



**2020 - 2021: Small Rural Pharmacy Grants Program  
Request for Applications**

**Maryland Program of Health A Medicaid Managed Care Pharmacy Program Initiative**

State of Maryland  
Program of Health  
Office of Pharmacy Services  
**(410) 767-5701**

**Wednesday, July 1st, 2020**

**Small Rural Pharmacy Grants Program: Increasing Professional Dispensing Fees and Reimbursement Rates Between Small Rural Pharmacies and MCOs to Prevent Pharmacy Closures and Subsequent Barriers to Access to Prescription Treatments**

---

**Request for Applications**

---

**Overview**

The Small Rural Pharmacy Grants Program funding opportunity will provide grants totalling up to **\$1,500,000** for small rural pharmacies (determined by a set of eligibility criteria established below) in the amount of **\$5.00** per MCO prescription dispensed in the **CY2019**. The grants are being awarded through the Maryland Department of Health's Office of Pharmacy Services (the Program), with Maryland State general funds allocated for assisting Maryland's small rural pharmacies (as defined by the Centers for Medicare and Medicaid Services' [CMS] ["Zip Code to Carrier Locality" File](#)). The grants will supplement dispensing fees and reimbursement rates due to current reimbursement rate agreements between the pharmacy benefit managers (PBMs) of the Maryland Medicaid managed care organizations (MCOs) and pharmacies.

**Background**

The purpose of the Small Rural Pharmacy Grants Program is to support the incorporation of lessons learned from ["Maryland's 2019 Report On The Maryland Medical Assistance Program And Managed Care Organizations That Use Pharmacy Benefits Managers – Audit and Professional Dispensing Fees"](#) Report in the areas of professional dispensing fees, spread pricing, prescription claim reimbursement rate models, and the difference between MCOs' PBMs and pharmacies. Through analysis of the data, it was determined that the greatest need for support was among small rural pharmacies. Their closure would create critical prescription care coverage access issues. This grants program is intended to provide supplemental support to prevent the likelihood of closures of the small rural pharmacies. The goal of providing funding for the eligible pharmacies is to help them cover their cost to dispense, as well as to continue serving, and further serve, MCO participants and prevent their closure in localities where that outcome would mean limited access to critical pharmacy services for a significant number of Program participants.

**Grant Overview**

Through this funding opportunity, participating small rural pharmacies, deemed eligible by a set of criteria (included in further detail below), will be responsible for allocating the funds awarded to them to cover their costs to dispense and other prescription fees. The purpose of the grants program is to enable the small rural pharmacies to continue coverage of their current threshold of MCO participants, and, if funding permits, increase their capacity to cover a greater number of MCO participants. Pharmacies awarded grant funding will hereby be referred to as "Awardees".

**Grant Awards**

Awards will be granted to all eligible pharmacies who will use the grant funds to further the purposes of the Program and who submit their completed applications via email by the established due date. Award amounts will be based on the number of MCO prescriptions each pharmacy dispensed in **CY2019** at a rate of **\$5.00** per MCO prescription they dispensed in

CY2019. The award funding will be paid in **one (1) allotment** upon receipt of the required deliverables produced by the Awardees (see **Attachment 5**).

This is a non-competitive grant award program.

Pharmacies will be notified of the grant program via a *Letter of Information* by U.S. mail sent on **Friday, June 26th, 2020**. The *Request for Applications (RFA)* packet will be mailed via U.S. mail and made available by a posting on the Program's [website](#) on **Wednesday, July 1st, 2020**. The deadline to submit applications is **Friday, July 31st, 2020, by 5:00 PM EST** via email to **Deanna Beebe** at [deanna.beebe@maryland.gov](mailto:deanna.beebe@maryland.gov)<sup>1</sup> (see **Attachment 1**). A *webinar* for interested applicants has been scheduled to support pharmacies in the application process on **Thursday, July 9th, 2020 from 1:00 to 2:00 PM EST**. Interested individuals can register for the *webinar* on the Program's website. The *webinar* and its contents will be recorded and posted to the Program's [website](#) and distributed by email to any participants who request it the following day. *Notification of Award* letters will be sent by email and U.S. mail (as applicable) by **Friday, August 21st, 2020**. Awardees must return their signed *Grant Agreement* and *Statement of Obligations, Assurances, and Conditions* and completed *Invoice for Funding* form to the Program by **5:00 PM EST on Monday, August 31st, 2020** (see **Attachments 3, 4, & 6**). The grant funding period will begin on **Tuesday, September 1st, 2020**, following receipt of the deliverables stated above by the Program. A *Final Report* will be due from Awardees to the Program by **5:00 PM EST on Friday, July 30th, 2021** (see **Attachment 7**).

