested in the community with the ability to establish relationships needed to reach racial and ethnic minority populations;
    c. Tribal-Based communities;

d. Applicants that can demonstrate a plan for sustainability that advances the BHA SOR goals in its delivery of the proposed services in a balanced manner that is tailored to the short, mid, and long-term needs of the local community; and

e. Services proposed that are culturally sensitive and appropriately tailored to the target population (individuals who have or are at risk for opioid use disorders and special populations).

III.   TARGET POPULATION:

1.   Minorities and individuals in tribal communities who have an opioid use disorder; and

2.   Individuals at risk for opioid use, misuse, and overdose death.

IV: BHA's SOR and OOCC GOALS:

Grantees must align SOR funded projects to BHA's SOR goals and OOCC's overdose response goals.

BHA's SOR goals are:

Goal 1: Increase access to Medication Assisted Treatment (MAT);

Goal 2: Reduce unmet treatment need; and

Goal 3: Reduce opioid related deaths through prevention, treatment and recovery using evidence-based practices. *Some examples of evidence-based prevention activities include Naloxone Distribution and Outreach (Harm Reduction). Examples of evidence-based treatment are: Medication Assisted Treatment (MAT); Emotional Behavioral Therapy (EBT) or Cognitive Behavioral Therapy (CBT); Examples of Recovery Support Services (RSS) are: clinical case management, housing and transportation assistance, family engagement, vocational and educational services, childcare, and financial services.*

OOCC overdose response goals are:

Goal 1: Prevent problematic opioid use;

Goal 2: Reduce opioid-related morbidity, mortality and trauma;

Goal 3: Enhance statewide systems to inform strategy;

Goal 4: Ensure access to substance use disorder treatment;

Goal 5: Expand the behavioral health workforce & workforce competencies;

Goal 6: Ensure access to recovery support services;

Goal 7: Reduce illicit drug supply;

Goal 8: Expand access to substance use treatment in the criminal justice system; and

Goal 9: Expand alternatives to incarceration or diversion for individuals with substance use disorders.

V.   ELIGIBLE ACTIVITIES: Eligible opioid-related activities may involve the following areas:

- Outreach to Minority Populations;
- Development and dissemination of educational materials related to Opioid Use Disorders (OUDs) using evidence-based practices;
- Health Education related to opioids on system engagement;
- Training of staff and volunteers using evidence-based approaches on Substance Use 101, Harm Reduction and Prevention Strategies;
- Naloxone/Narcan Distribution and Education;
- Staff (salaries, fringe, etc.);
- Operating Costs (Up to 5 percent indirect);
- Linkages to behavioral health treatment and recovery supports;
- Technical Assistance (TA) on writing grant applications and developing a MOTA; and
- Targeted activities to reducing stigma associated with opioid use and misuse.

Note: Community outreach and community engagement activities and materials developed with these funds must include signage or links to the Maryland Department of Health https://www.health.maryland.gov; the Behavioral Health Administration https://www.bha.health.maryland.gov; and the Substance Abuse and Mental Health Administration https://www.samhsa.gov

VI.   INELIGIBLE ACTIVITIES:

- Capital cost over $75,000;
- Building Construction;
- Major renovations;
- Building Acquisition or Rental Cost;
- Fundraising or lobbying;
- Reimbursement of pre-award costs; and
- Supplanting of existing local, state, or federally funded activities described in this initiative.

VII.   APPLICATION SUBMISSION AND REPORTING REQUIREMENTS

Grantees must submit the following documents as listed in Table 1 *[see page 5-6]*. Grant funding will be awarded to the LHD, LBHA, or LAA in those jurisdictions where MOTAs, Faith-Based and Community-Based Organizations applications' have been selected to receive

SOR funding. Applications from MOTAs, Faith-Based and Community-Based organizations must include the following:

1. **Project Narrative** *(see Narrative Requirements listed in Appendix A: Project Narrative)*.

2. **Detailed Budget and Budget Narrative** that is consistent with MDH guidelines showing the budget breakdown across the entire grant for periods September 30, 2019 - September 29, 2020.

3. Complete form **"Documented Community Partnership"** (see Appendix B). Completed applications must include the following: Letters of support demonstrating that there will be **active collaboration** with community partners, which should include a description of the partnership and must be clearly reflected in the application.

4. **Project Timeline/Implementation Plan** that clearly details how and when the proposed services will begin and be completed.

5. **Proposed Outcomes/Evaluation and Sustainability Plan.** The application should describe the anticipated outcome as a result of the proposed activities; strategies to evaluate the effectiveness; and plan to sustain services after SOR funds end. Examples of performance outcomes are provided in Appendix C.

6. **Please also submit an organizational chart if one exists.**

<p style="text-align: center;">**TABLE 1: Submission Requirements**</p>

Application Submission	Due Date	Submit To:
- Project Narrative *(Appendix A)* - Detailed Budget and Budget Narrative - Documentation of Community Partnership *(Appendix B)* - Project Timeline/Implementation Plan & Calendar of Activities - Proposed Outcomes/Evaluation and Sustainability Plan	November 8, 2019	Faith-Based, and Community-Based Organizations should send proposals to the LHD *(see attached list) in their jurisdictions.*

VIII. APPLICATION SCORING

All proposals will be reviewed and scored as outlined in the table below. Proposals that clearly and thoroughly address each of these areas, will have improved success in attaining highest scoring.

Please be sure to use and list headings when addressing the project requirements.

Project Item to be Scored	Possible Points
Project Narrative and Service Need	35
Detailed Budget and Budget Narrative	20
Detailed Description of Performance Measures and Outcomes to Evaluate Program Effectiveness	15
Intended Audience/Targeted Population	10
Description of Proposed Services to include (EBP)/Alignment with BHA's SOR Goals and OOCC Goals	10
Detailed Description of Expected Timeline/Project Implementation Work Plan	10
TOTAL POSSIBLE POINTS	**100**

IX.   GRANT AWARDS:

BHA and OCCC will review selections submitted by the LHD, LBHA, or LAA and make award determinations based on application scores and funding availability. Applications that score above 70 will be given priority for funding. BHA anticipates notifying LHDs, LBHAs, and LAAs on **January 15, 2020** contingent upon the results of the federally required risk assessment and if no additional follow-up or clarification is needed. BHA will issue all grant awards for MOTAs, Faith-Based and Community-based Organizations to the LHD, LBHA or LAA. The LHDs, LBHAs, and LAAs.

