

**Fiscal Year 2025  
Request for Proposals  
for  
Children’s Community Health Services**

**Announcement:** February 9, 2024

**Pre-Proposal Information Session:** February 19, 2024,  
11 am-12noon ET

**Proposal Due Date:** March 27, 2024

**Contact:**

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## **I. Background**

### **MedStar Health**

MedStar Health is a not-for-profit, regional healthcare system and one of the largest employers in the region. As the largest healthcare provider in Maryland and the Washington, D.C. region, MedStar Health's 10 hospitals, the MedStar Health Research Institute and a comprehensive scope of health-related organizations are recognized regionally and nationally for excellence in medical care. Our 31,000 associates and 5,400 affiliated physicians support MedStar Health's patient-first philosophy that aims to combine care, compassion, and clinical excellence with an emphasis on customer service.

### **Vision**

To be the trusted leader in caring for people and advancing health.

### **Mission**

To serve our patients, those who care for them, and our communities.

### **Values**

- **Service:** We strive to anticipate and meet the needs of our patients, physicians and co-workers.
- **Patient First:** We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- **Integrity:** We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- **Respect:** We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.
- **Innovation:** We embrace change and work to improve all we do in a fiscally responsible manner.
- **Teamwork:** System effectiveness is built on collective strength and cultural diversity of everyone, working with open communication and mutual respect.

### **MedStar Franklin Square Medical Center**

In 1969, MedStar Franklin Square Medical Center opened as a four-story 305-bed hospital on our Franklin Square campus. As our community has changed, so have we. Throughout the last 50 years, we have provided quality care to our community and reinvested our funding to deliver accessible care, education, and wellness services throughout southeast Baltimore County.

MedStar Franklin Square Medical Center, a proud member of MedStar Health, provides a wide range of medical and healthcare services. Our emergency department treats more than 80,000 patients annually. We are accredited by the Joint Commission and certified as a Primary Stroke Center and we have earned some of the nation's most prestigious quality awards and recognitions including Magnet Designation for excellence in nursing, the Delmarva Foundation Award for Quality Excellence and Inclusion in the U.S. News & World Report Best

Hospital specialty ranking for three consecutive years. With more than 3,000 skilled professionals, including over 1,000 nurses and 400 staff physicians, MedStar Franklin Square is one of the largest employers in Baltimore County.

MedStar Franklin Square provided more than \$64.7 million in charity care and community benefit in 2023. As one of the fastest growing and most highly regarded hospitals in the region, MedStar Franklin Square is committed to providing the highest quality healthcare service to each individual as well as our entire community.

### **Our Health Equity Approach**

Racial Justice and Health Equity serve as the foundation from which our Population and Community Health team operates. These priorities also serve as the guiding principle of our Community Health Needs Assessment (CHNA), including through the implementation of initiatives, partnerships, and methods of evaluation directed at tracking and addressing health disparities in our community. For more information visit:

[www.medstarhealth.org/locations/medstar-franklin-square-medical-center/community-health](http://www.medstarhealth.org/locations/medstar-franklin-square-medical-center/community-health).

### **Pediatric Needs Assessment**

MedStar Franklin Square's Pediatric Community Needs Assessment (PCNA) identified needs of the pediatric population in its community of southeastern Baltimore County, as well as portions of eastern Baltimore City and western Harford County. The MedStar Franklin Square Pediatric Task Force provided input related to the needs of children and youth residing in the community and worked alongside MedStar Franklin Square to identify priorities for the community. After reviewing 80 different quantitative data indicators, interviews, surveys, and focus groups, the Task Force determined the greatest needs for the pediatric population were: Mental Health, Nutrition/Exercise/Obesity, and Asthma.