### **Eligibility**

The following are the eligibility requirements that pharmacies must meet in order to apply for this grant funding:

- Must be a Small Pharmacy (have **three [3] stores or less under the same ownership\***).
  - \*Pharmacies under the same ownership meeting all other eligibility requirements (including this one) will be required to submit separate applications for each eligible store location and will be eligible for separate awards for each complete application submitted on each eligible store location.
- Must be located in an area with a rural zip code in Maryland as defined by CMS's ["Zip Codes to Carrier Locality" File](#).
  - See **Attachment 8** for a list of **CMS MD Rural Zip Codes**.
- Must currently be enrolled in the **Maryland Medicaid Pharmacy Program** as a pharmacy provider and currently providing prescriptions to MCO participants.
- The total # of prescriptions processed by MCOs for the pharmacy must be **30,000 or less for CY2019**.

---

<sup>1</sup> If the application documents cannot be submitted via email, please contact **Deanna Beebe** at [deanna.beebe@maryland.gov](mailto:deanna.beebe@maryland.gov) or (410) 767-5701.

## Timetable for Awards

| Date  | Activity   |
|---|--|
| <b>Friday, June 26th, 2020</b>                            | <ul style="list-style-type: none"> <li>● <i>Letter of Information</i> sent to pharmacies via U.S. Mail.</li> </ul>   |
| <b>Wednesday, July 1st, 2020</b>                          | <ul style="list-style-type: none"> <li>● <i>Request for Applications</i> document mailed out to pharmacies via U.S. mail.</li> <li>● <i>Letter of Information, Abstract, Request for Applications, and Webinar</i> instructions issued on the Program's <a href="#">website</a> and the Program begins accepting completed <i>Grant Application</i> forms and <i>W-9 Forms</i> (see <b>Attachments 1 &amp; 2</b>).</li> </ul>                |
| <b>Thursday, July 9th, 2020<br/>(1:00 to 2:00 PM EST)</b> | <ul style="list-style-type: none"> <li>● <i>Webinar</i> hosted by Program held for interested individuals - Instructions to attend can be found on the Program's <a href="#">website</a>.</li> </ul>   |
| <b>Friday, July 10th, 2020</b>                            | <ul style="list-style-type: none"> <li>● Recorded <i>Webinar</i> and its contents posted on the Program's <a href="#">website</a> and emailed to participants who request it.</li> </ul>   |
| <b>Friday, July 31st, 2020<br/>(by 5:00 PM EST)</b>       | <ul style="list-style-type: none"> <li>● Application submission deadline via email to <b>Deanna Beebe</b> at <a href="mailto:deanna.beebe@maryland.gov">deanna.beebe@maryland.gov</a>. (If the application cannot be submitted via email, please contact <b>Deanna Beebe</b> at <a href="mailto:deanna.beebe@maryland.gov">deanna.beebe@maryland.gov</a> or (410) 767-5701 <u>at least 24hrs before the submission deadline.</u>)</li> </ul> |
| <b>Friday, August 21st, 2020</b>                          | <ul style="list-style-type: none"> <li>● <i>Notification of Award</i> letters sent to Awardees via email and U.S. mail (as applicable).</li> </ul>   |
| <b>Monday, August 31st, 2020<br/>(by 5:00 PM EST)</b>     | <ul style="list-style-type: none"> <li>● Deadline for Awardees to submit signed <i>Grant Agreement and Statement of Obligations, Assurances, and Conditions</i> and completed <i>Invoice for Funding</i> Form (see <b>Attachments 3, 4, &amp; 6</b>).</li> </ul>   |
| <b>Tuesday, September 1st, 2020</b>                       | <ul style="list-style-type: none"> <li>● Beginning of Grant Funding Period*<br/>*<u><i>Pending receipt and internal processing.</i></u></li> </ul>   |
| <b>Friday, July 30th, 2021<br/>(by 5:00 PM EST)</b>       | <ul style="list-style-type: none"> <li>● Deadline for Awardees to submit <i>Final Report</i> (see <b>Attachment 7</b>).</li> </ul>   |
| <b>Monday, August 30th, 2021<br/>(by 5:00 PM EST)</b>     | <ul style="list-style-type: none"> <li>● Final day for reversion of any unspent funds to the Program (see <b>Attachment 3</b> for details).</li> </ul>   |