X.   PRE and POST AWARD REQUIREMENTS:

A federally required pre-award risk assessment must be completed by the LHD, LBHA or LAA for awarded organizations and submitted to BHA for BHA/OCCC review and approval of funding. After release of funding, monthly reporting and end of grant progress reports are required by BHA and SAMHSA. Additional information regarding these requirements will be included in the contract agreement and conditions of awards provided by the LHD, LBHA, or LAA if awarded funding. Please refer to Table 2 for more information.

TABLE 2: REPORTING DELIVERABLES

Reporting and Deliverables	Due Date	Submit To LHD:
Monthly Progress Report *(The required template will be provided for your use.)*	Specific due date will be provided in conditions of awards if selected for funding.	Email SOR Reporting to: *(If selected for funding, monthly progress reporting instructions will be provided)*
Final Report	Specific due date will be provided in conditions of award if selected for funding.	Email to: *(If selected for funding, monthly progress reporting instructions will be provided)*
Government Progress Reporting Act Data Collection and Reporting *(GPRA)*	Specific due date will be provided in conditions of award if selected for funding.	*(If selected for funding, monthly progress reporting instructions will be provided)*

XI. QUALITY MONITORING:

BHA and the LHD, LBHA, and LAA will engage in monitoring activities to evaluate the quality of various aspects of service delivery. Some of these activities include:

a) Site visits to evaluate and document various administrative and programmatic requirements;
b) Review of data reports to evaluate programmatic outcomes;
c) Review of financial reports to evaluate financial outcomes; and
d) Review of general administrative compliance documents.

The Maryland Department of Health (MDH)
Behavioral Health Administration (BHA)

**Application for SOR Grant for
MOTAs, Faith-Based and Community-based Organizations**

Title of Opportunity: MOTAs, Faith-Based and Community-Based Organizations SOR
Initiative

Application Due Date: *November 8, 2019 (Due to Local Health Department)*

Grant/Award Period: September 30, 2019 - September 29, 2020

Jurisdiction:

Applicant's Name:

Project Title:

Total Project Cost:

Amount of SOR Funding Requested:

1.   Project Description/Narrative:
Please include the following information: *(1) overview of the proposed project; (2) the specific
need the project will address in the community and jurisdiction; (3) the implementing
organization(s); and (4) the intended audience or target population(s) for the proposed services
and (5) how the project will impact the opioid crisis in your community.*

2.   Evidence-Based Practices to be implemented:

3.   Identify which BHA/OOCC SOR Goal(s) this project most closely aligns:

BHA's SOR and OOCC GOALS:

Goal 1: Increase access to Medication Assisted Treatment (MAT);

Goal 2: Reduce unmet treatment need; and

Goal 3: Reduce opioid related deaths through prevention, treatment and recovery using
evidence-based practices. *Some examples of evidence-based prevention activities include*

Naloxone Distribution and Outreach (Harm Reduction). Examples of evidence-based treatment are: Medication Assisted Treatment (MAT); Emotional Behavioral Therapy (EBT) or Cognitive Behavioral Therapy (CBT); Examples of Recovery Support Services (RSS) are clinical case management, housing and transportation assistance, family engagement, vocational and educational services, childcare, and financial services.

OOCC overdose response goals are:

Goal 1: Prevent problematic opioid use;

Goal 2: Reduce opioid-related morbidity, mortality and trauma;

Goal 3: Enhance statewide systems to inform strategy;

Goal 4: Ensure access to substance use disorder treatment;

Goal 5: Expand the behavioral health workforce & workforce competencies;

Goal 6: Ensure access to recovery support services;

Goal 7: Reduce illicit drug supply;

Goal 8: Expand access to substance use treatment in the criminal justice system; and

Goal 9: Expand alternatives to incarceration or diversion for individuals with substance use disorder.

4. Project Performance and Outcome Measures:

Identify Performance and Outcome Measures that your organization will use to evaluate the project's success and the targeted number of individuals to be served over the award/grant period. An Example of Measures are included in Appendix C.

Performance	Expected Outcomes/Results	Target/Estimate for Award Period

***If you have any questions related to the submission of this RFP, please email
kimberly.qualls@maryland.gov.*

5.   **Timeline/Project Implementation:**

6.   **Plan for Sustainability:** Please describe your plan to sustain the project when SOR funds end.

7. Detailed Budget & Budget Narrative: *Please provide an itemized line by line budget for each position or service proposed. This includes a breakdown for salary, fringe, travel, equipment, supplies, training, indirect cost, and other. The budget narrative should provide a description of the services and/or duties of the staff providing the services for each budgeted line item.*

Appendix B: Documented Community Partnerships Form

Jurisdiction:

Organization requesting funds:

List and describe the scope of work for the agency/agencies/community partners that your organization has established relationships with to assist in meeting your organizational goals and objectives.

Sector	Agency/Community Partner Organizations
Public Behavioral Health System *(PBHS)*	
Hospitals	
Law Enforcement	
Criminal Justice System *(Courts, Parole and Probation, Detention Centers/Jails*	
Human Services/Social Services	
Public Education/Higher Education	
Other Faith-Based and Community-Based Organizations	

PRINT: _____   _____
Authorized Organization's Official or Designee   Date

Signature: _____   _____
Authorized Organization's Official or Designee   Date

Appendix C: Examples of Performance and Outcome Measures with Examples of Activity Types

<u>*Example of Metrics for Grant Program*</u>

State Opioid Response (SOR)

SOR helps states to address the opioid crisis by increasing access to medication assisted treatment using the three FDA-approved medications for the treatment of opioid use disorders, reducing unmet treatment need, and reducing opioid use disorder overdose related deaths through the provision of prevention, treatment, and recovery activities for individuals who have been diagnosed with an opioid use disorder (OUD). This SOR grant is intended to enhance outreach to individuals who have an opioid use disorder through minority outreach technical assistance teams, and community and faith-based organizations. To assess the effectiveness of outreach activities to participants the Maryland Behavioral Health Administration (BHA) has established qualitative and quantitative metrics. These metrics consist of process and outcome measures. An example is found below:

Metric:
# of SOR participants engaged in recovery services for opioid use disorders