### **Priority Need Areas**

MedStar Franklin Square has committed \$200,000 over a one-year period to assist with impacting these need areas. For FY25, Medstar Health will make four awards to non-profit 501(c)3 organizations. One award will be made for \$100,000; one award will be made for \$50,000; and two awards will be made for \$25,000. The Children's Community Health Task Force identified the priority needs as:

- Behavioral Health/Mental Health/Substance Abuse
  - Support families in parenting with education
  - Access to resources, school-based counseling
- Obesity/Nutrition/Physical Activity
  - Breastfeeding support groups in community
  - Nutrition education and resources
  - Access to safe outdoor/indoor space with supportive infrastructure
- Asthma
  - Self-management in schools

## **II. Purpose and Scope of Services**

The purpose of this Request for Proposals (RFP) is to solicit applications for the funding of children's community health services related to Behavioral Health/Mental Health/Substance Abuse, Obesity/Nutrition/Physical Activity, and/or Asthma.

### **Scope of Services**

The Children's Health Community Task Force will review applications and select the grantees. A total fund of \$200,000 is available. Awards will be based on the scope of the project and availability of funds. Awards may be for one year only, or with possible renewal.

### **Propose to Implement an Evidence-Based Program**

Applicants are encouraged to review national best practices and evidence-based, proven, and promising program examples in selecting a strategy for implementation. Applicants should also provide details on how they will maintain fidelity to the proposed evidence-based, promising, or proven program.

Projects should target children and families in southeast Baltimore County and/or southwest Harford County with evidence-based services to meet the identified priority needs.

Neither capital (building, brick and mortar) projects nor deficit funding will be considered.

## **II. Proposal Requirements**

Proposals should be no more than six (6) pages in length plus Project Budget, Work Plan and Attachments.

### **Project title and summary 200 words or less**

The service to be provided and any new or expanded service proposed for the grant term.

### **Problem statement and needs justification (20 points):**

- a) Describe the needs to be addressed and how you identified those needs (ex., gaps in service, challenges to access). Provide supporting data.
- b) How does this project address an important problem related to one or more of the stated priorities?
- c) What will be the effect of this project on the health of the target population?
- d) Include specific measures and/or required reporting categories: source of leverage, numbers assisted (persons, households...) including demographic data of target population (race, ethnicity, disability...). What is the indication that the program has made a difference?

**Description of project/program/services (25 points)**

- a) For new programs, describe how the program model was developed; indicate any evidence-based, promising, or proven practices/programs. For ongoing programs, include the program's track record.
- b) Provide demographic and geographic information regarding the community or population benefiting from or served by the request.
- c) Describe who will benefit from the project, how they will benefit, and what activities are in place to maximize opportunities to make an impact; include geographic, demographic, any other restrictions.
- d) Provide a description of any partnerships (list of potential partners and roles, infrastructure for participation, history of the partnership), an outline of how partners will work together to complete the project, and potential plans for future collaboration.

Program goals/objectives/desired outcomes (20 points):

- a) Describe the anticipated impact of the project on the health of children and families in the target population.
- b) List specific goals and objectives related to the problem identified and the project described.
- c) Identify performance measures and processes for tracking and evaluation of outputs/outcomes.
- d) Specify measures/tools to be used to measure progress and outcomes. Indicate how this data will be tracked and reported to the funder. Indicate how this data will be used to evaluate progress and what adjustments might be needed.

See Guidelines for goals/objectives/outcomes/measures - attached. See Work Plan Template - attached.

**Work Plan (15 points):**

- a) Dates or time frame of the project, current status, estimated completion date, and whether there are later stages.
- b) Proposed sequence or timetable for major project components. Indicate the start/completion dates.

See Work Plan Template - attached.

Organizational capacity/track record/performance history (10 points):

- a) Describe the organization structure and staffing of the project to be funded as well as the parent organization, if applicable.
- b) Performance history (re: types of grants (government, private), dollar amount of grants managed successfully, related projects, etc.)
- c) Ability to address needs and provide services towards the target population.
- d) Ability to identify and address barriers faced by the target population.
- e) Describe how the organization engages their community in the planning, oversight, and/or evaluation of programming.

- f) Technical experience.
- g) Staff training and ability to perform duties.
- h) Brief description of proposed project leadership: Document the relevant credentials and experience that the key leaders bring to the partnership/project. Include a brief description of the project team's prior experience (if any) in similar projects and community partnerships and/or plans for partner training/capacity building.
- i) Attach letters of support or commitment (optional for individual applicants; required for partnership projects).

