

## **Mini Grant Packet Includes**

1. Memo to Potential Applicants
2. Mini Grant Announcement
3. Mini Grant Program Area
4. Mini Grant Recipient Responsibilities
5. Attachments A, B, C

# Memo

**To:** Worcester County Local Health Improvement Coalition, Health Care Providers, Potential Grantees

**From:** Mimi Dean, MS, Director of Prevention Services

**Date:** July 8, 2024

**Subject:** Request for Proposals to provide cognitive health screenings in clinical practice

---

The Worcester County Health Department has been awarded funds from the Maryland Department of Health to address cognitive health and increase public awareness about Alzheimer's Disease and Related Dementias (ADRD) and how to reduce the risk of developing. These funds are also to be used to increase cognitive health screenings. Funds are available to support these efforts through strengthening/establishing cognitive health screening protocols; enabling the EHR to capture data on cognitive health screenings by subgroups/populations; developing one process map with each practice (2) using the Plan-Do-Study-Act (PDSA) model to identify and evaluate the screening process; increasing the number of cognitive health screenings; providing patients with resources and educational materials and linkage to appropriate programs and/or services; and encouraging providers to participate in training programs that focus on Alzheimer's and associated dementias.

The Worcester County Health Department is requesting proposals from health care provider practices located within the county to assist with these efforts. A total of \$16,000 is available to support health care practice initiatives. Proposals are due in to the Worcester County Health Department, Prevention Services Department by 4:30 pm on August 2, 2024. Interested parties may call the Worcester County Health Department Prevention Office at 410-632-1100 ext.1108 to receive an application package. All awards will be made after August 23, 2024 and funds must be spent by June 30, 2025.

Please feel free to contact me or Crystal Bell at 410-632-1100 extension 1108 or email [crystal.bell1@maryland.gov](mailto:crystal.bell1@maryland.gov) if you have any questions or would like additional information. A pre-proposal orientation meeting will be held through Google Meet on July 18, 2024 at 2:00 pm.

WORCESTER COUNTY HEALTH DEPARTMENT  
IS NOW ACCEPTING **GRANT APPLICATIONS**

**FOR**

**WORCESTER HEALTH CARE PROVIDER PRACTICE-BASED GRANT**

To be eligible for **health care provider practice-based** funding, your program must:

- Be a health care provider practice which is located within and serves Worcester County residents.
- Be willing to increase cognitive health screenings among patients.
- Strengthen/establish cognitive health screening protocols.
- Enable the EHR to capture data on cognitive health screenings by subgroups/populations.
- Develop a process map with 2 practices using the Plan-Do-Study-Act (PDSA) model to identify and evaluate the screening process.
- Increase the number of cognitive health screenings.
- Provide patients with resources and educational materials and linkage to appropriate programs and/or services.
- Encourage providers to participate in training programs that focus on Alzheimer's and associated dementias.
- Organizations can request up to \$16,000 to implement strategies in two practices.
- **Submit a Grant Application to the Worcester County Health Department by 4:30 p.m. on August 2, 2024.**

Proposal must include:

- Program Need, Purpose, and Brief Description
- Prevention Strategies
- Proposed Activities
- An Itemized Budget
- An Evaluation Plan

Interested parties may call the Worcester County Health Department Prevention Department at 410-632-1100 ext. 1108 to receive a grant package. All awarded grant recipients will be expected to submit an annual narrative report as well as an accounting report no later than June 30, 2025.

Completed grant applications will be accepted NO LATER than 4:30 p.m. on August 2, 2024 . Applications may be mailed to:

The Worcester County Health Department  
Prevention Services  
6040 Public Landing Road  
Snow Hill, MD 21863

All awards will be made after August 23, 2024. For more information, call 410-632-1100 ext. 1108.

**Mini Grant Program Areas**  
**Awards for up to \$16,000**

**Healthcare Provider Practice Cognitive Health Project**

Proposals need to focus on strengthening/establishing cognitive health screening protocols; enabling the EHR to capture data on cognitive health screenings by subgroups/populations; developing one process map with each practice (2) using the Plan-Do-Study-Act (PDSA) model to identify and evaluate the screening process; increasing the number of cognitive health screenings; providing patients with resources and educational materials and linkage to appropriate programs and/or services; and encouraging providers to participate in training programs that focus on Alzheimer's and associated dementias.

## **GRANT APPLICATION GUIDELINES**

To be eligible for **health care provider practice-based** funding, your program must:

- Be a health care provider practice which is located within and serves Worcester County residents.
- Be willing to increase cognitive health screenings among patients.
- Strengthen/establish cognitive health screening protocols.
- Enable the EHR to capture data on cognitive health screenings by subgroups/populations.
- Develop a process map with 2 practices using the Plan-Do-Study-Act (PDSA) model to identify and evaluate the screening process.
- Increase the number of cognitive health screenings.
- Provide patients with resources and educational materials and linkage to appropriate programs and/or services.
- Encourage providers to participate in training programs that focus on Alzheimer's and associated dementias.
- Organizations can request up to \$16,000 to implement strategies in 2 practices.
- Submit a **Grant Application to the Worcester County Health Department by 4:30 p.m. on August 2, 2024.**

Submit a **Grant Application to the Worcester County Health Department by 4:30 p.m. on August 2, 2024.**

Proposal must include:

- Program Need, Purpose, and Brief Description
- Prevention Strategies
- Proposed Activities
- An Itemized Budget
- An Evaluation Plan

5) The Mini Grant application text:

**A. Program Need, Purpose & Brief Description:**

State clearly the need for the program, the program's purpose/goal, the population targeted, and briefly describe the scope of the overall program.