## Evaluation and Monitoring

The Program will evaluate and monitor Awardees' progress and expects Awardees to achieve a measurable sustained or increased level of service to MCO recipients as compared to the baseline information provided by the Awardee. Awardees will submit a *Final Report* Form to the Program indicating progress based the # of MCO recipients and # of MCO prescriptions at the beginning and end of the funding period, as well as a description of the use of grant funds over the course of the grant period, using specified guidelines for reporting (see **Attachment 7**).

## Application Guidelines

Please sign and submit the **Grant Application** form (see **Attachment 1**) and a **W-9 Form** (see **Attachment 2**) to apply for grant funding.

### For the Initial *Grant Application* Submission:

- **Grant Application** Form - Applicant will fill out all information requested in the spaces provided on the demographics form and sign the *Certification of Eligibility* notice at the bottom of the page. **The application form is due to the Program by electronic submission via email no later than 5:00 PM EST on Friday, July 31st, 2020.**<sup>2</sup>
- **W-9 Form** - A current [IRS W-9 Request for Taxpayer Identification Number and Certification Form](#) (see **Attachment 2**) for the pharmacy is required with the submission of the application. This form is necessary for inputting the pharmacy's information into the Program's vendor system for the processing of the grant award payment.

Following the receipt of the *Notification of Award* letter, please submit your signed *Grant Agreement* and *Statement of Obligations, Assurances, and Conditions* (see **Attachments 3 & 4**) along with your *Invoice for Funding Worksheet* (see **Attachment 6**) sent to you via U.S. mail no later than **5:00 PM EST on Monday, August 31st, 2020**, in order to receive payment of your allotted grant funds.

### Following the receipt of the *Notification of Award* Letter:

- **Signed *Grant Agreement* - Attachment 3**
- **Signed *Statement of Obligations, Assurances, and Conditions* - Attachment 4**
- **Completed *Invoice for Funding Worksheet* - Attachment 6**

## Review Criteria

Applications will be reviewed based on meeting all eligibility requirements, the completeness of the application, the extent to which the applicant's proposal will further the purposes of the grant program, and the timeliness of the submission of the completed application.

---

<sup>2</sup> If the application documents cannot be submitted via email, please contact **Deanna Beebe** at [deanna.beebe@maryland.gov](mailto:deanna.beebe@maryland.gov) or (410) 767-5701.

**For Questions:**

Email Deanna Beebe at [deanna.beebe@maryland.gov](mailto:deanna.beebe@maryland.gov) or call (410) 767-5701.

