

**GOVERNOR'S OFFICE of CRIME CONTROL & PREVENTION**  
**Medication Assisted Treatment (MAT) Program**  
**Notice of Funding Availability**  
**Application Guidance Kit**



**Online Submission Deadline: March 20, 2018, 3 pm**

**Funded through:**  
**State of Maryland**

Governor's Office of Crime Control & Prevention  
100 Community Place  
Crownsville, Maryland 21032-2022  
[www.goccp.maryland.gov](http://www.goccp.maryland.gov)  
(410) 697-9338

Larry Hogan, Jr., Governor  
Boyd K. Rutherford, Lt. Governor  
V. Glenn Fueston, Jr., Executive Director

**NOTE:** As of October 1, 2016, all Award Acceptance and Project Commencement documents will only be accepted electronically via the Documents tab in the Grants Management System. Hard copy submissions of Award Acceptances or Project Commencements for any award starting October 1, 2016 will no longer be required.

For projects that start after July 1, 2017, hard copy applications are no longer being accepted.

**ELIGIBILITY**

GOCCP is making \$250,000 in funding available to support Medication Assisted treatment efforts for offenders with heroin and opioid addictions.

**IMPORTANT NOTES**

Applicants are required to apply for grant funding through the Governor's Office of Crime Control & Prevention online application process located on the Governor's Office of Crime Control & Prevention website <https://grants.goccp.maryland.gov>. Additionally, all applicants MUST provide proof that they have a valid federal DUNS number and be currently registered with [www.SAM.gov](http://www.SAM.gov). A screen shot from SAM.GOV reflecting this information is sufficient.

## **Getting Started**

Thank you for applying for the **Medication Assisted Treatment program** from the **Governor's Office of Crime Control & Prevention (Office)**. Maryland has made addressing the heroin and opioid problem one of its top priorities. The Governor's Office of Crime Control & Prevention's success is measured by sub-recipient success. It is critical that we hear from you, our customers. To share your ideas of how the Governor's Office of Crime Control & Prevention can serve you better, email your program manager.

If you need application assistance, please contact:

Tammy Lovill, Medication Assisted Treatment Grant Program Manager  
410-697-9321  
Tammy.Lovill@maryland.gov

Laurie Rajala, Chief of Programs  
410-697-9333  
Laurie.Rajala@maryland.gov

### **Governor's Office of Crime Control & Prevention Mission:**

To serve as a coordinating office that advises the Governor on criminal justice strategies. The office plans, promotes, and funds efforts with government entities, private organizations, and the community to advance public policy, enhances public safety, reduce crime and juvenile delinquency, and serve victims.

# Table of Contents

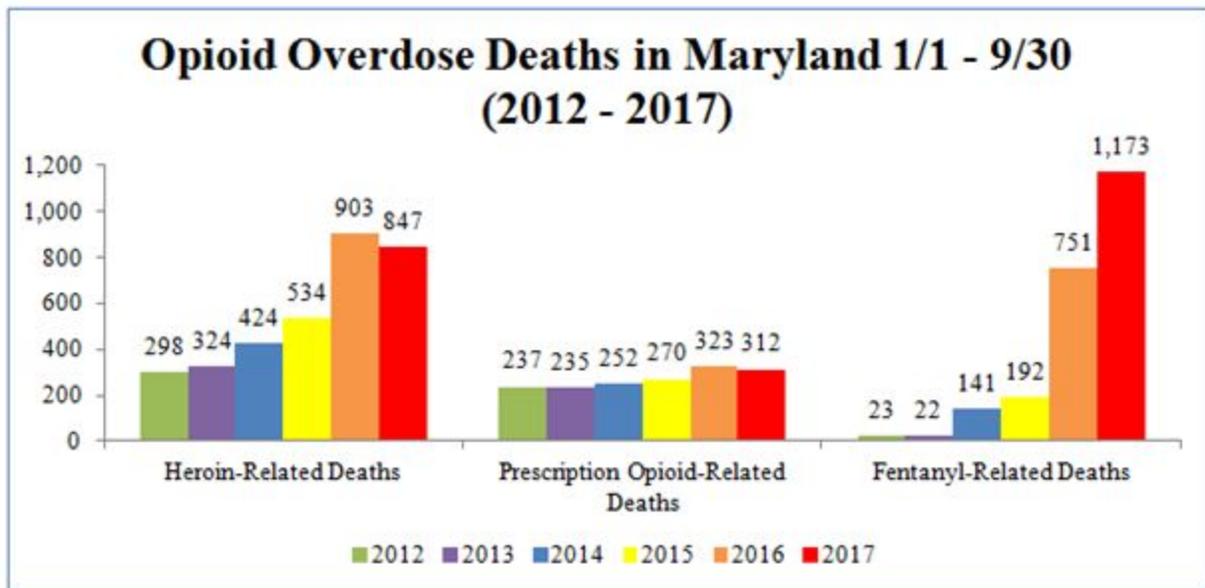
I.	TRAINING / TECHNICAL ASSISTANCE (TA)	3
II.	INTRODUCTION	3
III.	PURPOSE	3
IV.	ELIGIBILITY CRITERIA	3
V.	APPLICATION PROCESS	4
VI.	IMPORTANT DATES	4
VII.	FUNDING EVALUATION	4
VIII.	FUNDING SPECIFICATIONS	5
IX.	DISTRIBUTION OF FUNDS & REPORTING REQUIREMENTS	5
X.	SUPPLANTING, TRANSPARENCY AND ACCOUNTABILITY	6
XI.	APPLICATION WEBSITE WORKSHEET	6
XII.	CERTIFIED ASSURANCES	14
XIII.	CERTIFICATION REGARDING LOBBYING	15

## I. TRAINING / TECHNICAL ASSISTANCE (TA)

To help applicants prepare and submit applications that reflect the Governor's Office of Crime Control & Prevention's established guidelines and procedures, training is provided through training videos posted on the Governor's Office of Crime Control & Prevention website. These may be accessed through the following web URL: <http://goccp.maryland.gov/grants/gms-help-videos/>. Please review the training videos prior to working on your application (system guidelines, fiscal review and tips, civil rights requirements, and those specific to the program funding source).

## II. INTRODUCTION

As of September 30, 2017, 1,501 Marylanders died from fentanyl, heroin, and/or prescription opioid related drug overdoses. Nearly 80% of those deaths involved fentanyl (n = 1,173) and 56% involved heroin (n = 847). By comparison, there were 545 homicides last year across the State.



## III. PURPOSE

The purpose of the Medication Assisted Treatment program is to develop and implement Medication Assisted Treatment programs using Vivitrol, enhance and expand existing programs using Vivitrol, and to increase capacity and provide accessible, effective, comprehensive and coordinated care as part of the Vivitrol-based Medication Assisted Treatment program.

Vivitrol is a once a month injection that binds to the brain's opioid receptors, so heroin and opiate users do not experience euphoric effects if opiates are used and experience reduced cravings. Vivitrol is non-narcotic and non-addictive, therefore there is no abuse potential and no illegal market for it. Medication Assisted Treatment can serve as a bridge to the community for addicted inmates released from jails and detention centers if it is a part of a more comprehensive treatment protocol.

## IV. ELIGIBILITY CRITERIA

The following entities in Maryland are eligible to submit no more than **one** application for Medication Assisted Treatment Grant Funding:

- State Government Agencies
- Local Government Agencies

## V. APPLICATION PROCESS

Applicants are required to apply for grant funding through the Governor's Office of Crime Control & Prevention web-based application process, which may be accessed through the website homepage: [www.goccp.maryland.gov](http://www.goccp.maryland.gov) by clicking on **GRANTS MANAGEMENT SYSTEM**, or going directly to the login screen using the web URL: <https://grants.goccp.maryland.gov>.