Type of Metric	Goal	Program measure	Time period
Process	75% of SOR participants will engage in recovery programs within six months of participation of the program.	# of participants with opioid use disorders participating in a recovery program with an opioid use disorder.	six months after entry in a SOR outreach activity
Outcome	30% of SOR participants attain sobriety for at least six months after one-year participation in SOR.	# of participants with an opioid use disorder who have not used illicit substances for at least six months after participation in SOR at least one year.	Participation in SOR for no less than 12 months

Process	*90% of participants are proficient in their knowledge of Naloxone and how to acquire it if needed*	*# of participants with opioid use disorders who participate and demonstrate knowledge of appropriate use of Naloxone.*	*Participation in SOR within three months*
Structural	*100% of SOR grantee programs offer substance abuse treatment or referral to substance use treatment.*	*# of programs that have a defined substance use treatment program and/or referral process to track participants referred for treatment/the total number of SOR programs*	*Presence of treatment services or a comprehensive referral program at the time of program acceptance of participants.*

Maryland Association of County Health Officers
Contact Information – External Use – For Use By MDH

COUNTY	NAME	EMAIL	PHONE HEALTH DEPT	PHONE ASSISTANT/ SECRETARY	ADDRESS
Allegany	Mayer, Jenelle, MPH	jenelle.mayer@maryland.gov tana.wolfe@maryland.gov	(301)759-5000	(301) 759-5012 Tana Wolfe	12501-12503Willowbrook Road SE P.O. Box 1745 Cumberland, MD 21501-1745
Anne Arundel	Kalyanaraman, Nilesh, MD	hdkaly00@aacounty.org hdmello@aacounty.org	(410)222-7095	(410) 222-7375 Debbie Mellon	3 Harry S. Truman Pkwy. Annapolis, MD 21401
Baltimore City	Dzirasa, Letitia, MD Health Commissioner	letitia.dzirasa@baltimorecity.gov jacki.anderson@baltimorecity.gov	(410)396-4398	(410) 396-4387 Jacki Anderson	1001 E. Fayette Street Baltimore, MD 21202
Baltimore County	Branch, Gregory, Wm, MD, MBA, CPE	gbranch@baltimorecountymd.gov kwynn@baltimorecountymg.gov	(410)887-2243	(410) 887-2773 Kathy Wynn	3rd Floor 6401 York Road Baltimore, MD 21212-2130
Calvert	Polsky, Laurence, MD	laurence.polsky@maryland.gov kathy.walton@maryland.gov	(410)535-5400	(410) 535-5400 X 306 Kathy Walton	975 Solomons Island Rd North P.O. Box 980 Prince Frederick, MD 20678
Caroline	Leroy, Scott T., MPH, MS	scott.leroy@maryland.gov	(410)479-8030	(410) 479-8030	403 S. 7th Street Denton, MD 21629
Carroll	Singer, Ed, L.E.H.S.	ed.singer@maryland.gov theresa.moyer@maryland.gov amanda.haugh@maryland.gov	(410)876-2152	(410) 876-4971 Amanda Haugh	290 S. Center Street Westminster, MD 21157-5219
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Charles	Lowry, Suzan, MD, FAAP	Suzan.Lowry@maryland.gov kjohnson@maryland.gov	(301)609-6900	(301) 609-6901 Kim Johnson	4545 Crain Highway P.O. Box 1050 White Plains, MD 20695-1050
Dorchester *Treasurer-Secretary*	Harrell, Roger MHA	roger.harrell@maryland.gov gregory.coleman@maryland.gov	(410)228-3223	(410) 901-8124 Greg Coleman	3 Cedar Street Cambridge, MD 21613
Frederick	Brookmyer, Barbara MD, MPH	bbrookmyer@FrederickCountyMD.gov bheffner@frederickcountymd.gov	(301)600-1029	(301) 600-3104 Betty Heffner	350 Montevue Lane Frederick, MD 21702

COUNTY	NAME	EMAIL	PHONE HEALTH DEPT	PHONE ASSISTANT/ SECRETARY	ADDRESS
Garrett	Stephens, Robert, MS	robert.stephens@maryland.gov beth.brenneman@maryland.gov	(301)334-7777	(301) 334-7715 Beth Brenneman	1025 Memorial Drive Oakland, MD 21550
Harford	Moy, Russell, MD	russell.moy@maryland.gov gail.entwistle@maryland.gov	(410) 838-1500	(410) 877-1012 Teresa Utz	120 S. Hays Street P.O. Box 797 Bel Air, MD 21014-0797
Howard *Vice-President*	Rossman, Maura, MD	mrossman@howardcountymd.gov clowe@howardcountymd.gov	(410) 313-6300	(410) 313-6363 Carolyn Lowe	7178 Columbia Gateway Dr. Columbia, MD 21046
Kent	Webb, William	William.Webb@maryland.gov	(410) 778-1350	(410) 778-2409 --------------	125 S. Lynchburg Street P.O. Box 359 Chestertown, MD 21620
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Prince George's	*Carter, Ernest, MD, PhD, Acting Health Officer*	elcarter@co.pg.md.us aajordan@co.pg.md.us	(301) 883-7834	(301) 883-7844 Anea Jordan	1701 McCormick Drive Suite 200 Largo, MD 20774
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Washington	Stoner, Earl, MPH	earl.stoner@maryland.gov cindy.cosner@maryland.gov	(240) 313-3200	(240) 313-3260 Cindy Cosner	1302 Pennsylvania Ave. Hagerstown, MD 21742
Wicomico	Brewster, Lori, MS, APRN/BC, LCADC	lori.brewster@maryland.gov cathryn.insley@maryland.gov	(410) 543-6930	(410) 860-4592 Cathey Insley	108 E. Main Street Salisbury, MD 21801
Worcester	Jones, Rebecca, RN, BSN, MSN	rjones@maryland.gov kelly.okeane@maryland.gov	(410) 632-1100	(410) 632-1100, x 1205 Kelly O'Keane	6040 Public Landing Road P.O. Box 249 Snow Hill, MD 21863

MARYLAND DEPARTMENT OF HEALTH
INSTRUCTIONS FOR THE COMPLETION OF THE
LOCAL HEALTH DEPARTMENT (LHD) BUDGET PACKAGE

General Instructions

The local health department budget package is an EXCEL file that includes links to subsidiary schedules. Some of the schedules include cells that are shaded to identify how or by whom that particular cell is filled. A four-color coding scheme is used in the budget package. The keys to the four-color coding scheme follow.

Yellow – Any yellow shaded cell is for the sole use of LHD staff.