**Please email your application documents to:**

Deanna Beebe at [deanna.beebe@maryland.gov](mailto:deanna.beebe@maryland.gov)

***\*If you are unable to send in the application documents via email, please contact Deanna Beebe at [deanna.beebe@maryland.gov](mailto:deanna.beebe@maryland.gov) or (410) 767-5701 at least 24hrs before the submission deadline [5:00PM EST on Friday, July 31st, 2020].\****

**List of Attachments:**

**Attachment 1:** Grant Application Form Template

**Attachment 2:** W-9 Form & Instructions Links

**Attachment 3:** Sample Grant Agreement

**Attachment 4:** Sample Statement of Obligations, Assurances, and Conditions

**Attachment 5:** Schedule of Deliverables and Award Payment

**Attachment 6:** Invoice for Funding Worksheet Template

**Attachment 7:** Final Report Form Template

**Attachment 8:** CMS MD Rural Zip Codes List

**Attachment 1:**

Grant Application Template for Small Rural Pharmacy Grants Program: Increasing Professional Dispensing Fees and Reimbursement Rates Between Small Rural Pharmacies and MCOs to Prevent Pharmacy Closures and Subsequent Barriers to Access to Prescription Treatments (2020-2021)

**PLEASE COMPLETE AND SIGN THIS FORM FOR YOUR APPLICATION SUBMISSION. THANK YOU.**

**\*\*\*IF YOU HAVE MORE THAN ONE PHARMACY LOCATION ELIGIBLE FOR GRANT FUNDING, YOU MUST COMPLETE A SEPARATE GRANT APPLICATION FOR EACH ELIGIBLE PHARMACY LOCATION.\*\*\***

|  |  |
|--|--|
| DATE:  |  |
| SUBMITTER NAME:  |  |
| CONTACT NAME:<br>(if different than SUBMITTER NAME)          |  |
| CONTACT EMAIL:   |  |
| CONTACT PHONE #:   |  |
| PHARMACY NAME:   |  |
| PHARMACY NPI:  |  |
| PHARMACY ADDRESS:<br>(Street Address, City, State, Zip Code) |  |

|  |  |
|--|--|
| TOTAL # OF STORE LOCATIONS UNDER STORE OWNERSHIP:                |  |
| TOTAL # OF MCO PRESCRIPTIONS FILLED IN CY 2019 AT THIS LOCATION: |  |
| TOTAL # OF MCO PARTICIPANTS SERVED IN CY 2019 AT THIS LOCATION:  |  |
| TOTAL # OF ALL PRESCRIPTIONS FILLED IN CY2019 AT THIS LOCATION:  |  |
| NAME(S) OF MCOs WHOSE PARTICIPANTS THE STORE SERVED IN CY2019:   |  |
| IS PHARMACY CURRENTLY ENROLLED IN MARYLAND MEDICAID?             | <input type="checkbox"/> YES <input type="checkbox"/> NO |

***Certification of Eligibility:*** *With this application, I certify that I am a small pharmacy located in a rural area and am interested in applying for this funding opportunity. If awarded, we will use this funding for costs related to dispensing prescriptions, and report impact at the end of the grant period to the Program.*

\_\_\_\_\_  
*Signature of Authorized Representative* *Date*

\_\_\_\_\_  
*First and Last Name (Printed)* *Title*

**Attachment 2:**  
W-9 Form & Instructions Links

---

A current **IRS W-9 Request for Taxpayer Identification Number and Certification Form** is required with the submission of the *Grant Application* Form (see **Attachment 1**) to the Program by **5:00 PM EST on Friday, July 31st, 2020**. This form is necessary for inputting the pharmacy's information into the Program's vendor system for the processing of the grant award payment.

The most current version of the W-9 Form can be found at:

<https://www.irs.gov/pub/irs-pdf/fw9.pdf>

Instructions for how to fill out the form from the IRS can be found at:

<https://www.irs.gov/forms-pubs/about-form-w-9>



**Attachment 3:**

Sample Grant Agreement for the Small Rural Pharmacy Grants Program: Increasing Professional Dispensing Fees and Reimbursement Rates Between Small Rural Pharmacies and MCOs to Prevent Pharmacy Closures and Subsequent Barriers to Access to Prescription Treatments (2020-2021)