**In order to use the Office's web-based application you must have a User ID.**

If you have *not* previously applied through the web, go to the following web URL to obtain instructions and the information required to obtain a User ID and password: <http://goccp.maryland.gov/grants/requesting-access/>

The last day to request a User ID is March 1, 2018. If you have previously applied through the web, use your same User ID and password.

If you have previously applied to the Governor's Office of Crime Control & Prevention, but *do not have your User ID*, or are having *technical issues with the system*, contact the Governor's Office of Crime Control & Prevention Helpdesk via email at [support@goccp.freshdesk.com](mailto:support@goccp.freshdesk.com) for assistance.

If you need assistance completing the program specific information required in the online application, please contact Tammy Lovill at 410-697-9321 or [tammy.lovill@maryland.gov](mailto:tammy.lovill@maryland.gov).

**The online application must be submitted no later than 3:00 PM on March 20, 2018.**

## VI. IMPORTANT DATES

➤ Deadline to Request a User ID	March 1, 2018
➤ Deadline to Submit an Online Application	March 20, 2018, 3:00 pm
➤ Award Documents/Denial Letters Mailed	March 2018
➤ Sub-award Start Date	April 1, 2018
➤ Sub-award End Date	September 30, 2018

## VII. FUNDING EVALUATION

The Governor's Office of Crime Control & Prevention will assess the worth of each organization's overall project based on the following:

- Alignment with the Governor's Office of Crime Control & Prevention's priority areas
- Evidence Based projects which can demonstrate outcome based performance measures
- Problem Statement/Needs Justification
- Project Description
- Description of Goals and Objectives
- Projected Work Plan Schedule
- Organization Management Capabilities/Cooperating Agencies
- Project Evaluation & Sustainability
- Budget
- Documentation of need
- Geographic size and location

The Medication Assisted Treatment grant is a competitive application process. The Governor's Office of Crime Control & Prevention will conduct a review of each application submitted in accordance with this Notice of Funding Availability.

## VIII. FUNDING SPECIFICATIONS

### A. Funding Cycle

Commencement of awards funded under the Medication Assisted Treatment Grant will begin April 1, 2108 and end on September 30, 2018. Funds are paid on a reimbursable basis.

### B. Budget

Budgets must be clear, specific and tied directly to performance measures. Budgets must reflect one year of spending and, where applicable, be adjusted to reflect start date, state furlough days, and holidays. The Governor's Office of Crime Control & Prevention reserves the right to reduce budgets.

The prioritization of line items is required for all applications having multiple line items. Applicant requirements will be taken into consideration should budgets need to be reduced.

The justification sections must contain brief statements (1 to 2 sentences per line item) that explain each line item and their relevance to the project goals and objectives. **Do not state "See Narrative, Goals, or Objectives".**

The Governor's Office of Crime Control & Prevention reserves the right to make additional budget reductions and adjustments at its discretion.

### C. Indirect Cost Rate

Applicants that intend to charge indirect costs through the use of an indirect cost rate must have a Federally-approved indirect cost agreement. Please include a copy of a current, signed Federally-approved indirect cost rate agreement.

Non-federal entities, other than State and local governments that have never received a Federally-approved indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-federal entity chooses to negotiate for a rate.

### D. Consultant Rates

The limit for consultant rates is \$650 per day.

### E. Food/Meal Expenses

Allowable food expenses include **per diem for travel only**. Grant funds cannot be used to purchase food and/or beverages for any meeting, conference, training or other event.

## IX. DISTRIBUTION OF FUNDS & REPORTING REQUIREMENTS

The Governor's Office of Crime Control & Prevention will distribute awarded funds to sub-recipients on a quarterly reimbursement of expenditures basis in conjunction with the timely submission of corresponding quarterly Fiscal and Programmatic Reports. These reports must be submitted through the Grants Management System. All programmatic electronic reports are due electronically within 15 calendar days of the end of each quarter. Financial electronic reports are due within 30 calendar days of the end of each quarter. All reporting activity occurs through the Grant Management System, using the same User ID and password that was used for the application process.

For further Post Award Instructions read your Special Conditions, and go to: <http://www.goccp.maryland.gov/grants/general-conditions.php>

**Electronic Funds Transfer (EFT)** – The Governor's Office of Crime Control & Prevention encourages the use of electronic funds transfer (EFT). To obtain the appropriate form, the address to

submit the form, and a general overview, including FAQs, refer to the following website: [http://comptroller.marylandtaxes.gov/Vendor\\_Services/Accounting\\_Information/Electronic\\_Funds\\_Transfer/](http://comptroller.marylandtaxes.gov/Vendor_Services/Accounting_Information/Electronic_Funds_Transfer/).

## **X. SUPPLANTING, TRANSPARENCY AND ACCOUNTABILITY**

Federal funds must be used to supplement existing state and local funds for program activities and must not replace those funds that have been appropriated for the same purpose. See the Office of Justice Programs Financial Guide (Part II, Chapter 3). There are strict federal laws against the use of federal funds to supplant current funding of an existing program. Jurisdictions must provide assurances and certifications as to non-supplanting and the existence of proper administrative/financial procedures.

A strong emphasis is being placed on accountability and transparency. Award recipients must be prepared to track, report on, and document specific outcomes, benefits, and expenditures attributable to the use of grant funds. Misuse of grant funds may result in a range of penalties to include suspension of current and future funds and civil/criminal penalties.

### APPLICATION WEBSITE WORKSHEET

#### **Notice to All Applicants:**

The information collected on the grant application form is collected for the purposes of the Governor's Office of Crime Control & Prevention's function under Executive Order 01.01.2005.36. Failure to provide all of this information may result in the denial of your application for funding. The Governor's Office of Crime Control & Prevention is a government entity; upon submission, this application is considered public information. The Governor's Office of Crime Control & Prevention does not sell collected grant information. Under the Maryland Public Information Act (PIA) (MD State Government Code Ann. 10-617 (h)(5)), you may request in writing to review grant award documentation. Please send those requests to the Governor's Office of Crime Control & Prevention, 100 Community Place, Crownsville, Maryland 21032-2022.

#### **A. FACE SHEET TAB INSTRUCTIONS**

##### **1. PROJECT TITLE**

The project title should be brief, precise, and reflect what is being funded. For example: "Medication Assisted Treatment".

##### **2. APPLICANT AGENCY**

The unit of local government (county, city, town, or township) or State agency that is eligible to apply for grant funds (See Eligible Applicants). Full details about the Applicant Agency (Federal ID, DUNS, etc) may be viewed by clicking the corresponding underlined organization field. If any information needs to be revised, contact the program manager.

If the Government, Township, or Board of Commissioners mandates that the County Executive, Mayor, or Commissioner sign all grant award documents (for all subordinate agencies) then the Government, Township, or Board of Commissioners MUST be the APPLICANT Agency.

##### **3. AUTHORIZED OFFICIAL**

You may view the contact information for either agency's Authorized Official by clicking their underlined name. A popup box will appear after clicking their name. Procedures for revising an agency's authorized official can be obtained by contacting [support@goccp.freshdesk.com](mailto:support@goccp.freshdesk.com); Or by viewing Condition #15 at: <http://www.goccp.maryland.gov/grants/general-conditions.php>

##### **4. IMPLEMENTING AGENCY**

The name of the entity that is responsible for the operation of the project. Full details about the Implementing Agency (Federal ID, DUNS, etc) may be viewed by clicking the corresponding underlined organization field. Contact your regional monitor to make any revisions.

**5. 'Is service site?' CHECKBOX**

Clicking these checkboxes automatically adds the Applicant and/or Implementing Organization to the Service Site tab.

**6. PROPOSED START/END DATES**

**Start and end date are determined by the parameters of the Notice of Funding Availability** and are filled in automatically. Projects may not exceed six (6) months or commence before the Notice of Funding Availability defined start date.

**7. PREPARER INFORMATION**

Enter the name of the person completing the application, their phone number and their email address.