**Sustainability (10 points)**

- a) List other financing sources or strategies that you are developing.
- b) How awarded funds for this term will be leveraged to maintain or expand services.

**Project Budget**

The project budget should include income (all committed and anticipated funding) and expenses. We recommend including no more than 25% fringe for salaries and a maximum of 8% for indirect costs.

**III. Ineligible Applicants**

Ineligible applicants include:

- a) Organizations/programs which do not serve southeast Baltimore County or southwest Harford County
- b) For-profit companies/organizations
- c) Other hospitals

**IV. Term of Agreement**

The term of any agreement that may result from this solicitation shall be for twelve (12) months beginning July 1, 2024, and ending on June 30, 2025.

Funds are distributed quarterly. Upon the grant award, receipt of signed agreements and Certificates of Insurance, the first quarter advance payment will be distributed. Each additional quarterly payment will be reimbursed upon the timely receipt of an acceptable project update, proof of expense of the advance and of the current quarter end, and a reimbursement request. At the end of Q4, final report is due which summarizes the impact of the project and then 4<sup>th</sup> quarter payment will be distributed.

**V. Pre-Proposal Information Session**

Date: February 19, 2024

Time: 11 am – 12 noon

## **Microsoft Teams meeting**

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

Meeting ID: 216 389 666 175

Passcode: TdDsUi

[Download Teams](#) | [Join on the web](#)

**Or call in (audio only)**

+1 443-961-2657,,2583633# United States, Baltimore

Phone Conference ID: 258 363 3#

[Find a local number](#) | [Reset PIN](#)

## **VI. Insurance**

Applicants selected for awards will be required to submit a certificate of insurance when they sign their grant agreement. The Grantee must maintain the insurance coverages required by MedStar Franklin Square while the contract is in force, including automatic renewal terms. This includes: Commercial General Liability, Business Automobile Liability, Workers Compensation/Employer's Liability, Professional Liability/Errors and Omissions (E&O). and Umbrella/Excess Liability, endorsing Medstar Health as a named insured. Applicants selected for awards shall provide documentation of such insurance in a form satisfactory to MedStar Franklin Square.

## **VII. Other Conditions and Requirements**

MedStar Franklin Square reserves the right to request information about the applicant and/or the applicant's proposed project in addition to that which is received and attached to any application that is received pursuant to this RFP.

MedStar Franklin Square maintains the right to reject or accept proposals, to fund or not fund, or reduce the amount of funding requested for an applicant's project., and/or to request an amended budget reflecting an amount different from the amount requested.

In addition to those contingencies listed above, funding awards shall also be subject to: the satisfaction of all requirements imposed on the applicant by MedStar Franklin Square; and the proper execution of a formal written agreement between MedStar Franklin Square and the applicant.

Any project that is selected and funded as a result of this RFP shall be governed by federal, state and local laws, rules, regulations and codes. Applicants and ultimately grantees are subject to and must comply with all applicable federal, state and local laws. Services must be provided regardless of race, color, religion, sex (including pregnancy), gender identity, age national origin, familial status, genetic information, disability or ability to pay.

The applicant acknowledges its duty to become familiar with and comply, to the extent applicable, with all laws and regulations including, but not limited to, the Federal Health

Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. §§ 1320 *et seq.*, as the same may be amended from time to time and implementing regulations including, but not limited to, 45 CFR Parts 160 and 164, as the same may be amended from time to time, the Maryland Confidentiality of Medical Records Act (MCMRA), Md. Code Ann. Health-General §§4-301 *et seq.*, as the same may be amended from time to time, and the Health Information Technology for Economic and Clinical Health (HITECH) Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. No. 111-5 (February 17, 2009), as amended. This obligation includes but is not limited to:

- As necessary, adhering to the privacy and security requirements for protected health information and medical records under federal HIPAA, HITECH, and State MCMRA and making the transmission of all electronic information compatible with the federal requirements; and
- Providing good management practices regarding all health information and medical records.
- The Contractor must execute a business associate agreement, when and if required by federal or state laws and/or regulations, as the same may be amended from time to time.
- Protected Health Information as defined in the HIPAA regulations at 45 CFR 160.103 and 164.501, as the same may be amended from time to time, means information transmitted as defined in the regulations, that is individually identifiable; that is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or healthcare clearinghouse; and that is related to the past, present, or future physical or mental health or condition of an individual, to the provision of healthcare to an individual, or to the past, present, or future payment for the provision of healthcare to an individual. The definition excludes certain education records as well as employment records held by a covered entity in its role as employer.

Any organization that receives an award pursuant to this solicitation must agree to provide all required reports in a timely manner in the prescribed formats, to include, but not necessarily be limited to, statistical, activity and expenditure reports. Award recipients will also be subject to periodic monitoring by MedStar Franklin Square staff and shall also agree to acknowledge receipt of MedStar Franklin Square resources in any publications related to the awarded project.

**VIII. Contact**

Phyllis E. Gray  
Assistant Vice President  
Care Transformation  
Baltimore Region  
Medstar Health  
PHONE – 410-554-4025  
CHSGrants@medstar.net

**IX. Application Procedure and Deadlines**

Applications are due by March 27, 2024.

Applicants must submit one (1) full electronic packet, sent to: CHSGrants@medstar.net

Proposal packet must include:

- a) Detailed Proposal
- b) Name, address, phone number, email
  - i. Executive Director
  - ii. Primary Award Contact
  - iii. Financial Contact
- c) Organizational Structure
- d) Board of Directors – names and contact information
- e) Letters of support or commitment (optional, required for partnerships)
- f) Scope of Services: Demographic Checklist
- g) Project Budget
- h) Project Work Plan
- i) Agency/institution’s Federal 501(c)(3) status determination letter or proof of not-for-profit status
- j) Current Certificate of Good Standing from the State of Maryland Department of Assessment and Taxation
- k) Organization Employer Identification Number (EIN)
- l) Conflict of Interest Disclosure Form

**X. Timeline of Events**

2/9//2024	Notice of RFP
2/19/2024	Information session, 11-am 12:00pm ET
03/27/2024	Application deadline
4/1//2024 - 4/30/2024	Proposals evaluated by staff and review committees.
5/6//2024	Full Task Force recommendations
5/14/2024	Board approval
6/10/2024 6/23/24	Notification and contract issuance to recipients and denials Signed contracts returned to Medstar
7/1/24	Award start date
6/30/25	Award end date

**XI. Guidelines for goals/objectives/outcomes/measures**

**Goal(s)** – The goal is the end that you want to achieve through the funded project.

- a) The goal, or desired result, should address the problem identified in the problem statement.
- b) What do you want to change by implementing this project?
- c) What is the “big picture” purpose?
- d) There should be no more than 1-3 main goals for the project.

*Example: Obesity is a significant problem among youth and is correlated with a number of poor health outcomes. The goal of this project is to decrease obesity in youth served by this clinic/program and to improve healthy behaviors associated with decreased obesity.*

**Objectives** – The action steps you will need to take to implement the proposed project.

- a) Set benchmarks that will be used to evaluate progress toward the goal(s).
- b) What is the target of each activity? Is this a population group, a geographic area, a type of case or client? What/whom are you trying to impact?
- c) Is it measurable? What data will you collect to measure progress on objectives?
- d) What is the direction of change? Are you trying to increase or decrease something?
- e) What is the time frame for completion? Projects should have some objectives that must be completed first, within the first month or quarter, in order to move forward. These objectives, activities, and time frames should be clearly identified in the Work Plan. Identify short, mid, and long-term benchmarks.
- f) There are two kinds of objectives:
  - i. Process objectives – the next steps to complete the project.
  - ii. Outcome objectives – measure the impact of the project.