Blue *-* ***Do not enter data in any blue shaded cells.*** *Any blue shaded cell is either linked to another sheet in the budget package or contains a formula.*

Tan – Any tan shaded cell is for the sole use of the MDH funding administration staff. The tan shaded cells are found only on the 4542A – Program Budget Page (Comments) and the Grant Status Sheet (4542M).

Green – Any green shaded cell is for the sole use of the Division of Grants & Local Health Accounting (DGLHA). The green cells are found only on the 4542A -Program Budget Page (Comments) and the Grant Status Sheet (4542M).

The LHD budget package is to be submitted electronically by the local health department to the funding administration. <u>***Each LHD budget file will have a unique file naming convention that must be followed by the LHD.***</u> ***This unique file name format is necessary for DGLHA Section to manage the hundreds of electronic budget files that will be received, processed and uploaded by DGLHA Section. There is a required field for the file name on the Program Budget Page (budget4542.a). Detailed instructions on the file naming convention are located in the next section.***

The cells containing negative numbers, e.g. collections or reductions, must be formatted to contain a parenthesis, for example, ($1,500). Please make sure that neither brackets nor a minus sign appear for negative numbers. The automatic formatting on the page should show as $1,500. The formatting has been set by the Department and should not require correcting. The parenthesis format is the required structure for file uploading to FMIS. If something other than a parenthesis for negative numbers is used, the budget file will error out during the budget upload process.

Local health departments are encouraged to consolidate their use of budget line items. The Program Budget Page provides a list of commonly used line items. Local health departments are free to write over the line item labels or fill in blank cells on the Program Budget Page. **Please do not insert or delete any rows on the Program Budget Page_(4542A). You can write over existing labels or leave them blank, but do not insert or delete any rows.**

4542 A - Program Budget Page

Funding Administration - Enter the MDH unit to whom you are submitting the document, e.g., Public and Health Promotion Administration

Local Health Department - Enter name of submitting local health department

Address – Enter mailing address where information should be sent regarding program and fiscal matters

City, State, Zip Code – Enter relative to above address

Telephone # – Enter number, including area code, where calls should be directed regarding program and fiscal matters

Project Title – Enter specific title indicating program type, e.g., Improved Pregnancy Outcome

Award Number - Enter the MDH award number from the UFD, e.g., FH884IPO

Contact Person – Enter the name of the individual who should be contacted at the above telephone number regarding program and fiscal matters related to this grant award

Federal I.D. # - Enter the Federal I.D. # for the local health department

Index – Enter the county's assigned FMIS index number for posting to FMIS **(see County Index # worksheet)**

Award Period - Enter the period of award, e.g., July 1, 2016 - June 30, 2017

Fiscal Year - Enter applicable state fiscal year, e.g., 2017

County PCA – Enter the County PCA code (e.g., F696N) appearing on the UFD that will be charged for this grant's activity; only one per budget. If unknown, please contact awarding MDH Administration, Grant Officer or Chief/Deputy Chief of Division of Grants & Local Health Accounting (DGLHA).

File Name – Enter the file name exactly in the format as indicated below. Each LHD budget file must have a unique file name in the following format. **There are no exceptions to this file name format.** Please complete the file name exactly as indicated, including the dashes.

- File Name Format: FY-County-County PCA-Award #-Suffix for Modification, Supplement, Reduction – no blank space in name, e.g.

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17-Howard-F529N-FH884IPO (this would be an original budget)
17-Howard-F529N-FH884IPO-Mod1
17-Howard-F529N-FH884IPO-Red1
17-Howard-F529N-FH884IPO-Sup1
17-Howard-F529N-FH884IPO-Sup2
17-Howard-F529N-FH884IPO-Cor1

Date Submitted - Enter the date the budget package is submitted to the funding administration

Original Budget, Modification #, Supplement #, Reduction # - If this is the original budget submission for the award, enter "yes". If this is a modification, supplement or reduction, enter "no" and "#1", "#2", etc. on the appropriate line.

Summary Total Columns (above line item detail)

- Current Budget Column
- MDH Funds Mod/Supp (Red) Column
- Local Funds Mod/Supp (Red) Column
- Other Funds Mod/Supp (Red) Column
- Total Mod/Supp (Red) Column

In this section, the LHD must only enter amounts in the "Indirect Cost", "Local Funding" and "All Other Funding" fields. Other than the "Indirect Cost", "Local Funding" and "All Other Funding" fields, the budget package accumulates the total of the line item budget detail. These totals provide the break out of funding for MDH, local and/or other funds for the original budget and any subsequent budget actions.

Please note that the calculated fields (blue shaded cells) are formatted in the spreadsheet to show cents. This was done to provide an indication that the line item detail contains cells with cents in error. If the totals in this section contain cents, reexamine the line item detail and correct the line item budget. Do not modify the formulas in this section to adjust for the cents. The budget should be prepared in whole dollar increments, and therefore should not contain cents either by direct input or formula.

Descriptive lines used in this section follow.

- **Direct Costs Net of Collections – Do not enter data in this row**. This row contains a formula that calculates the total direct costs net of collections.
- **Indirect Costs** – Enter the amount of indirect costs posted to line item 0856 in the respective column in the line item budget detail.
- **Total Costs Net of Collections - Do not enter data in this row**. This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in each respective column.

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- **MDH Funding – Do not enter data in this row**. This row contains a formula that calculates the MDH Funding Amount by subtracting the Total All Other Funding and Total Local Funding from the Total Costs Net of Collections.
- **Local Funding** – Enter the amount required to finance Local Funding, column 4. Amount entered must also appear as a negative amount on line item 1612 column 4.
- **All Other Funding** – Enter the amount required to finance All Other Funding, column 5. Amount entered must also appear as a negative amount on line item 1612 in column 5.
- • **Total Mod/Supp/(Red) Column – Do not enter data in this row**. This column contains a formula that simply calculates the total of the entries in the previous three columns in this section.

__Program Approval/Comments__ – (tan shaded cell) Do not enter any information in this section. This section is reserved for the use of the MDH funding administration.

__DGLHA Approval/Comments__ – (green shaded cell) Do not enter any information in this section. This section is reserved for the use of the DGLHA staff.