**8. OFFICERS TAB INSTRUCTIONS**

To add a new officer or new contact to the Grant Management System, contact the program manager.

**9. PROJECT DIRECTOR**

Select the person who will be responsible for oversight and administration of the project on behalf of the applicant. Selections are limited to implementing/applicant agency personnel in the Grant Management System.

**10. FISCAL OFFICER**

Select the person who will be responsible for financial reporting and record keeping for the project. You may select any contact currently in the Grant Management System. Use the search windows to search by last name, organization, and/or job title.

**11. CIVIL RIGHTS CONTACT**

Select the agency's point of contact for handling internal civil rights violation complaints (usually a Human Resources or Personnel Manager). You may select any contact currently in the Grant Management System. Use the search windows to search by last name, organization, and/or job title.

**12. SERVICE SITES TAB INSTRUCTIONS**

If the service site is either the applicant agency and/or the implementing agency, select the associated "Is service site?" check box/boxes on the application Face Sheet.

Otherwise, provide the site name and full address, **for the location/locations the project is taking place/serving**. If there is more than one location, please enter complete information for each site (up to five). If the project has a statewide or countywide impact, please enter "state-wide," or "county-wide" in the 'Site Name' field and the county served in the 'City' field. Whether an address is provided, or "state-wide" or "county-wide" is entered, the 'CITY' field and nine (9) digit zip-code **must** be provided.

Example:

Site Name: **Anytown Police Department**  
Address: **123 Main Street**  
**Some City, MD 21000-0570**

OR if Location is 'County-wide' or 'State-wide', **you must still list a City and 9-digit zip for funding source reporting.**

**B. SUMMARY TAB INSTRUCTIONS**

The Project Summary should provide a concise summary of your proposal and be limited to 100 words or less. Use the template provided below for your project summary.

The \_\_\_\_ (Implementing Agency's) <sup>1</sup> \_\_\_\_\_ Medication Assisted Treatment Program helps reduce existing gaps in services and foster collaboration and cooperation among partner agencies and stakeholders throughout Maryland. The program \_\_\_\_\_.<sup>2</sup> Program funds provide personnel, equipment, and training.<sup>3</sup>

**Make the following additions/changes to the above template:**

1. The beginning of the first sentence contains the Agency's Name and the Program Project Title.
2. 1-2 sentences describing the program's main function and who the program benefits/serves.
3. The last sentence summarizes the budget items proposed to be funded.

**C. NARRATIVE TAB INSTRUCTIONS**

Provide a description of the program timeline, and potential for information sharing. The contents for the narrative are explained below. The Narrative must be in a outline-style format (**retaining all numbering, lettering, and headers**). Incomplete narratives may be returned for revision.

1. **Problem Statement:** Include a description of the nature and extent of the problem to be addressed, target population, and geographical area served. Provide the latest statistical data to document the problem. What efforts have been made to address this problem in the past, if any? What will be accomplished by this project?

The following requirements must be met in order to receive funding:

- The detention center will begin a screening process which includes determining that the inmate:
  - i. Has no pending detainers, has a confirmed place of residence upon release, etc.
  - ii. Has a history of Opioid Addiction
  - iii. Meets the medical standards relating to liver levels, etc.
- The detention center must currently be providing substance abuse treatment either through existing staff or contractual services.
- The detention center must work with local health departments to identify community providers for subsequent Vivitrol injections. A memorandum of understanding must be created to ensure accountability between the jail and provider.
- Vivitrol injections must only be provided in coordination with intensive wrap around services including behavioral health treatment.
- The detention center and the community provider staff must include, but not limited to physicians, case managers, nurses, and social workers must be educated as to the administration and appropriate use of Vivitrol (which can be provided by Alkermes).
- The detention center must demonstrate how incarcerated individuals who are within a minimum of three (3) months of release will be identified and screened.
- The detention center must stress the importance of maintaining the intensive release plan which begins immediately upon release. This may include housing, employment, intensive mental health and substance use disorder treatment, etc.
- The detention center must provide a system of drug testing to ensure that inmates are drug free prior to the administration of the initial dose of Vivitrol.
- The detention center must educate the inmate as to the need to obtain Medicaid or other insurance immediately upon release to pay for post-release injections of Vivitrol.
- In addition to submitting outcome based performance measures, it is required that the program provide data that will be evaluated by the Governor's Office of Crime Control & Prevention. A listing of that data is included as an attachment at the end of the Notice of Funding Availability. The purpose of which is to track each inmate entering the original screening process. This includes injection dates, monitoring post-release progress, program compliance, and recidivism, etc.

2. **Goals, Objectives & Outcome Based Performance Measures:** Each application must include clearly defined goals, objectives, and performance measures.

- **GOALS:** Provide a broad statement that conveys, in general terms, the program's intent to change, reduce, or eliminate the problem described. Goals identify the program's intended short and long-term results for the anticipated funding year(s).
- **OBJECTIVES:** Explain how the program will accomplish the goals. Objectives are specific, quantifiable statements of the program's desired results, and should include the target level of achievement, thereby further defining goals and providing the means to measure program performance.
- **OUTCOME BASED PERFORMANCE MEASURES:** The Governor's Office of Crime Control & Prevention encourages projects and initiatives to focus on delivering services and show their effectiveness via outcome measures (see below). Each applicant must be prepared to report the following information on a quarterly basis:
  - Number of offenders screened for extended release Vivitrol in county jails.

*The Governor's Office of Crime Control & Prevention reserves the right to add or delete performance measures to applications selected for funding.*

In order to better evaluate the outcomes of Medication Assisted Treatment programs, all jurisdictions who receive funding for a Medication Assisted Treatment program under this solicitation will be required to participate and provide individual level de-identified data. Over the next couple of months, GOCCP will be creating a system to collect this information. In the interim, an excel spreadsheet will be required to be maintained for each entity receiving funds. This spreadsheet will be requested quarterly and will include all new participants as well as updates on the participants from the start of the program. The information that will be requested can be found in the back of this Notice of Funding Availability, in the Evaluation Attachment Guide.

- 3. Strategy & Timeline:** This section details any planning process that was undertaken in developing the plan of response. Further, it should provide an overview of the strategy to be employed and the timeline for implementing the strategy. Include linkages to other programs, organizations, and stakeholders that will be involved in or impacted by the grant program.

Applicants must submit a detailed timeline/work plan. This timeline/work plan must include:

- Key tasks that must be carried out to implement the program successfully
- Person(s) responsible for seeing that each task is completed within the proposed timeline
- Target dates for task completion

- 4. Spending Plan:** Detail the timeline for the implementation of each budget line item (i.e., personnel costs will be expended evenly in each quarter; personnel costs cannot be projected evenly in each quarter due to overtime variance, computer will be procured during the 2<sup>nd</sup> quarter).

- 5. Management Capabilities:** Qualifications and Experience of Implementing Agencies: Provide a brief description of the agency's experience and achievements that qualify the agency to conduct the project.

**Present and Proposed Staff:** List the names and provide a short professional biography of the project director, key consultants, financial officer, and other professional staff members. Clearly identify, by name and title, requested personnel. Indicate how all requested staff are currently funded (i.e., name grant fund or state that personnel are line items in the existing agency budget. If funded by more than one source, list percentages for each funding source).

- 6. Sustainability:** What prospects exist for continued financing of the project when grant funds are terminated: What efforts have been or will be made to continue the methods,

techniques, and operational aspects of the project when the grant funds are concluded? Indicate planned future sources of funding or proposed jurisdictional planning efforts (**Optional** - If possible, include one copy of your Annual Report with your original application).

## **LETTERS OF SUPPORT/COMMITMENT (optional)**

In an appendix to your application, submit letters of commitment by partners who participate in the execution of the project or whose cooperation or support is necessary to its success. Letters of support are optional. **Letters of commitment/support will only be accepted when they accompany the submitted hard copies of the application.**

## **D. BUDGET TAB INSTRUCTIONS**

### **BUDGET – GENERAL REQUIREMENTS**

You must complete a detailed budget for your proposed project. All 'Total Budget' fields will be rounded by the Grant Management System to the nearest whole dollar. There is no match requirement for this program.

