



STATE OF MARYLAND  
Community Health Resources Commission  
45 Calvert Street, Room 336 • Annapolis, Maryland 21401

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Martin O'Malley, Governor; Anthony G. Brown, Lt. Governor  
John A. Hurson, Chair; Mark Luckner, Executive Director

## **Maryland Community Health Resources Commission FY 2014 Call for Proposals, Frequently Asked Questions**

**1. Is there a limit to the number of applications that can be submitted by a single entity?**

No, there is no limit to the number of applications submitted by a single entity.

**2. Does category #3, supporting new access points and expanding primary care capacity, include access to mental health services?**

The applicant is encouraged to consider the main focus of the grant proposal. If the proposal is designed to integrate behavioral health services with primary care services, this proposal should be submitted in category #4, integrating behavioral health.

**3. How many years is this grant award for?**

Applicants are permitted to submit proposals for one year, two years, and three years.

**4. How many grants will be awarded, and how does this relate to funding for FY 2015 and FY 2016?**

The CHRC has a total of \$2.85 million to award in new grant funding this year. The CHRC took no position regarding whether grants that are awarded in this Call for Proposals will present funding obligations for future fiscal years. The CHRC voted to retain flexibility about whether the second and third years of grants that are awarded this year are supported with FY 14 funds (this fiscal year) or will involve future funding from FY 2015 and FY 2016. Applicants need not focus on this decision and instead should focus on developing the most appropriate and frugal use of finite grant resources.

**5. Would an allowable activity be training for behavioral health employees or providing training?**

Yes, this use of grant funding is permissible if it will enable the grantee to increase its administrative capacity, serve more patients, and improve the quality of health of the populations served.

**6. Can funds be used for delivery of direct services?**

Yes, grant funds can be used for direct services.

**7. If an applicant has a primary focus for their grant application but the application still addresses other foci, how should it be presented to the Commission?**

The LOI and grant proposal should select and clearly state one specific category.

**8. Regarding category #5, building safety net capacity, will the Commission accept proposals requesting funds to purchase servers, etc. to support/run the EMRs?**

The CHRC has limited funding available and does not typically support major capital purchases. Grantees are encouraged to be frugal in their grant requests.

**9. Will women's services be considered under providing primary care or are they limited to category one?**

Programs that seek to expand access to comprehensive women's health services should be submitted in category #1, promoting comprehensive women's health services and reducing infant mortality rates.

**10. Emphasis on dental is still on children. Will adult dental care be dismissed?**

Applicants are permitted to submit proposals that expand dental services for both adults and children.

**11. Provide information about how the selection criteria are weighted.**

The eleven review criteria listed on pages 9-11 of the Call for Proposals will comprise a 100-point scale. The weighting of these criteria is being developed with the independent reviewers in each particular subject area.

**12. What is the overall page limit for the proposals?**

Applicants are advised to limit their proposals to a total of 15 pages.

**13. In category #5, building safety net capacity, is the CHRC looking to assist providers who are currently not billing for services but are currently trying to become billers of third-party payers?**

Yes, this is one type of safety net capacity building grant envisioned under category #5.

**14. On the selection criteria, sustainability and matching funds, please elaborate.**

One hallmark of the Commission grant funding is to support programs that will be sustainable after initial grant funds have been utilized. The CHRC also looks to support programs that have used Commission grant funds to leverage additional resources, perhaps from local hospitals, foundations, or local employers. In the full proposal, applicants are encouraged to include a Letter of Commitment identifying the matching funds.

**15. How will procurement roll out? Once the funds are awarded and start dates are determined, how much lead time will be required?**

Once the CHRC makes its grant awards (after the January 2014 meeting), grantees are notified that they need to: (1) Sign the grant agreement; (2) Review and approve performance metrics and grant reporting schedule; and (3) Submit first invoice for payment. This process typically takes between 30 and 90 days, depending on how quickly the grantee finalizes its grant performance metrics.

**16. If a local health department contracts with an FQHC to provide behavioral health services, is this an example of category#4, functionally integrating behavioral health services?**

Yes, CHRC grant funds may be used to support partnerships among local health departments and FQHCs.

**17. Are some types of Community Integrated Medical Homes (CIMH) models acceptable?**

Yes, projects that will expand access to underserved communities, improve population health, and promote future CIMH models are permissible.

**18. Is there a maximum amount for the proposals?**

Ranges are for the entire category, not per award. The Call for Proposals provides funding ranges for each category, as follows:

Comprehensive women's health: \$200,000 to \$300,000

Dental: \$100,000 to \$200,000

Supporting new access/primary care: \$500,000 to \$600,000

Behavioral Health Integration: \$300,000 to \$600,000

Safety net capacity building: \$500,000 to \$600,000

Childhood obesity: \$500,000 to \$600,000

**19. If a grant proposal includes opening a new clinic, can we request capital building costs?**

Requests for capital are permissible, but CHRC grant funding is typically used to support operating expenses. Applicants are encouraged to seek other sources for capital support, such as the DHMH FQHC capital program, the Maryland Hospital Association capital program, and legislative bond bill request.

**20. Does it matter if an applicant is a current and/or former grantee? Does that weigh in their favor?**

Former/current grantees of the CHRC are not provided special consideration in this Call for Proposals.

**21. What is the level of focus for the childhood obesity category?**

Proposals in the childhood obesity category, like other categories, should clearly demonstrate how grant funds will expand access to health care services and/or improve the population health of the communities served. This category cannot be expanded to address adult obesity.

**22. Are Letters of Intent (LOIs) mandatory?**

Yes, LOIs are mandatory and due on Thursday, November 7 at 3 pm.

**23. Are local health departments required to submit the financial audit?**

No, this requirement does not apply to local health departments.