4542 A - Program Budget Page - Line Item Budget Detail Section

__Line Item Number / Description (columns 1 & 2)__ - For local health departments, enter the line item numbers from the MDH's Chart of Accounts https://health.maryland.gov/Pages/sf_coa.aspx. Commonly used line items are provided on this form. New line items may be added to a blank cell at the bottom of the line item listing or an existing line item can be written over. **IMPORTANT: must not be inserted or deleted. To do so will fracture the links to the budget upload sheet and the file will not upload to FMIS.** Line items can be overwritten or filled in if necessary, or blanked out or left blank, but line items should not be added or deleted by inserting/deleting rows on the worksheet.

__MDH Funding Request (column 3)__ - Enter by line item the amounts to be supported with MDH funds.

__Local Funding (column 4)__ - Enter by line item the amounts to be supported with local funds. **Include line item 1612 which is the amount needed to finance Local cost and must be negative value.**

__All Other Funding (column 5)__ – Enter by line item the amounts to be supported with funds other than MDH Funding and/or Local Funding. **Include line item 1612 which is the amount needed to finance All Other cost and must be negative value.**

__Total Other Funding (column 6)__ – This column contains a formula that adds Local Funding (column 4) and All Other Funding (column 5)

Total Program Budget (column 7) - This column contains a formula that adds the MDH Funding (column 3), Total Other Funding (column 6), and Total of Modification/Supplements or Reductions (column 11).

MDH Budget, Local Budget, Other Budget – Modification, Supplement, or Reduction (columns 8, 9, 10 and 11) - Enter by line item and funding source (i.e., MDH, local or other) any changes due to Budget Modifications Supplements, or Reductions. The Total Program Budget (column 7) will be recalculated to include these changes. **Please remember that the new Total Program Budget (column 7) will become the new base budget for any subsequent budget submissions.**

Supplementary Subsidiary Budget Forms (4542 B thru 440 A)

The following forms have been modified to include links that pull information from the 4542A. Cells that are shaded blue are either linked to another sheet or contain a formula. Please do not enter data in these fields or cells. The fields will be populated automatically upon completion of the 4542A form. **Please do not enter data into a blue shaded cell.**

4542 B - Budget Modification, Supplement or Reduction
Line Item Changes and Justification

This form is required ONLY for Budget Modifications, Supplements or Reductions. This form should contain the changes (+ or -) from the most recently approved budget by line item. Specify the type of funding that is affected by the change (i.e., MDH Funding, Local Funding or All Other Funding) and justification for the change. Please note that justification is required for changes to fee collections.

This schedule contains links to the Program Budget Page (4542A) that pull the line item number and item description and the amount from Column 11. A formula is supplied that accumulates the total of the changes on this page, cross checks the total to the budget page and provides a check total (which should equal zero). These cells are shaded in blue and should not be modified by the LHD.

4542 C Estimated Performance Measures

Use this schedule to detail the estimated performance measures for the fiscal year.

4542 D Schedule of Salary Costs

All fields should be completed on this schedule. Additional guidance follows.
- Please do not include fringe costs on this schedule.
- Merit System - If the position is to be filled using a state or local merit system, identify that system.
- Grade and Step - Ignore if not merit system driven. Temporary positions for replacement of persons on leave should be separately identified.
- Hours per week are required.
- Expected expenditures should be listed if the proposal or the position is for less than one year. Append a note or secondary schedule showing the annual salary.
- If the position is vacant, indicate the expected hiring date.
- Include annual leave, promotions, etc.

4542 E – Schedule of Special Payments Payroll Costs

All fields should be completed on this schedule. Please list the individual's name. If payment will be made to a business, list the firm's name also. Total costs must equal the hourly rate times the total number of hours.

The two totals (formulas provided) for this schedule must agree with the special payments payroll line item (0280) amounts on the Program Budget page (MDH 4542A). The "MDH Funded Cost" amount on schedule 4542E must equal the sum of the amount in the MDH Funding Request Column (Col. 3) plus, if applicable, any amount in the MDH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0280. The "Total Salary" amount on this schedule must equal the special payments payroll (line item 0280) amount in the Total Program Budget Column (col. 7) on the MDH 4542A.

4542 F - Schedule of Consultant Costs

All fields should be completed on the schedule. Please list the individual consultant's name. If payment will be made to a business, list the firm's name also. List the consultant's professional area, the hourly rate, and the budgeted total annual hours. The "Total Cost" is calculated by multiplying the "Hourly Rate" times the "Total Hours".

The two totals (formula provided) for this schedule must equal the total of Object .02 line items, excluding line items 0280, 0289, 0291 and 0292 amounts on the Program Budget page (MDH 4542A). The "MDH Funded Cost" amount on schedule 4542F must equal the sum of the amount in the MDH Funding Request Column (Col. 3) plus, if applicable, any amount in the MDH Budget Modification, Supplement or Reduction Column (Col. 8) for Object .02, exclusive of the aforementioned line items. The "Total Cost" amount on this schedule must equal the Object .02 total, exclusive of the aforementioned line items in the Total Program Budget Column (col. 7) on the MDH 4542A.

Note: The consultant-contractor relationship is defined by the individual, personal delivery of service where the consultant has a high degree of autonomy over his/her use of time, selection of process, and utilization of resources. The IRS guidelines can be used to assist in defining the employer/employee relationship and to distinguish between a consultant and an employee.

4542 G - Schedule of Equipment Costs

This schedule details all equipment costing $500 or more per item that will be purchased with MDH funds and the total cost of all equipment costing under $500 per item. The description column for items costing over $500 should list the item to be purchased and its proposed use. Indicate if the item is additional equipment or to replace equipment purchased previously with MDH funds. If more space is needed, continue the narrative within the column. Insert additional lines. if necessary.

The two totals (formula provided) for this schedule must agree with the total of all equipment line items in Objects 10 and 11 on the Program Budget page (MDH 4542A). The "MDH Funded Cost" amount on schedule 4542G must equal the sum of the amount in the MDH Funding Request Column (Col. 3) plus, if applicable, any amount in the MDH Budget Modification, Supplement or Reduction Column (Col. 8) for line items in Objects 10 and object 11. The "Total Cost" amount on this schedule must equal the amount for line items in Objects 10 and object 11 on the Total Program Budget Column (col. 7) on the MDH 4542A.