Budgets must be clear and specific. Budgets must reflect one year of spending and where applicable, be adjusted to reflect start date, state furlough days, and holidays. The grant cycle will reflect six (6).

Each budget line item must include a justification entry. The justification sections must contain brief statements (1 to 2 sentences per line item) that explain each line item and their relevance to the project goals and objectives. **Do not state "See Narrative, Goals, or Objectives"**.

The Governor's Office of Crime Control & Prevention is requiring prioritization of budget requests. This requirement is addressed following the Budget Tab Instructions under 'Budget Priority Tab.'

Refer to the Grant Management System training videos for further instructions  
<http://goccp.maryland.gov/grants/gms-help-videos/>.

## **PERSONNEL**

The salaries and fringe benefits for staff required to implement the project are listed in the personnel category. Consultants must be listed in Contractual Services. **Time and Effort reports (Timesheets) must be maintained for all personnel included in the grant project. Refer to the bottom of the page at <http://goccp.maryland.gov/grants/tips-and-guidance/time-and-effort-reports/> for more information.** If you are paying an employee directly, they should be entered in the Personnel category. For each position, list salary and fringe benefits on separate line items.

Original Grant Application Budget							Original Budget	Previous Budget	Print	Refr
Help	Budget Category	Total Grant Funds	Total Cash Match	Total In Kind	Total Budget					
?	<b>Personnel</b>	<b>\$33,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$33,000.00</b>					
Description of Position	Salary Type	Funding	Wage Type	Wage Amount	Total Budget	Just.				
<b>Community Outreach Coordinator</b>						<b>\$22,000.00</b>				
Community Outreach Coordinator	Salary	Grant Funds	Annual	\$60,000.00	\$20,000.00	<a href="#">[View/Edit]</a>				
Community Outreach Coordinator	Fringe	Grant Funds	Annual	\$20,000.00	\$2,000.00	<a href="#">[View/Edit]</a>				
<b>Community Outreach Trainer</b>						<b>\$11,000.00</b>				
Community Outreach Trainer	Salary	Grant Funds	Annual	\$40,000.00	\$10,000.00	<a href="#">[View/Edit]</a>				
Community Outreach Trainer	Fringe	Grant Funds	Annual	\$10,000.00	\$1,000.00	<a href="#">[View/Edit]</a>				

- The 'Description of Position' field must contain the title of the position.
- Position line items (salary and fringe) are grouped via the 'Description of Position' field.
- After completing the first Position's line item, use the dropdown to add additional budget items to the position.
- The 'Description of Position' field is used to select existing positions and to add new positions.
- For multiple staff in the same position, use a suffix (i.e., Position 1, Position 2, etc.)
- Multiple positions with the same hourly rate may be grouped (i.e., Overtime Patrols – 25 Officers).

Note: Fringe benefits cannot exceed 30% of reported salary costs. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

Example justifications based on the Personnel category:

Justification (line 1):

The Community Outreach Coordinator helps prepare, schedule, and develop trainings targeted for hospitals and other medical facilities.

Annual salary is \$60,000. She will be devoting 33% of her time to this project. We are requesting  $\$60,000 * .33 = \$20,000$  in grant funds to support her time on this project.

Justification (line 2):

Fringe benefits @ 10% of salary.  $\$20,000 * .10 = \$2,000$

Justification (line 3):

The Community Outreach Trainer makes presentations at hospitals and other medical facilities.

Annual salary is \$40,000. She will be devoting 25% of her time to this project. We are requesting  $\$40,000 * .25 = \$10,000$  in grant funds to support her time on this project.

Justification (line 4):

Fringe benefits @ 10% of salary.  $\$10,000 * .10 = \$1,000$

**OPERATING EXPENSES**

Office supplies (program supplies should be listed in the 'Other' category) and Communications. Communication expenses include items such as photocopying. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

## TRAVEL

Travel		\$1,050.00	\$0.00	\$0.00	\$1,050.00
+ Add new record		Refresh			
Description	Funding	Quantity	Unit Cost	Total Budget	Just. Edit Delete
Mileage	Grant Funds	600.00	0.56	\$333.00	Just. [edit] [delete]
Meals (B \$8, L \$10, D \$24)	Grant Funds	5.00	42.00	\$210.00	Just. [edit] [delete]
Hotel	Grant Funds	5.00	\$101.40	\$507	[check] [delete]

Travel expenses may include mileage and/or other transportation costs, meals and lodging consistent with the local jurisdiction's travel regulations and cannot exceed the State of Maryland reimbursement rate specified below. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

Mileage maximum: \$.545 cents/mile as of 1/1/2018.

Maximum Per Diem/Meal Allowance is \$47/day (\$10 Breakfast, \$12 Lunch, \$25 Dinner).

\*Lodging Per Diem must follow the GSA rate:

<https://www.gsa.gov/portal/content/104877>

### CONTRACTUAL SERVICES \*

Consultant contracts for training or evaluation should be included here and shall be consistent with federal guidelines. If you are paying an outside agency for an employee, they are Contractual. For the line item description, enter the agency (Consulting firm, temporary agency, etc.), a dash and then the nature of the service to be provided (e.g., Consultants ABC – training for Seminar). For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

\*For ALL Funding Sources: A copy of all contracts associated with items listed in the Contractual Services category must be included with your application.

\*Construction projects are ineligible for funding under grant programs and expenses for construction may not be included.

### EQUIPMENT

Equipment is defined as having a useful life in excess of one year and a procurement cost of \$100 or more per unit or \$50 or more per unit for computer and sensitive items. Costs may include taxes, delivery, installation and similarly related charges. The procurement process used must be consistent with your written procurement guidelines. If such guidelines do not exist, refer to the State of Maryland guidelines by accessing General Condition # 17 on the Governor's Office of Crime Control & Prevention website under the Grant's Area.

Maintaining internal inventory records for equipment procured under this funding source is mandatory. For post award inventory requirements, access General Condition #18 on the Governor's Office of Crime Control & Prevention website. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

Property Inventory Report Forms will only be required for equipment that costs \$5,000 or more per unit cost.

### OTHER

Include all other anticipated expenditures which are not included in the previous categories such as registration fees and program supplies. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

## E. BUDGET PRIORITIZATION TAB

After completing the Budget tab, click on the Budget Priority tab in the Grant Management System. This tab will provide a list of all budget line items that the applicant has entered in the previous Budget tab. The Budget Priority tab allows the applicant to 'drag and drop' the budget line items in order of priority for funding, beginning with the most essential line item.

**BUDGET PRIORITY**

*Below is a list of budget line items that have been entered for this project. Sort them, by dragging and dropping, so that the most essential items are at the top of the list.*

Priority	Description	Salary Type	Funding	Total Budget
1	Executive Director	Salary	Grant Funds	\$3,350.00
2	Program Director	Salary	Grant Funds	\$18,723.00
3	Program Director	Salary	Cash Match	\$3,775.00
4	Volunteer Supervisor - Lucretia Scott	Salary	Grant Funds	\$4,000.00
5	Volunteer Supervisor - Daniel McEachran	Salary	Cash Match	\$8,400.00
6	Volunteer Supervisor - Patti Ross	Salary	Grant Funds	\$2,908.00
7	Volunteer Supervisor - Karen Coleman	Salary	Grant Funds	\$2,234.00
8	Volunteer Supervisor - Anne Feehley	Salary	Cash Match	\$1,795.00

## F. APPLICATION STATUS DROP DOWN INSTRUCTIONS

Home | Grant Management | Address Book | Admin | Logout

Grant Management > Application Search

App. Number: [Unassigned] Grant Number: Req. Funds: \$1,053.00 Match Funds: \$0.00 Match %: 0.00% Project Dates: 03/01/2013 - 03/31/2013 Title: Financial Investigations Prac... Application Status: --> Submit Application

Grant Application Menu | Search | PRINT REPORT

Pending  
--> Cancel Application  
--> Submit Application

After completing and reviewing all sections of the application, use the 'Application Status' dropdown to submit your application electronically. Selecting 'Submit Application' from the dropdown performs a final validation check. If the validation check is successful, the application's status changes to 'Awaiting Hard Copy'.