*Examples:*

1. *Implement a healthy attitudes/behavior program designed to reduce obesity in youth*
2. *Screen 100 patients/clients for enrollment in the program (process objective)*
3. *Train 10 staff to deliver selected curriculum*
4. *Collect monthly data to measure client/family engagement in the program*
5. *Collect monthly data to measure progress in decreasing obesity (outcome objective)*
6. *Collect monthly data to measure increased knowledge/awareness/engagement in healthy behaviors related to decreased obesity (outcome objective)*
7. *Evaluate data quarterly regarding percentage decrease in obesity and percentage increase in knowledge/awareness/behavior change (outcome objective)*

**Performance Measures/Indicators** – Count progress toward program objectives or benchmarks

- Performance measures should be objective, relevant, reliable, and valid
- There should be confidence that the performance measures selected are able to indicate degrees of success
- There are also process and outcome measures
- Measures can count how much you did (e.g., numbers served, quantity, productivity)
- Measures can count how well you did (e.g., quality, satisfaction, percentages of clients enrolled/retained, percentage of increase/decrease such as a behavior change)
- Measures can also count results, or whether anyone is better off
- An indicator is a measure that helps quantify the achievement of a result
- Tools used as measures should be specified

*Examples:*

1. *Number of clients/families identified for the program; percentage of clients and families enrolled, percentage of clients/families retained over the funding period*
2. *Number of staff trained and retained*
3. *Obesity measures (specify tool) collected monthly/quarterly identifying changes over time*
4. *Attitude/awareness (specify tool) measured monthly/quarterly identifying percentage and direction of change*
5. *Behavioral changes (specify tool) measured monthly/quarterly identifying percentage and direction of change*
6. *Satisfaction surveys (specify tool)*

*Summary example:*

*The goal of this project is to decrease obesity in youth receiving services at the XYZ clinic and to increase knowledge, awareness, and behavior change that support healthy behaviors and decrease the risk of poor health outcomes.*

*The objectives of this project are to:*

1. *Implement an evidenced based curriculum to reduce obesity in youth (described in narrative)*
1. *Screen and identify at least 100 youth to be enrolled in the program*
2. *Train 10 staff in the delivery of the selected curriculum/program*
3. *Establish baseline, monthly and quarterly data to be collected to evaluate client/family engagement and retention, changes in behaviors and knowledge, and changes in obesity measurements*

4. *Implement program by 2<sup>nd</sup> quarter*

*The performance measures to be used are:*

1. *Program attendance and length of enrollment/retention rate (youth/family)*
2. *Staff attendance/completion of training*
3. *Obesity measurement tool*
4. *Measurement tool re level knowledge/awareness/attitude re weight/nutrition/exercise (questionnaire)*
5. *Measurement tool re behavior change (healthy/unhealthy and direction of change)*
6. *Measurement tool re satisfaction*
7. *Measurement tool(s) re health*

*Goal: Reduce obesity in youth and related health risks and increase healthy behaviors associated with sustaining reduction in healthy weight.*

<b>Process Objective</b>	<b>Performance Indicator</b>
Assess 100 youth identified as obese using the (specified) tool for enrollment in program	Percent of youth assessed using the (specified) tool identified for program enrollment
Provide specialized treatment to 100% of the youth identified for treatment	Percent of youth screened in for program enrolled and engaged in services
<b>Outcome Objective</b>	<b>Performance Indicator</b>
Lower obesity/weight in participants by 20%	Percent reduction in obesity/weight
Increase in knowledge/attitudes related to healthy behaviors	Percent of enrolled youth/families retained in program Percent of change in knowledge/attitude
Increase in healthy behaviors	Percent of change in participation in healthy behaviors Level of client/family satisfaction at exit

**XIII. Scope of Services: Demographic Checklist**

***Behavioral Health/Mental Health/Substance Abuse***

Support families in parenting with education  
Access to resources, school-based counseling

***Obesity, Nutrition, Physical Activity***

Breastfeeding support groups in community  
Nutrition Education and resources  
Access to safe outdoor/indoor space with supportive infrastructure