4542 H - Purchase of Care Services (Line Item 0881)

This schedule is to be used to detail any amounts reflected on the Purchase of Care line item (0881) on the Program Budget page (4542A). **This schedule and line item 0881 should only be used for unit price contracts and fixed price contracts. It is not to be used for cost reimbursement contracts.** List the type of service, the contract type (fixed price or unit price), the vendor from whom the service is to be purchased, the performance measures relative to the purchased service and the MDH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the purchase of care line item (0881) amounts on the Program Budget page (MDH 4542A). The "MDH Funded Cost" amount on schedule 4542H must equal the sum of the amount in the MDH Funding Request Column (Col. 3) plus, if applicable, any amount in the MDH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0881. The "Total Cost" amount on this schedule must equal the purchase of care (line item 0881) amount in the Total Program Budget Column (col. 7) on the MDH 4542A.

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For LHD's using the Purchase of Care Services Line Item to subcontract services to another vendor for services specific to the Development Disabilities Administration, a 432 A-H line item budget must be electronically sent in addition to the 4542 package.

4542 I – Human Service Contracts (Line Item 0896)

This schedule is to be used to detail any amounts reflected on the Human Service Contract line item (0896) on the Program Budget page (4542A)**. This schedule and line item 0896 is to be used only for cost reimbursement contracts.** List the type of service, the vendor from whom the service is to be purchased, and the performance measures relative to that purchased service and the MDH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the human service contracts line item (0896) amounts on the Program Budget page (MDH 4542A). The "MDH Funded Cost" amount on schedule 4542I must equal the sum of the amount in the MDH Funding Request Column (Col. 3) plus, if applicable, any amount in the MDH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0896. The "Total Cost" amount on this schedule must equal the human service contracts (line item 0896) amount in the Total Program Budget Column (col. 7) on the MDH 4542A.

4542 J – Detail of Special Projects (Line Item 899)

This schedule is to be used to detail any amounts reflected on the Special Projects line item (0899) on the Program Budget page (4542A). **This schedule and line item 0899 is to be used only for cost reimbursement contracts.** List the type of service, the vendor from whom the service is to be purchased, and the performance measures relative to that purchased service and the MDH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the special projects line item (0899) amounts on the Program Budget page (MDH 4542A). The "MDH Funded Cost" amount on schedule 4542J must equal the sum of the amount in the MDH Funding Request Column (Col. 3) plus, if applicable, any amount in the MDH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0899. The "Total Cost" amount on this schedule must equal the special projects line item (0899) amount in the Total Program Budget Column (col. 7) on the MDH 4542A.

4542 K - Indirect Cost Calculation Form

For local health departments, indirect cost is limited to 10% of the departmental award, defined as MDH funds and collections. This form includes formulas for the percentage based calculation of indirect costs or allows space for a local health department to show an alternate methodology for the calculation of indirect cost. Regardless of methodology, the indirect cost calculation must be shown on this schedule.

4542 L - Budget Upload Sheet (DGLHA Use Only)

The purpose of this sheet is to upload the budget into FMIS. **No one should not enter any information directly onto this sheet. This sheet is for use of DGLHA Section only.** Data will be entered automatically on this form as the Program Budget Page (4542A) is completed. Please do not attempt to enter data on to this sheet or to modify it in anyway.

4542 M – Grant Status Sheet (For Funding Administration Use)

*The purpose of this schedule is to provide sufficient information for DGLHA Section to post awards to the UFD and to track various types of UFD actions. This form is to be completed by the funding administration and forwarded to DGLHA Section. **The funding administration should enter information in all tan shaded fields.** Some information fields (blue) are provided in the section detailing the County Code, PCA Code, Tracking #, etc. The single green shaded cell is for DGA/Grants Section to enter the date the Grant Status Sheet was received in the DGLHA Section.*

MDH 440 - Annual Report – Year End Reconciliation

If no corrections are needed to the DAFR7410 by a local health department that uses FMIS, a MDH 440 Report should not be submitted to DGLHA. If a local health department is filing a MDH 440 Report, some of the information will automatically (blue shading) populate from the Program Budget Page (4542A). Line items can be modified to reflect those actually used. This is accomplished by adding them to Program Budget Page (4542A) of a "working copy" of the final approved budget for an award. Provide appropriate information (yellow shading), as needed. The total budget and expenditure and overall budget balance is included in Section II at the top of the form. DO NOT change the formulas on the Year-End Report.

MDH 440A - Performance Measures Report

All local health departments must submit this form. Some of the information will automatically (blue shading) populate from the Performance Program Measure Page (4542C). The "Final FY Count" (yellow shading) is to be completed by the local health department.

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
GRANT STATUS SHEET FOR LOCAL HEALTH DEPARTMENTS

NOTE: THIS SHEET FOR USE OF FUNDING ADMINISTRATION & DGLHA STAFF ONLY

LOCAL HEALTH DEPT:	0
PROJECT TITLE:	0
AWARD NUMBER:	0
AWARD PERIOD:	0
COUNTY PCA:	0

ORIGINAL BUDG. (Y/N):
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #

Date to DGLHA:	
Administration:	0
Fiscal Year:	0

Project Title:
Date Received (DGLHA use only):

The table below must reflect the award information provided on initial UFD. If this is an initial submission and the amount has changed from that provided on the initial UFD, reflect difference as supplement, reduction, or correction.

COUNTY PCA	PROGRAM ADMIN. PCA	Federal Fund Tracking #	CFDA #	Authorized Federal Award Start Date	Authorized Federal Award End Date	CRF (Yes or No)	Base Award	#1 Supp/(Red)	#2 Supp/(Red)	#3 Supp/(Red)	#4 Supp/(Red)	Revised Award
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
							$0	$0	$0	$0	$0	$0

Conditions of Award/Comments:

Contact Person/Phone Number:

Type of Action:
1. Supplement - Attach Copy
2. Reduction - Attach Copy
3. Budget Modification - Attach Copy
4. New Grant - Attach Copy
5. Delete Grant
6. Correct Error
7. Budget Attached
8. Grant Status Sheet Previously Submitted w/o Budget

Authorized By (Name/Title):

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF SPECIAL PAYMENTS PAYROLL COSTS

LOCAL HEALTH DEPT: 0
PROJECT TITLE: 0
AWARD NUMBER: 0
AWARD PERIOD: 0
COUNTY PCA: 0

ORIGINAL BUDG. (Y/N):
MODIFICATION: #
SUPPLEMENT: #
REDUCTION: #
DATE SUBMITTED:

JOB TITLE OR CLASSIFICATION	NAME OF PERSON FILLING POSITION	COMPANY/ BUSINESS NAME (IF APPLICABLE)	TYPE OF SERVICE	GRADE/ STEP	HOURS PER WEEK	HOURLY RATE	MDH FUNDED COST	TOTAL SALARY
						2		
							0.00	0.00

TOTAL (MUST EQUAL MDH AND TOTAL SPECIAL PAYMENTS ON BUDGET PAGE)   0.00

MDH specpr4542E, October 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
SCHEDULE OF CONSULTANT COSTS

LOCAL HEALTH DEPT:	0
PROJECT TITLE:	0
AWARD NUMBER:	0
AWARD PERIOD:	0
COUNTY PCA:	0

ORIGINAL BUDG. (Y/N):	
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	

NAME OF CONSULTANT	PROFESSIONAL AREA	COMPANY/ BUSINESS NAME (IF APPLICABLE)	HOURLY RATE	TOTAL HOURS	MDH FUNDED COST	TOTAL COST
					0.00	0.00

TOTAL (MUST EQUAL TOTAL OF OBJECT .02, EXCLUDING LINE ITEMS 280, 289, 291 & 292)

MDH consult4542F, October 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
PURCHASE OF CARE SERVICES (Line Item 0881)
NOTE: THIS FORM NOT TO BE USED FOR COST REIMBURSEMENT CONTRACTS

LOCAL HEALTH DEPT:	0
PROJECT TITLE:	0
AWARD NUMBER:	0
AWARD PERIOD:	0
COUNTY PCA:	0

ORIGINAL BUDG. (Y/N):	
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	

TYPE OF SERVICE NOTE: List only health related Fixed & Unit Price Contracts with organizations on this Schedule	CONTRACT TYPE (Indicate fixed price or unit price contract)	VENDOR (Organization) NAME	PERFORMANCE MEASURES NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)	MDH FUNDED COST	TOTAL COST
TOTAL (MUST EQUAL MDH AND TOTAL PURCHASE OF CARE SERVICES COSTS ON BUDGET PAGE)				$0	$0

NOTE: Fixed Price & Unit Price Contracts - The funding administration's attestation relating to the documentation of the performance of a comprehensive review of the subprovider's budget is NOT required for these contract types.

MDH purchcare4542H, October 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
HUMAN SERVICE CONTRACTS (Line Item 0896)
NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	0
PROJECT TITLE:	0
AWARD NUMBER:	0
AWARD PERIOD:	0
COUNTY PCA:	0

ORIGINAL BUDG. (Y/N):	
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	

TYPE OF SERVICE NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule	VENDOR (Organization) NAME	PERFORMANCE MEASURES NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)	MDH FUNDED COST	TOTAL COST
TOTAL (MUST EQUAL MDH AND TOTAL HUMAN SERVICE CONTRACT COSTS ON BUDGET PAGE)			0.00	0.00

Cost Reimbursement Contracts - The funding administration's attestation via writtem documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

MDH humsercontr4542I, October 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
DETAIL OF SPECIAL PROJECTS (Line Item 0899)
NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	0
PROJECT TITLE:	0
AWARD NUMBER:	0
COUNTY PCA:	0

ORIGINAL BUDG. (Y/N):	
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#
DATE SUBMITTED:	

TYPE OF SERVICE NOTE: List only NON-health related Cost Reimbursement Contracts with an individual or organization on this Schedule	VENDOR NAME (individual or organization)	PERFORMANCE MEASURES NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)	MDH FUNDED COST	TOTAL COST

TOTAL (MUST EQUAL MDH AND TOTAL SPECIAL PROJECT COSTS ON BUDGET PAGE) | | | 0.00 | 0.00

Cost Reimbursement Contracts - The funding administration's attestation via writtem documentation that a comprehensive review of the budgets for the vendor(s) listed above is required for this type of human service contract and must be maintained for audit purposes.

MDH specprojs4542J,October 2018

MARYLAND DEPARTMENT OF HEALTH
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
INDIRECT COST CALCULATION FORM

LOCAL HEALTH DEPT:	0		**ORIGINAL BUDG. (Y/N):**		
PROJECT TITLE:	0		**MODIFICATION:**	#	
AWARD NUMBER:	0		**SUPPLEMENT:**	#	
AWARD PERIOD:	0		**REDUCTION:**	#	
FISCAL YEAR:	0		**DATE SUBMITTED:**		

Indirect costs (IDC) are those shared by two or more separately funded projects for which a definite allocation of shared costs cannot be made. Examples of indirect costs are the administrator's and health officer's time. Direct administrative supervision of a project is not an indirect cost.

The indirect cost rate may not be applied to personnel costs that would normally be allocated as indirect costs but are identified as direct costs in a project. MDH will not pay for indirect costs twice.

* SPECIAL NOTES - WIC PROGRAM ONLY

1) Due to federal regulations, Indirect Cost is limited to 15 percent (15%) of expended salaries and special payments payroll, not including fringe benefits.

In order to allow for the proper review of your request, please provide below the methodology used in determining your indirect cost . The calculation of IDC must be shown below.

METHOD USING TOTAL DIRECT COSTS
FUNDED BY MDH & COLLECTIONS ONLY

	ORIGINAL	CHANGE # 1	CHANGE # 2	CURRENT BUDGET
AMOUNT-INDIRECT COST BASIS				0.00
INDIRECT COST RATE				
INDIRECT COST AMOUNT	0.00	0.00	0.00	0.00

MDH idc4542 K, October 2018

NOTE: THIS SHEET FOR USE OF FUNDING ADMINISTRATION & DGLHA STAFF ONLY

LOCAL HEALTH DEPT:	0
PROJECT TITLE:	0
AWARD NUMBER:	0
AWARD PERIOD:	0
COUNTY PCA:	0

ORIGINAL BUDG. (Y/N):	
MODIFICATION:	#
SUPPLEMENT:	#
REDUCTION:	#

Date to DGLHA:	
Administration:	0
Fiscal Year:	0

Project Title: 0

Date Received (DGLHA use only):

The table below must reflect the award information provided on initial UFD. If this is an initial submission and the amount has changed from that provided on the initial UFD, reflect difference as supplement, reduction, or correction.