## G. DOCUMENTS TAB INSTRUCTIONS

If there are any additional required forms (e.g. Letters of Support) or other documents that you would like included with your application, use the Documents tab to attach those files. You may upload documents throughout the application process. This could include: DUNS/SAM verification, letters of support, etc. Please see the [Documents Attachment Guide](#) for additional information.

## H. SIGNATURE PAGES

The Certified Assurances and Federal Anti-Lobbying Certification must be signed by the appropriate agency representative. **Both forms may only be signed by the Applicant Agency's Authorized Official or their duly assigned alternate signatory.** Both forms must be generated by the online application software. Please see the [Documents Attachment Guide](#) for additional information.

In order for an alternate signatory to be valid, the Governor's Office of Crime Control & Prevention must receive a signed, written notification from the applicant agency's Authorized Official (on agency letterhead) stating that an alternate signatory has been designated.

## I. AUDIT FINDINGS / CORRECTIVE ACTION PLAN

Applicants must submit copies of any Audit Findings and Corrective Action Plans with the application. **Do not send a copy of your audited financial statements;** ONLY the applicable audit findings and/or corrective action plan is required. Please see the [Documents Attachment Guide](#) for additional information.

## XI. CERTIFIED ASSURANCES

**This signed form must be generated by the Online Application Software**

### THE APPLICANT HEREBY ASSURES AND CERTIFIES THE FOLLOWING:

1. That Federal funds made available under this formula grant will not be used to supplant State or local funds, but will be used to increase the amounts of such funds that would, in the absence of Federal Funds, be made available for program activities.
2. That matching funds required to pay the non-Federal portion of the cost of each project, for which grant funds are made available, shall be in addition to funds that would otherwise be made available for program activities by the recipient of the grant funds and shall be provided as required in the Grant Award document.
3. That following the first year covered by a Grant Award and each year thereafter, a performance evaluation and assessment report will be submitted to the Governor's Office of Crime Control & Prevention.
4. That fund accounting, auditing, monitoring, evaluation procedures and such records as the Governor's Office of Crime Control & Prevention shall prescribe to and shall be provided to assure fiscal control, proper management and efficient disbursement of funds received.
5. That the Grantee shall maintain such data and information and submit such reports in such form, at such times, and containing such information as the Governor's Office of Crime Control & Prevention may reasonably require to administer the program.
6. Sub-recipients will comply (and will require any sub-grantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604(e)); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000(d)); the Rehabilitation Act of 1973 (29 U.S.C. § 704); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. § 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. § 6101-07); and the Department of Justice (DOJ's) Equal Treatment Regulations (28 C.F.R. pt. 38).
7. That in the event a Federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against the Grantee, a copy of the finding will be forwarded to the Governor's Office of Crime Control & Prevention.
8. Sub-recipients that are governmental or for-profit entities, that have fifty or more employees and that receive a single award of \$500,000 or more under the Safe Streets Act or other Department of Justice (DOJ) program statutes are required to submit their Equal Employment Opportunity Plan (EEO) to the federal Office of Civil Rights (OCR). The sub-recipients are not required to submit a copy to the Governor's Office of Crime Control & Prevention, but must have a copy available on site for monitoring purposes. Those sub-recipients that are subject to the OCR's EEO Certification Form may access this form at: <http://www.ojp.usdoj.gov/about/ocr/eeop.htm>.
9. That the Grantee will comply with the provisions of the Governor's Office of Crime Control & Prevention's General and Special Conditions for Grants. General Conditions are posted on Governor's Office of Crime Control & Prevention's website (<http://www.goccp.maryland.gov/grants/general-conditions.php>).
10. That the Grantee will comply with the provisions of 28 CFR applicable to grants and cooperative agreement.
11. Sub-recipients are obligated to provide services to Limited English Proficient (LEP) individuals. Refer to the DOJ's Guidance Document. To access this document see U.S. Department of Justice, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (67 Federal Regulation 41455 (2002)). This regulation may be accessed at: <http://www.archives.gov/eo/laws/title-vi.html>

**CERTIFICATION: I certify that this program will comply with the provisions set forth by the State of Maryland and the Governor's Office of Crime Control & Prevention.**

## XII. CERTIFICATION REGARDING LOBBYING

**This signed form must be generated by the Online Application Software**



U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

### **CERTIFICATION REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-Procurement) and Government-wide Requirements for Drug-free Workplace (Grants)." The certification shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

#### 1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

#### 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 --

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from

covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph, (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminate for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

#### 3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about --

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency, in writing, within 10 calendar days after having received notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 312A, GSA Regional Office Building No. 3), Washington DC 20202-4571. Notice shall include the identification number(s) of each affected grant.
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code)

---



---



---

Check  if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check  if the State has elected to complete OJP Form 4061/7.

---

DRUG-FREE WORKPLACE  
(GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:  
Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

**This signed form must be generated by the Online Application Software**

1. Grantee Name and Address:
2. Application Number and/or Project Name
3. Grantee IRS/Vendor Number
4. Typed Name and Title of Authorized Representative
5. Signature
6. Date

## **Governor's Office of Crime Control & Prevention**

### **Output vs. Outcomes**

**OUTPUT:** A statistic that quantifies the number of services or products provided/produced as a result of specific activities related to the program/project.

**OUTCOME:** A measurable change in the quality of life, change in behavior by a client, or an impact as a result of the program. Outcomes can be numerical counts, standardized measures, level of functioning scales, or client satisfaction.

### **SAMPLE OUTPUTS VS. OUTCOMES**

#### **Objective 1: Improve victim services for Maryland residents.**

Outputs:

- # of victims served.
- # of victims that received medical accompaniment.

Outcomes:

- # of victims that received services and reported increased safety (self reported by victim).
- # of victims that received services that reported a reduction of the effects from victimization.

#### **Objective 2: Increase the availability to data to support data-driven approaches to criminal justice issues in Maryland.**

Output:

- # of additional data sources provided to the Office.

Outcome:

- # of data-driven criminal justice policies enacted.

#### **Objective 3: Maximize the public safety returns on Maryland's corrections spending.**

Output:

- Percentage decline in prison population.

Outcomes:

- # of dollars reinvested in treatment or evidence-based alternatives to incarceration.
- # of offenders rehabilitated and reintegrated into society.

#### **Objective 4: Develop criminal justice strategies that are coordinated at the local, state, and federal level.**

Output:

- # of agencies/organizations receiving and sharing information since the implementation of the technical solution

Outcomes:

- # of programs reporting an increase in program success due to coordination.
- During current fiscal / calendar year, % of project partners actively participating and collaborating in programs.

#### **Objective 5: Reduce victimization and criminal behavior in Maryland's children.**

Outputs:

- # of family engagement activities for youth in secure confinement.
- # of educational opportunities provided to youth upon re-entry from secure confinement.

Outcomes:

- # of youth who exhibited an improvement in family relationships during the reporting period.
- # of youth who have exhibited an increase educational participation upon reentry from secure confinement during the reporting period.

## DOCUMENTS ATTACHMENT GUIDE

### GRANT APPLICATION PROCESS – DOCUMENT ATTACHMENTS

As part of the grant application process, you may be required to submit additional documentation in electronic format. A comprehensive training video, demonstrating the document upload process, can be accessed anytime from the [GMS Help Videos](#) page. Additional training materials, including Quick Reference guides and a comprehensive user manual, are available on the [GMS Help Documents](#) page.

