

Carroll County Health Department
Health Disparities
FY24 Community Grant Application

Deadline for Proposals: May 8, 2024 2:00PM

Purpose:

The Carroll County Health Department (CCHD) Health Disparities program is supported by the Maryland Department of Health (MDH) with funding from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award.

Required Activities

Funding must be used to promote or enhance your organization's participation in CCHD's Health on Wheels (HOW) Mobile Services events between June 1, 2024 and June 30, 2025.

Funding can be used for event promotion, incentives, educational materials, and other printed materials. The majority of distributed materials (incentives, giveaways, etc) must be used at HOW events. You may also purchase other multi-use event support items such as signs, tablecloths, etc. Funding cannot be used for clinical care, vaccinations, vehicle lease or purchase, housing, research, lobbying, or entertainment.

This grant is supported by the Maryland Department of Health (MDH) with funding from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by MDH, CDC/HHS, or the U.S. Government.

Grant awards may be funded between \$250 and \$1000 based upon proposal submission.

Grant Requirements

Someone from your organization must be present for at least three events with CCHD's Health on Wheels between June 1, 2024 and June 30, 2025. Recipients must submit a final report with a list of expenditures and brief summary of the events attended and community impact.

Organizational representatives are invited, but not required, to participate in the Local Health Improvement Coalition/Access to Health Leadership Team, which provides a forum for a range of local groups that impact health and health disparities to discuss, plan, and address health and health support needs in our community.

Contract

Upon a fully executed Memorandum of Agreement (MOA) between Carroll County Health Department and the grant recipient, the recipient is authorized to begin work on the project. The anticipated term of performance resulting from this announcement is June 1, 2024 and June 30, 2025.

General Information

Higher need and lower-resourced areas of the county include Keymar (21757), Union Bridge (21791), Taneytown/Harney (21787), Manchester (21102), and Westminster (21157 and 21158) are the preferred locations for the performance of this grant opportunity.

FY 2024-25 Carroll County Health Disparities Grant Application

Name of Organization:

Facilitator of Grant:

Contact person (if different from above):

Complete mailing address:

Telephone Number (daytime):

E-mail address:

Fax number:

Federal I.D. # or S.S. #:

Amount Requested (\$250-\$1000): \$ _____

I hereby declare that the information submitted on this proposal is accurate and correct to the best of my knowledge. If the application is approved, I will be responsible for keeping necessary records and completing reports including a final report, narrative and budget of the program and submitting these on time.

Facilitator/ Applicant Signature

Date

All questions shall be referred to Karen Crawford, karen.crawford@maryland.gov during the proposal submission period.

Submit to: Karen Crawford, Administrative Officer II
Carroll County Health Department
290 S. Center Street
Westminster, Maryland 21157
443-487-3638 or 410-876-4867
karen.crawford@maryland.gov

Organizational Background:

Why is your organization a good fit for this grant? Please include brief history, accomplishments, qualifications, and information on financial stability.

Target Audience:

What population in Carroll County are you most interested in reaching and why? Please include geographic area, age and any other pertinent information such as poverty, education levels and employment levels.

Description of Project:

What will you purchase with the grant funds? How will this help you reach your intended audience?

Evaluation:

How will you evaluate your success? (e.g., number of people who take your information, number of people who register for a service, etc.)

Carroll County Health Department
 Cigarette Restitution Fund Program
 Line Item Budget for FY 24-25 (6/1/24 - 6/30/25)

Title of Proposed Program: _____

Grant Budget Request: \$ _____

Line Item	Budget Item	Amount Requested (Cost of Item)	Budget Narrative and Justification (Explanation of spending request)
1	Advertising		
2	Printing for marketing/ promotional materials		
3	Incentives*		
4	Food*		
5	Educational materials		
	TOTAL		

* Requires approval from the grantor.

Organization: _____ Date: _____

Signature: _____