COUNTY PCA	PROGRAM ADMIN. PCA	Federal Fund Tracking #	CFDA #	Authorized Federal Award Start Date	Authorized Federal Award End Date	CRF (Yes or No)	Base Award	#1 Suppl/(Red)	#2 Suppl/(Red)	#3 Suppl/(Red)	#4 Suppl/(Red)	Revised Award
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
												$0
						$0	$0	$0	$0	$0	$0	

Conditions of Award/Comments:

Contact Person/Phone Number:

Type of Action:

1. Supplement - Attach Copy
2. Reduction - Attach Copy
3. Budget Modification - Attach Copy
4. New Grant - Attach Copy
5. Delete Grant
6. Correct Error
7. Budget Attached
8. Grant Status Sheet Previously Submitted w/o Budget

Authorized By (Name/Title):

SECTION I.

LOCAL HEALTH DEPT:	0
ADDRESS:	0
CITY, STATE, ZIPCODE:	0
PROJECT TITLE:	0
TELEPHONE #:	0

CONTACT PERSON:	
FEDERAL I.D. #:	0

COUNTY PCA:	0
AWARD NUMBER:	0
FISCAL YEAR:	0
AWARD PERIOD:	0
TOTAL MDH AWARD:	0

SIGNATURE: (Blue Ink)

SECTION II:

Total	0.00	0.00	0.00

DATE:

SUMMARY OF EXPENDITURES

SECTION III:

SUMMARY OF RECEIPTS

LINE ITEM NO.	Line Items Description	Final Approved Total Program Budget	Actual Expenditures	Variance Under/(Over)
0111	Salaries	0.00		0.00
0121	FICA	0.00		0.00
0131	Retirement	0.00		0.00
0139	Def Compensation	0.00		0.00
0141	Health Insurance	0.00		0.00
0142	Retiree Health Insurance	0.00		0.00
0161	Unemployment Insurance	0.00		0.00
0162	Workmen's Compensation	0.00		0.00
0171	Overtime Earnings	0.00		0.00
0181	Additional Assistance	0.00		0.00
0182	Adjustments	0.00		0.00
0201	Consultants	0.00		0.00
0280	Special Payments Payroll	0.00		0.00
0291	FICA	0.00		0.00
0292	Unemployment Insurance	0.00		0.00
0299	Contractual Ser-Salaries & Fringe	0.00		0.00
0301	Postage	0.00		0.00
0304	Cellular Telephone	0.00		0.00
0405	In-state Travel	0.00		0.00
0409	Out-of-State Travel	0.00		0.00
0415	Training	0.00		0.00
0420	Stipend/Tuition	0.00		0.00
0604	Electricity	0.00		0.00
0613	Water	0.00		0.00
0615	Utilities - Combined	0.00		0.00
0701	Gas and Oil	0.00		0.00
0703	Insurance & Title	0.00		0.00
0705	Vehicle Maintenance & Repair	0.00		0.00
0801	Advertising	0.00		0.00
0803	Client Transportation	0.00		0.00
0812	Personnel Investigations	0.00		0.00
0816	Language	0.00		0.00
0833	Repair & Maintenance	0.00		0.00
0834	Photocopy Rental	0.00		0.00
0835	Equipment Service	0.00		0.00
0838	Software	0.00		0.00
0839	Software Maintenance	0.00		0.00
0853	Maintenance	0.00		0.00
0854	Housekeeping	0.00		0.00
0856	Indirect Cost	0.00		0.00
0860	Laboratory Services	0.00		0.00
0869	Photography (Commercial)	0.00		0.00
0873	Printing	0.00		0.00
0881	Purchase of Care	0.00		0.00
0885	Trash Disposal	0.00		0.00
0896	Human Service Contracts	0.00		0.00
0899	Special Projects-Client Transport	0.00		0.00
0909	Cleaning Supplies	0.00		0.00
0919	Educational Supplies	0.00		0.00
0924	Food	0.00		0.00
0953	Medicine, Drugs & Chemicals	0.00		0.00
0957	Medical Supplies	0.00		0.00
0965	Office Supplies	0.00		0.00
0986	Other Supplies	0.00		0.00
1060	Computer Equipment	0.00		0.00
1073	Office Equipment	0.00		0.00
1180	Personal Computer Equipment	0.00		0.00
1192	Medical Equipment	0.00		0.00
1193	Office Equipment	0.00		0.00
1331	Dues & Memberships	0.00		0.00
1332	Insurance	0.00		0.00
1334	Rent	0.00		0.00
1336	Subscriptions	0.00		0.00
1600	Interest Income	0.00		0.00
1602	Bad Debt Collections	0.00		0.00
1603	Self-Pay Collections	0.00		0.00
1606	Medicaid Collections	0.00		0.00
1607	Medicare Collections	0.00		0.00
1608	Other Collections	0.00		0.00
1612	County Contribution	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00
0.00	0.00	0.00		0.00

Source of Funds	Actual Receipts	DGLHA Use Only
MDH STATE PAID EXPENDITURES		
Other State		
Local Government		
Direct Federal		
Fund Raising		
United Charities		
Interest		
Carryover		
Food Stamps		
Contingency Fund		
Other (Specify)		
- Client Fees -		
Private Pay		
Medicaid		
Medicare		
Insurance		
SSI		
Other (Specify)		
TOTAL	0.00	

SECTION IV:

RECONCILIATION (DGLHA Use Only)

Total Receipts	0.00
Total Expenditures	0.00
Variance - Under/(Over)	0.00
(CSA Only) $ To Contingency Fund	

DGLHA Action:

BY:

DATE:

FUNDING ADMINISTRATION:	0
AWARD NUMBER:	0
AWARD PERIOD:	0
COUNTY PCA:	0
FISCAL YEAR:	0
LOCAL HEALTH DEPT:	0
ADDRESS:	0
CITY, STATE, ZIPCODE:	0
TELEPHONE #:	0
PROJECT TITLE:	0

PERFORMANCE MEASURE	BUDGET YEAR ESTIMATE	FINAL FY COUNT
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	

NOTE: The County Index number is to be entered in cell D14 on the Program Budget Page 4542A.

County LHD	County Index #
Allegany	20001
Anne Arundel	20002
Baltimore County	20003
Calvert	20004
Caroline	20005
Carroll	20006
Cecil	20007
Charles	20008
Dorchester	20009
Frederick	20010
Garrett	20011
Harford	20012
Howard	20013
Kent	20014
Montgomery	20015
Prince George's	20016
Queen Annne's	20017
St. Mary's	20018
Somerset	20019
Talbot	20020
Washington	20021
Wicomico	20022
Worcester	20023
Baltimore City	20030