

STATE OF MARYLAND
 MARYLAND DEPARTMENT OF HEALTH
 HUMAN SERVICES CONTRACT PROPOSAL

A. Vendor Information: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone: _____

Mailing Address (if other than shown above): _____

Federal Employer I.D.: _____ .Minority Enterprise ___ Yes ___ No

Fiscal Year or Period for which Funds are Requested: _____ July 1, 2026-June 30, 2027

Type of Service To Be Funded: _____ Respite Services

Performance Measures Detail Attached _____ Yes _____ No

Area/Jurisdiction To Be Served: _____ Worcester County

Does the Organization Do Fundraising: _____ Yes _____ No

Are any of the State supported costs being used to generate fundraising dollars _____ Yes _____ No

Type of Proposal: _____ New _____ One-Time Only _____ Renewal _____ Supplement

B. Affirmations and Signature of Certifying Official: (Mark Appropriate Box(es))

If the local health officer has not signed below, a copy of this application was sent to that official simultaneously with this submission

A program narrative is attached for each service.

On behalf of the governing board or other executive authority of the above named organization, I affirm that the information and estimates conveyed in this application are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Name Printed or Typed: _____ Title: _____

C. Third Party Review:

Reviewing Official	Signature	Date	Reviewed	Approved	Disapproved	Attached
Local Health Officer						
Advisory Council						
Local Govt. Auth.						
Regional Director						
Other (Specify)						

D. For MDH Use Only _____

PROGRAM BUDGET

PROGRAM ADMINISTRATION:	Worcester County Local Behavioral Health Authority		
GRANT NUMBER:	M H028M SP	DATE SUBMITTED:	
CONTRACT PERIOD:	July 1, 2026-June 30, 2027	FISCAL YEAR:	2027
ORGANIZATION:		PHONE #:	
STREET ADDRESS:			
CITY, STATE, COUNTY:		ZIP:	
PROGRAM TITLE:	Respite Services		
CHARGEABLE SERVICES (Y/N)N		MDH PROVIDES 50% OR MORE OF FUNDING (Y/N)	
FOR MDH USE ONLY			

LINE ITEMS MAY NOT BE CHANGED	OTHER DIRECT FUNDING					PROGRAM BUDGET
	MDH FUNDING REQUEST	SUPPLEMENTAL FUNDING REDUCTION	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	
SALARIES/SPECIAL PAYMENTS	0	0	0	0	0	0
FRINGE	0					0
CONSULTANTS	0					0
EQUIPMENT	0					0
PURCHASE OF SERVICE	0					0
RENOVATION	0					0
CONSTRUCTION	0					0
REAL PROPERTY PURCHASE	0					0
UTILITIES	0					0
RENT	0					0
FOOD	0					0
MEDICINES & DRUGS	0					0
MEDICAL SUPPLIES	0					0
OFFICE SUPPLIES	0					0
TRANSPORTATION/TRAVEL	0					0
HOUSEKEEPING/ MAINTENANCE/REPAIRS	0					0
POSTAGE	0					0
PRINTING/DUPLICATION	0					0
STAFF DEVELOPMENT/ TRAINING	0					0
CLIENT ACTIVITIES	0					0
ADVERTISING	0					0
INSURANCE	0					0
LEGAL/ACCOUNTING/AUDIT	0					0
PROFESSIONAL DUES	0	0	0	0	0	0
OTHER (ATTACH ITEMIZATION)	0					0
TOTAL DIRECT COSTS	0	0	0	0	0	0
INDIRECT COST		0	0	0	0	0
TOTAL COSTS	0	0	0	0	0	0
LESS: CLIENT FEES						0
MDH FUNDING	0					0

**PROGRAM BUDGET
ESTIMATED PERFORMANCE MEASURES**

PROGRAM ADMINISTRATION:		AWARD NUMBER:	
FISCAL YEAR:		CONTRACT PERIOD:	
ORGANIZATION		PHONE NUMBER:	
ADDRESS:		ZIP:	
PROGRAM TITLE:			

PERFORMANCE MEASURE	BUDGET YEAR FY2027 ESTIMATE
Number of families receiving services under the Respite Care program	30
Percentage of children screened using screening tool to assess appropriateness of referral for services given criteria.	100%
Number of in-home and out-of-home respite services provided as documented in the treatment plan	25 in-home and 25-out-of home