**B. Short Summary of Past Experience & Knowledge of Prevention/Health Education Activities:**

Summarize briefly your organizations past history, if any, and focus on risk

factors among the targeted population that will be addressed.

**C. Proposed Project Activities:**

Describe your program's activities in terms of objectives. Keep in mind that your program's purpose/goal stated earlier under "Program Need, Purpose & Brief Description" should be a long-term goal and may understandably NOT be achieved during the funding period. However, the proposed activities/objectives stated in this section should be achievable and measurable during the funding period. For example: # of cognitive health screenings completed, # of patients referred to community-based programs, # of providers that participate in ADRD training, etc.

**D. Project Overall Budget (Itemized):**

List the program's overall budget including all expected funding amounts and sources, an itemized list of projected expenditures and the program's requested amount. If applicable, please list other funding supporting this project.

**E. Proposed Evaluation Plan:**

Describe how your program will measure the success of its purpose/goal, and its objectives related to its activities.

**Grant Application FY'25 Health Care Provider- Based Cognitive Health Project**

1. Project Title:
2. Name of Organization:
3. Contact Person:
4. Address:
5. Phone:
6. Email Address:
7. Program Need, Purpose & Brief Description:



**FY25 Grant Application- Page 2**

8. Short Summary of Past Experience & Knowledge about providing cognitive health screenings and referring patients to community-based prevention programs.

9. Proposed Project Activities (Objectives related to goal):

**FY25 Grant Application- Page 3**

10. Project Budget & Other Funding Sources:

11. Proposed Evaluation Plan (How you will measure if objectives were achieved):

## **FY'25 GRANT RECIPIENT RESPONSIBILITIES**

### **I. EXPENDITURE RESPONSIBILITIES**

- A. All grant money must be spent by June 30, 2025.
- B. Grant money cannot be used as a donation to another program.
- C. The majority of grant funding must be used for direct services.
- D. Grant money cannot be utilized for church related materials such as: religious materials, etc.
- E. Any equipment purchased with grant money remains the property of the State of Maryland for five years. Adequate identification and inventory record of the purchased equipment in whole or in part using grants funds must be kept. Funds cannot be used to purchase equipment costing more than \$100 per item without approval from Worcester County Health Department prior to its purchase.

### **II. REPORT AND ACCOUNTING RESPONSIBILITIES**

#### **A. Narrative Activity Report.** (See Attachment A)

- 1. The activity Report is a "Short Narrative Sheet" describing program activities during the award period (**Due October 5, 2024, January 5, April 5, and July 5, 2025**) and progress towards meeting objectives.

#### **B. Financial Reports**

- 1. A grant payment Request Form should be submitted with the budget and budget justification in order to receive the funds. (See Attachment B)
- 2. A budget page is provided to assist you in documenting expenditures. (See Attachment C)

Health Care Provider-Based Grant  
for Cognitive Health Project

Attachment A

**Activity Report**

**Short Narrative Sheet**

Grant Program: \_\_\_\_\_

Report Due  
**October 5, 2024**  
**January 5, 2025**  
**April 5, 2025**  
**July 5, 2025**

Please provide a brief description of progress during this period. (Include progress in meeting objectives such as number of cognitive health screenings completed, number of patients referred to community and prevention programs, number of providers that participate in ADRD training, etc.)

\_\_\_\_\_  
Signature of Person Completing Report

\_\_\_\_\_  
Date

**GRANT PAYMENT REQUEST FORM**

Attachment B

Name of Organization: \_\_\_\_\_

Federal Identification # or Grantee social security #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**REQUESTED AMOUNT:** \_\_\_\_\_

**BREAKDOWN OF REQUESTED AMOUNT**

<b>Category</b>	<b>Amount Requested</b>	<b>Other Funding</b>
Salaries/ Stipends/Consultants		
Travel		
Operating Supplies		
Telephone		
Postage		
Printing and Reproduction		
Program Material/ Education supplies		
Other		

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**



## **FY2025**

### **Dates to Remember**

Release of news release and mailing	July 8, 2024
Pre-Proposal Meeting (virtual)	July 18, 2024 @ 2pm
Application Deadline	August 2, 2024 by 4:30 pm
Review of Applications	August 9, 2024
Announcement of Awards	August 23, 2024
Request for Funds	After August 23, 2024
First Report Due	October 5, 2024
Second Report Due	January 5, 2025
Third Report Due	April 5, 2025
Funds Expended By	June 30, 2025
Final Report Due	July 5, 2025