---

### Document Types – Associated with Grant Application record

The table below identifies specific document types that, if required, must be uploaded to/associated with the **grant application** record.

*Please note, this list may not include all potential document types that can be selected/uploaded. Please contact your GOCCP regional monitor if you have questions regarding the appropriate document classification to select for a specific document type.*

Document Type	Select the following classification from the drop-down list:
<b>Audit Findings</b>	Audit
<b>Confidentiality &amp; Privacy Acknowledgement</b>	Confidentiality and Privacy Acknowledgement
<b>Corrective Action Plan</b>	Corrective Action Plan
<b>Letters of Support / Commitment</b>	Letter of Support
<b>Non-Profit Reimbursement Request Form</b>	Non-Profit Reimbursement Request Form
<b>DUNS/SAM Registration</b>	SAM.gov Screenshot
<b>501(c)3 Letter</b>	501(c)3 Letter
<b>Signature Pages – Certified Assurances<sup>1</sup></b>	Certified Assurances
<b>Signature Pages – Certification Regarding Lobbying<sup>1</sup></b>	Certification Regarding Lobbying

### Additional Requirements

1. This form must be generated by the online application software and signed by the Applicant Agency's Authorized Official or their duly assigned alternate signatory. **THIS FORM MUST BE SUBMITTED.**

---

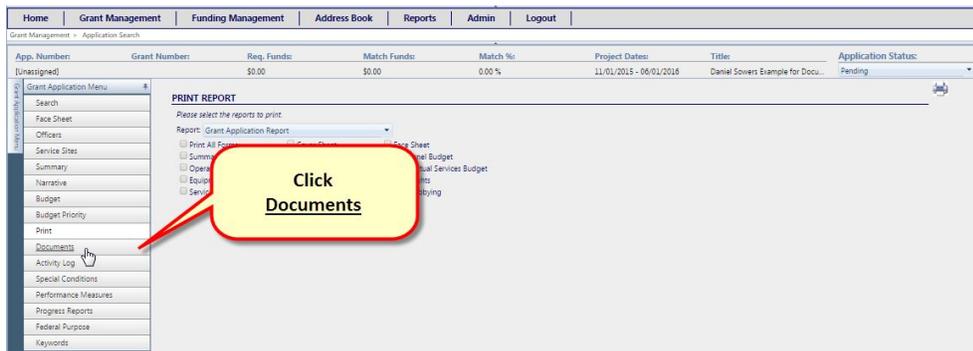
### Document Types – Associated with Organization record

The following documents, if required, must also be uploaded to/associated with the **organization** record of the implementing agency.

Document Type	Select the following classification from the drop-down list:
<b>DUNS/SAM Registration</b>	SAM.gov Screenshot

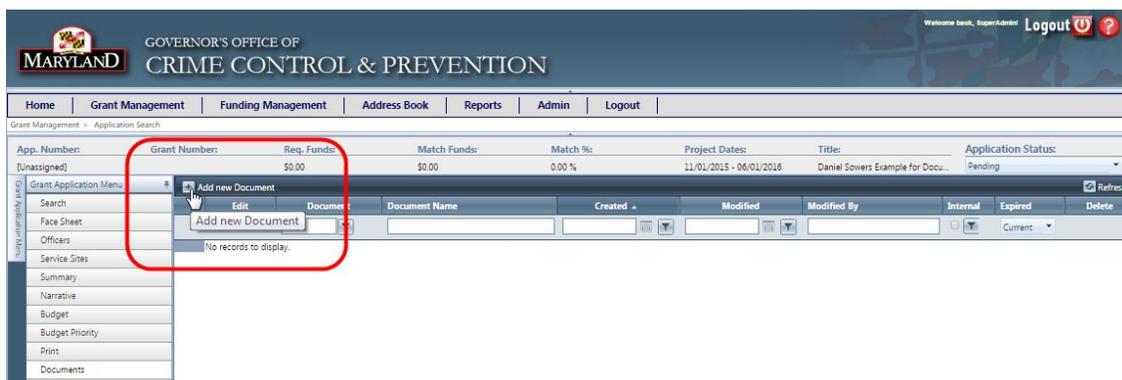
ATTACHING DOCUMENTS TO A GRANT APPLICATION OR GRANT AWARD

1. Click **Documents** in the Menu to the left of the screen.



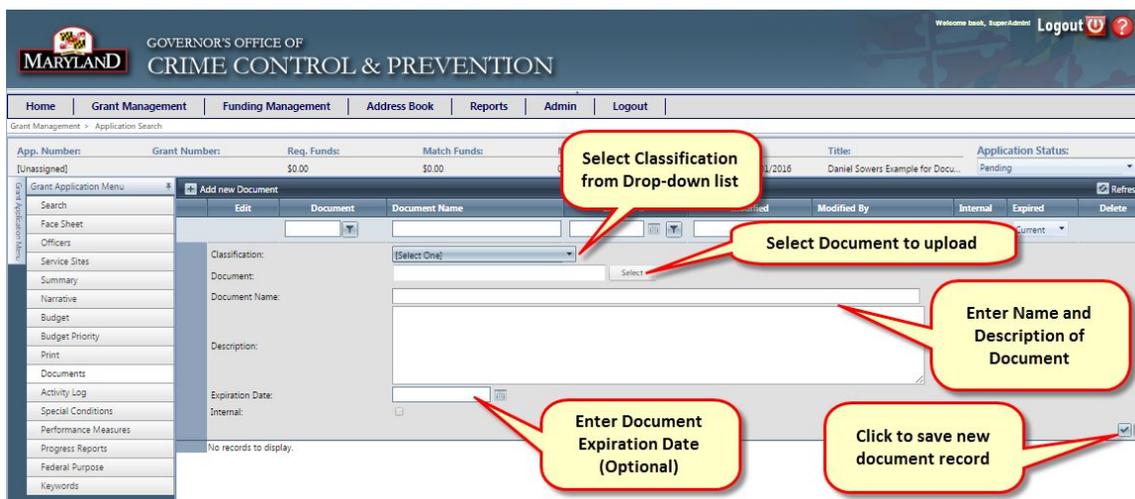
Access Documents in Grant Application Menu

2. Click the **Add New Record** icon to display the data entry screen.



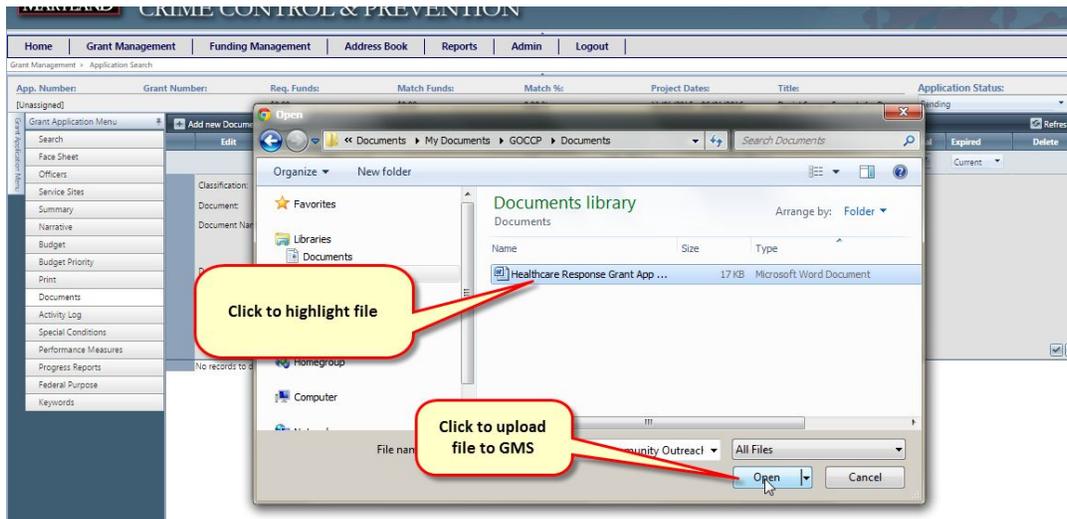
Add New Document Record

Clicking Add New Record brings up the new document data entry screen:



New Document Data Entry Screen

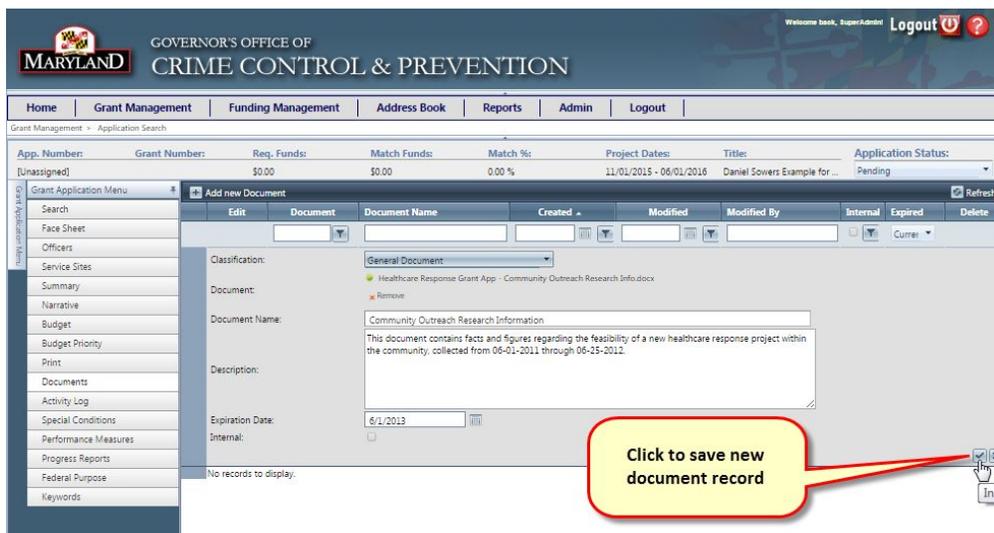
3. Select a classification for the document from the **Classification** drop-down list.
4. Click the Select button beside the **Document** field. This brings up a standard dialog box that allows you to search for the document on your hard disk and select it. If your computer runs the Microsoft Windows 7 operating system, the dialog will appear similar to the following figure:



#### Select File from Computer to Upload to GMS

- Browse your computer for the file you wish to upload. When you locate the file, click on it to highlight it, then click the Open button to upload the file to GMS.
- If your computer is running a different operating system, the dialog box may appear differently – you would still just browse for the file and select it to upload it.

After you select the document to upload, you are returned to the Data Entry screen and the document you uploaded is listed next to the Document label. Complete the remaining fields as follows:



#### Complete Remaining Data Entry

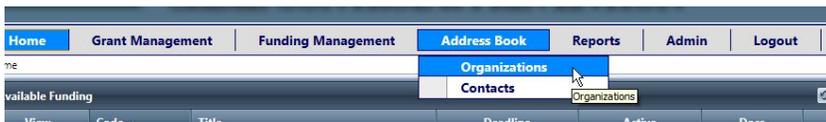
- Type a descriptive name for the document in the **Document Name** field.
- Type a detailed description of the document into the **Description** field.
- If applicable, add a date that the document will no longer be available. Either click the calendar icon next to the Expiration Date field and choose a date by clicking on it, or type the date directly into the Expiration Date text field in the format MM/DD/YYYY (ex. 05/01/2013).
- (Accessibility based on permission) Click to place a checkmark in the Internal checkbox to mark the document as Internal (GOCCP user only).
- Click the checkmark icon to the lower left of the screen to upload and save the document to the Funding Program. If you click on the cancel icon (X), the document will not be uploaded or saved and you'll be returned to the previous screen. The newly added document is now displayed in the Documents list:



New Document Record Displayed in List

## HOW TO ATTACH DOCUMENTS TO AN ORGANIZATION RECORD

Access the Organizations list by selecting Organizations from the Address Book menu:



Address Book -> Organizations

## Expand and View an Organization Record

Locate your organization and click the expand icon to the left of the record.



Expand Organization Record

## Expanded Organization Record – Documents Tab

Click on the Documents tab to view a list of all the documents associated with the selected organization.



Organization Record - Documents Tab

The following columns are shown for each document associated with the organization:

- Document Name

- Created (Date the document was uploaded)
- Modified Date the document record was last modified)
- Modified By (Contact who last modified document record)



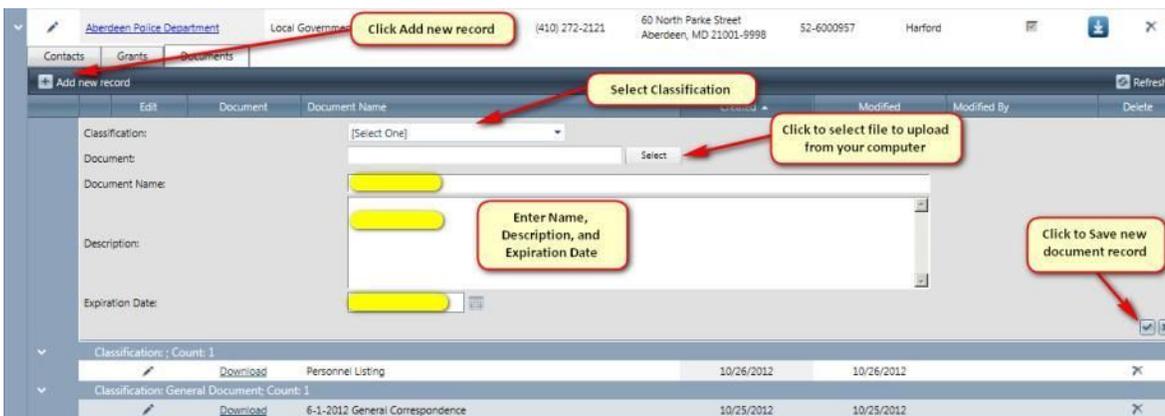
The following action columns are also displayed:

- **Edit:** Click on the pencil icon in this column to edit the document record.
- **Document:** Click on the Download link in this column to download a copy of the document.
- **Delete:** Click the checkmark in this column to delete the document if you have uploaded the incorrect item.

Document records display grouped by classification, which is a value you can assign to a document when adding or editing a document record.

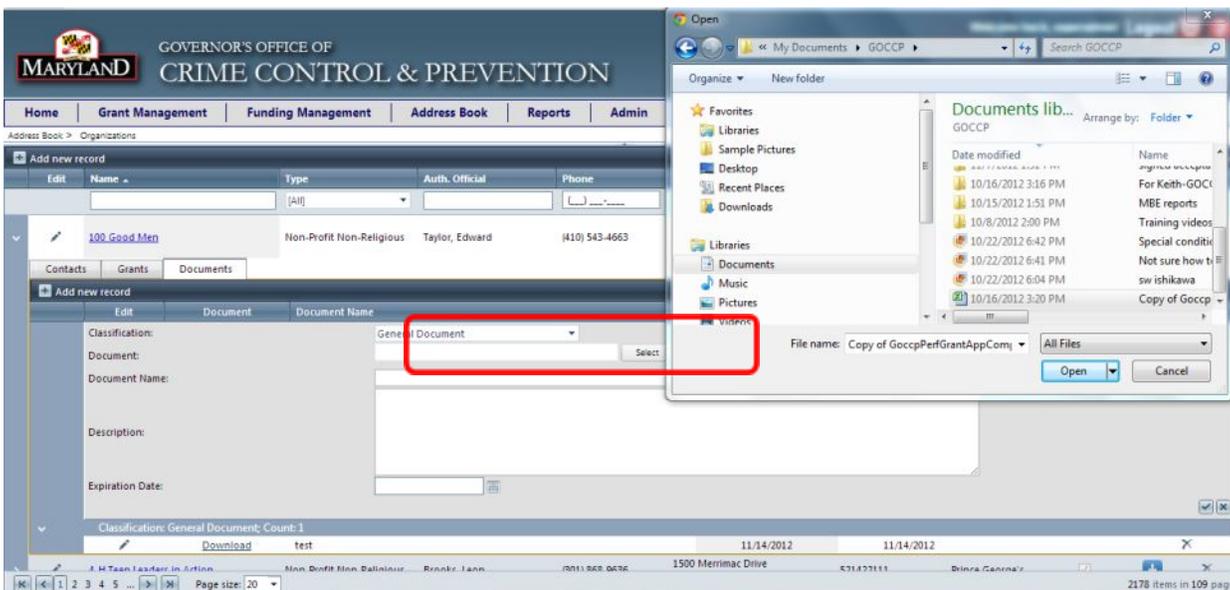
### Add a Document to an Organization

Adding a document to an organization involves uploading a file and providing information about it.