***Asthma***

Self-Management in schools

**Grantee Name:**

**Program Term:**

**Program Name:**

**Grantee Project Name:**

**If awarded funds, grantee will:**

- Implement a new program
- Expand an existing program

**Race/Ethnic Population(s) of Focus (*please check all that apply*)**

- American Indian, Native American, Alaskan Native, and/or other territory, tribal or reservation community
- Asian and/or AAPI
- Black/African American
- Native Hawaiian/Pacific Islander
- Hispanic/Latino
- Other

**Priority Population(s) of Focus (*please check all that apply*)**

- Racial and ethnic minorities/Communities of Color
- Persons living with comorbidities and disabilities
- Persons living with mental health and social stressors
- Persons who are pregnant or are nursing mothers
- Other

**Geographic Area of Population(s) of Focus (*please check all that apply*)**

- Southeast Baltimore County (21220, 21221)
- Harford County (21085, 21040)

<b>XIV. MEDSTAR FRANKLIN SQUARE MEDICAL CENTER PROJECT WORK PLAN</b>  Project Title: Organization:	<b>FOR MSFSMC USE ONLY</b>
	Application Tracking Number

**GOALS AND OBJECTIVES**

**Please state the goals of the proposed project. For each goal, list 1-3 objectives that are implementation steps or strategies towards the planned goals of the project. Each objective must be specific, measurable, and have a defined completion date/timeline. Include what data will be collected and evaluated to indicate progress towards objectives and goals. This data may include outputs, outcomes, indicators to be used in measuring progress towards desired outcomes.**

**Goal 1:**

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Timeline
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

**Goal 2:**

Objective(s)	Key Action Step(s)	Expected Outcome(s)	Timeline

1.	1.	1.	1.	
2.	2.	2.	2.	
3.	3.	3.	3.	

**XV. CONFLICT OF INTEREST DISCLOSURE FORM**

Applicant Name: \_\_\_\_\_

Identify any staff or board members who are immediate family members or business associates of MedStar Franklin Square Medical Center.

Identification of these individuals will not necessarily preclude your organization from receiving funds but may require additional disclosure as part of MedStar Franklin Square Medical Center’s Conflict of Interest policy.

List Staff or Board Member(s) of your organization and their relationship to the government official that may be considered a conflict of interest below:

Name of Your STAFF Member	Staff Member’s Relationship to MedStar Franklin Square Medical Center
<input type="checkbox"/> No staff members are immediate family members or business associates of MedStar Franklin Square Medical Center.	
Name of Your BOARD Member	Board Member’s Relationship to MedStar Franklin Square Medical Center
<input type="checkbox"/> No board members are immediate family members or business associates of MedStar Franklin Square Medical Center.	
Signature	
Printed Name	
Date	

**CONFLICT OF INTEREST DISCLOSURE FORM**  
**FOR [ENTER ORG NAME]**

**1. CONFLICTING ORGANIZATIONS**

I am a director, trustee, officer, representative of, or have a Financial Interest in the following organizations that have or may have a conflict with the interests of MedStar Franklin Square Medical Center.

**Organization and Title or Interest:**

**2. CONFLICTING ACTIVITIES/OBLIGATIONS**

I am involved in no activity or transaction, nor am I a party to any contract involving interests that are or could be found to be adverse to MedStar Franklin Square Medical Center except for the following:

**3. CONFLICTING BUSINESS OPPORTUNITIES/COMMITMENTS**

I have not committed to, nor am I pursuing, any business opportunity that does or might adversely affect MedStar Franklin Square Medical Center except for the following:

**4. CONFLICTING RELATIONSHIPS**

I do not have a Fiduciary Relationship with any person with whom MedStar Franklin Square Medical Center is pursuing a business opportunity except for the following:

**5. OTHER POTENTIAL CONFLICTS**

Any other concerns I may have regarding actual or potential conflicts of interest are listed below:

*I have received and reviewed MedStar Franklin Square Medical Center's Conflict of Interest Policy, and to the best of my knowledge, I have accurately answered the above questions.*

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Signature

Date

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Printed Name