

Mini Grant Packet Includes

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Memo

To: Worcester County Local Health Improvement Coalition, Community Based Organizations, Potential Grantees

From: Mimi Dean, MS, Director of Prevention Services

cc: Kelly Shockley, RN, BSN, True You Maryland Program Supervisor

Date: 11/30/23

Subject: Request for Mini Grant Proposals for the True You Maryland Health Education Community Program FY24

The Worcester County Health Department is pleased to be requesting mini-grant proposals from community-based organizations, churches, or other interested organizations for implementation of the True You Maryland Health Education Program. Funds are available as a result of receiving True You Maryland funding from the State of Maryland. Funds will be used for the implementation of youth teen pregnancy and sexually transmitted infection prevention education. To be eligible for funding, your organization must serve Worcester County youth residents. Organizations will be able to request up to \$6500 and awards will depend upon the quality of proposals received and number of requests. Proposals will be reviewed by a committee and funded organizations will be expected to deliver the True You Maryland Health Education community program to a minimum of 25 Worcester County youth ages 14-19.

Proposals are due in to the Worcester County Health Department, Prevention Services Department by 4:30 pm on January 5, 2024. Interested parties may call the Worcester County Health Department Prevention Office at 410-632-1100 ext.1103 to receive an application package. All awards will be made after January 16, 2024 and funds must be spent by June 30, 2024.

A pre-proposal orientation meeting will be held through Google Meet on December 12, 2023 at 2:00 pm. Please contact Kelly Shockley at 410-632-1100 extension 1103 or email kelly.shockley1@maryland.gov to register for the pre-proposal orientation meeting or if you would like additional information.

WORCESTER COUNTY HEALTH DEPARTMENT
IS NOW ACCEPTING MINI-GRANT APPLICATIONS

FOR

**WORCESTER COMMUNITY-BASED TRUE YOU MARYLAND TEEN HEALTH
EDUCATION COMMUNITY PROGRAM**

To be eligible for **community-based** funding, your program must:

- Be an organization which serves Worcester County youth.
- Provide Health Promotion; education and risk reduction for teen pregnancy and sexually transmitted infection prevention.
- Submit a **Mini Grant Application to the Worcester County Health Department by 4:30 p.m. on January 5, 2024.**

Proposal must include:

- A. Program Need, Purpose, and Brief Description
- B. Prevention Strategies
- C. Proposed Activities
- D. An Itemized Budget
- E. An Evaluation Plan

Interested parties may call the Worcester County Health Department Prevention Department at 410-632-1100 ext. 1103 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 July 5, 2024. Grant recipients will be expected to provide a narrative report describing progress quarterly. These reports are due no later than April 5, and July 5, 2024.

Completed grant applications will be accepted **NO LATER** than 4:30 p.m. on January 5, 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 January 15, 2024. For more information, call 410-632-1100 ext. 1103.

Mini Grant Program Areas
Awards for up to \$6500- Community Based

True You Maryland Teen Health Education Program

Proposals should address teen pregnancy and sexually transmitted infection prevention for youth ages 14-19 who reside in Worcester County, Maryland. Organizations must use the evidence-based curriculum selected by True You Maryland which consists of modules that teach youth about puberty, sexually transmitted infections including HIV, and pregnancy prevention. All modules of the curriculum must be delivered to the youth enrolled in the program with fidelity to the model. Parent/guardian education and/or engagement events are encouraged.

MINI GRANT APPLICATION GUIDELINES

To be eligible for the Community-Based, True You Maryland Health Education Community Program, Mini Grant funding, applicants must:

- 1) Be a community organization serving Worcester County youth ages 14-19.
- 2) Provide health promotion, education, and/or risk reduction activities related to teen pregnancy and sexually transmitted infection prevention education using the True You Maryland Health Education community program curriculum.
- 3) Submit a **Mini Grant Application to the Worcester County Health Department, 6040 Public Landing Road, Snow Hill, Maryland 21863 by 4:30 p.m. on January 5, 2024.**

Proposal must include:

- A. Program Need, Purpose, and Brief Description
- B. Prevention Strategies
- C. Proposed Activities
- D. An Itemized Budget
- E. An Evaluation Plan

4. 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 youth educated using the True You Maryland Health Education Community Program, # of programs conducted.

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.

Prevention Services
6040 Public Landing Road
Snow Hill, Maryland 21863
410-632-1100

Mini Grant Application FY'24

1. Project Title:
2. Name of Organization:
3. Contact Person:
4. Address:

5. Phone:
6. Email Address:
7. Program Need, Purpose & Brief Description:

8. Short Summary of Past Experience & Knowledge of Teen Health and Pregnancy Prevention Strategies:

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9. Proposed Project Activities:

10. Project Budget & Other Funding Sources:

11. Proposed Evaluation Plan (How will you measure success):

FY'24 MINI GRANT RECIPIENT RESPONSIBILITIES

I. EXPENDITURE RESPONSIBILITIES

- A. All grant money must be spent by June 30, 2024 or it will be returned to the Maryland Department of Health.
- 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 April 5, and July 5, 2024**) 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)

Activity Report

Short Narrative Sheet

Grant Program: _____

Report Due
April 5, 2024
July 5, 2024

Please provide a brief description of progress during this period. (Include progress in meeting objectives, number of youth ages 14-19 educated using the True You Maryland Health Education curriculum, number of programs offered, number of entry and exit surveys completed)

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

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

COMMENTS: _____

Date

Signature

True You Maryland Teen Health Education Program

FY24 Mini Grant

Dates to Remember

Release of news release and mailing	November 30, 2023
Pre-Proposal Meeting (virtual)	2 pm, December 12, 2023
Application Deadline	4:30 pm, January 5, 2024
Review of Applications	January 8, 2024
Announcement of Awards	January 16, 2024
Request for Funds	After January 16, 2024
First Report Due	April 5, 2024
Final Report Due	July 5, 2024
Funds Expended By	June 30, 2024