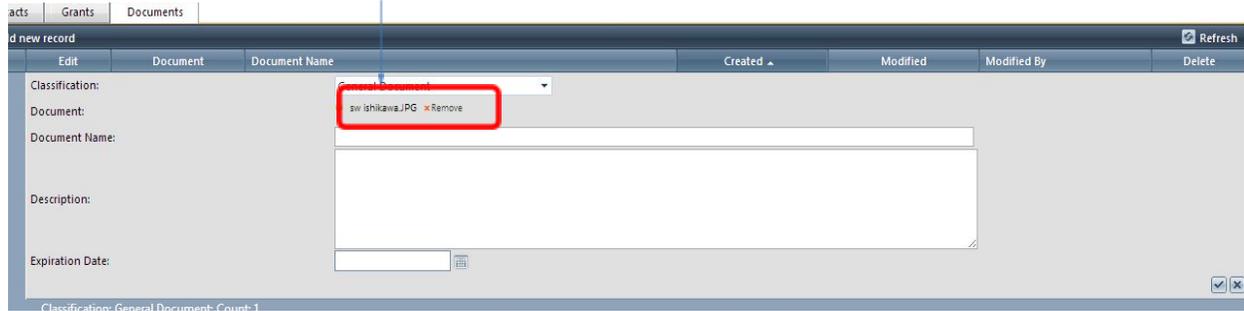
### Add Document to Organization

1. Click on **Add New Record** at the top of the Documents tab.
2. Select a **Classification** for the document from the drop-down menu.
3. Click the **Select** button. This will display a standard dialog box, shown in the figure below in the upper right corner that allows you to select a file from your computer to upload.



### Upload document file

If there is a green dot next to the file name of the file you just selected, you are ready to upload. If there is a red dot next to the file name, then the file cannot be successfully uploaded due to format or connection errors. If there is a yellow dot next to the file name it is still loading.



#### Document status indicators in uploading to the Documents section

4. Enter a descriptive name for the document. This will be the name of the document record and does not have to be the same name as the file you upload.
5. Enter a detailed **description** of the document into the Description field.
6. If applicable, enter a date into the **Expiration Date** field. This indicates the date after which the information in this document is no longer valid.
7. Click on the checkmark icon in the lower right hand corner to save the new document record.

## EVALUATION ATTACHMENT GUIDE

In order to better evaluate the outcomes of Maryland Medication Assisted Treatment programs, all jurisdictions who receive funding for a Medication Assisted Treatment program under this solicitation will be required to participate and provide individual level de-identified data on the following:

- All participants in the program who received their first injection of Vivitrol prior to release from a local detention center.
- All individuals who were assessed for Vivitrol but who did not participate in the program.
- The timeframe includes all individuals assessed/treated from the start of the funding program to the present

An excel spreadsheet will be required to be maintained for each entity receiving funds. This spreadsheet will be requested quarterly and will include all new participants as well as updates on the participants from the start of the program. The following columns, with definitions will be required for each participant assessed for MAT in the detention center:

### A. Jurisdiction

The County where the individual received treatment and was released from a local detention center

### B. Participant ID

- A unique participant ID is to be provided for participants in the program (e.g. Participant 1 etc.)
- If a person drop outs of treatment and then resumes treatment at a later date, they are given a new unique participant ID

### C. Gender

The gender of the participant (dropdown menu)

- Male (m)
- Female (f)

### D. Race/ethnicity

The race/ethnicity of the participant (dropdown menu)

- Caucasian (w)
- African American (b)
- Asian (a)
- Hispanic (h)
- Mixed (m)
- Other (o)
- Unknown (u)

### E. Age

The age of the participant

### F. Supervision Type

The participant's supervision status upon release from a local detention center

- Parole
- Probation
- Mandatory
- Probation before judgment
- Unsupervised
- N/A

### G. 1st shot

Did the participant receive a first shot (yes or no)

This should only include those participants who receive the first shot while in a detention center

### H. Date of first shot

Should be in mm/dd/yyyy format

For individuals that did not receive a shot, you can put their date of release from the local detention center

I. Reason for not taking shot

- Declined
- Not a candidate
- Not medically eligible
- Other

J. If other for column I, please specify the reason

K. Total number of shots

- Total number of shots each participant received (including the detention center shot)

L. Date of last or most recent shot

- Should be in mm/dd/yyyy format

M. Reason for discharge from the program

- Declined/Left treatment
- Noncompliant
- Completed treatment
- Failed to show
- Transferred to another treatment program
- Rearrested
- Other

N. Other

If other for Column M, please specify

O. Participation in Community Based Treatment

- Yes
- No

P. Employed at 3 months

Was the participant employed within 3 months of starting the program (yes or no)

Q. Employed at 6 months

Was the participant employed within 3 months of starting the program (yes or no)

R. Employed at discharge

Was the participant employed at discharge from the program (yes or no)

Put "pending" if they are still active in the program

S. Stable housing at 3 months

Was the participants in stable housing within 3 months of the start of the program (yes or no)

T. Stable housing at 6 months

Was the participant in stable housing at 6 months of the start of the program (yes or no)

U. Stable housing at discharge

Was the participant in stable housing at discharge from the program (yes or no)

V. Number of positive drug tests

Total number of positive drug tests each participant had since the start of their program to the present

W. Date of first positive drug test

- Should be in mm/dd/yyyy format
- Put N/A if there were 0 positive drug tests

X. Substances

List all substances that the participant tested positive for

Y. Number of non-fatal overdoses

Number of overdoses that each participant had since the start of the program

Z. Date of non-fatal overdose

Should be in mm/dd/yyyy format

Put N/A if there were 0 overdoses

AA. Fatal overdose

Did the participant have a fatal overdose (yes or no)

AB. Date of fatal overdose

Should be in mm/dd/yyyy format

Put N/A if there was not a fatal overdose

AC. Number of new criminal arrests

Includes the number of new arrests for each participant

Only includes arrests for crimes that occurred after the participant started in the program or after an individual was assessed for Vivitrol but did not receive a shot (for example a warrant served for an offense committed prior to the program start date would not be included)

This includes all arrests from the start of their program to the present

AD. Date of first arrest

Should be in mm/dd/yyyy format

Put N/A if there were 0 new arrests

AE. Primary charge for offense 1

Include the primary charge

Leave blank if there were 0 arrests

Repeat this methodology for all additional arrests

AF. Date of 2<sup>nd</sup> arrest

AG. Primary charge for offense 2

AH. Date of 3<sup>rd</sup> arrest

AI. Primary charge for offense 3

AJ. Date of 4<sup>th</sup> arrest

AK. Primary charge for offense 4

AL. Date of 5<sup>th</sup> arrest

AM. Primary charge for offense 5