---

**\*[Program]- To be filled out by the Program prior to sending to Awardee**

|  |  |   |
|--|--|---|
| <b>Grant Number:</b><br>[Program]  | <b>Awardee Organization:</b><br>[Program]  |   |
| <b>Amount of Grant:</b><br>[Program]   | <b>Period of Grant:</b><br>Tuesday, September 1st, 2020-Wednesday, June 30th, 2021   | <b>Date of Award:</b><br>Tuesday, September 1st, 2020 |
| <b>Program Director</b> (Name, Title, Address, E-mail, Phone #, Fax #):<br>[Program] | <b>Contract Officer</b> (Name, Title, Address, E-mail, Phone #, Fax #):<br>[Program] |   |
| <b>Contact Person</b> (Name, Title, Address, E-mail, Phone #, Fax #):<br>[Program]   | <b>Program Officer</b> (Name, Title, Address, E-mail, Phone #, Fax #):<br>[Program]  |   |

1. Scope of Work: The grant shall be used exclusively for the purposes described in the Awardee Organization's application.
2. Obligations, Assurances, and Conditions: The Awardee Organization agrees to the following *Statement of Obligations, Assurances, and Conditions*.
3. Use of Grant Funds:
  - A. Budget Revisions: Transfers among line items of the approved budget of \$10,000 or more must receive prior written approval from the Program, as must any transfer of funds to a new line item.
  - B. Interest Earned: The Awardee Organization shall place grant funds received from the Program in an interest-bearing account, and the interest earned on the grant funds shall be used to support program expenses.
  - C. Unexpended Funds: Within sixty (60) days after the close of the grant period or the termination of the grant, the Awardee Organization shall return to the Program any funds not expended or committed for the purposes of this grant within the grant period (or any authorized extension of the grant period). The Program, at its sole discretion, may extend the original time limit for the expenditure of grant award funds following approval of an extended program timeline. This will be an extension with no additional funds.

4. Unapproved Expenditures and Property:

- A. Unapproved Expenditures: The Awardee must provide the Program with a full explanation for any expenditure not approved in the original or a revised set of objectives. Any expenditure of grant funds not in accordance with the approved budget submitted or not consistent with the objectives stated in the Awardee Organization's application may, in the sole discretion of the Program, be disallowed. Should any expenditure be disallowed or should the Awardee violate any of the terms of this Agreement, the Program may require repayment to the Program, an offset from this Grant to the Awardee in the current or succeeding fiscal year, or other appropriate action.
- B. Disposal of Real or Personal Property: The Awardee may not sell, lease, exchange, give away, or otherwise transfer or dispose of real or personal property, or any part of or interest in real or personal property, acquired with Grant funds without the prior written consent of the Program. This includes transfer or disposition to a successor on the merger, dissolution, or other termination of the existence of the Awardee. The Awardee shall give the Program written notice at least fifteen (15) calendar days before any proposed transfer or disposition. Any proceeds from a permitted transfer or disposition shall be applied to repay to the Program a percentage of that portion of the Grant allocable to the particular real or personal property transferred or disposed of unless the Program and the Awardee agree to other terms and conditions. The percentage shall be equal to the percentage of the unadjusted basis of the property that would remain if the property had been recovery property placed in service after December 31, 1980, and if all allowable deductions had been taken up to the time of disposition under the Accelerated Cost Recovery System (ACRS) specified in the United States Internal Revenue Code, Section 168(b) (1).
- C. Insurance: For any item of real or personal property that is acquired with Grant funds and has an original fair market value of Five Thousand Dollars (\$5,000) or more, the Awardee shall, at its own expense, and for the reasonable useful life of that item or for five (5) years, whichever is less, obtain and maintain insurance. The insurance shall provide full protection for the Awardee and the State against loss, damage, or destruction of or to the real or personal property. The Awardee shall, on request, provide the Program with satisfactory evidence of its compliance with this requirement. Proceeds from insurance required by this paragraph shall be applied toward replacement of the real or personal property or toward the partial or total repayment to the Program of the Grant, at the sole discretion of the Program.

5. Reporting Requirements and Payment Schedule: The schedule in **Attachment 5** lists due dates for grant agreements, program deliverables, and payment dates. The Awardee Organization shall submit required reports and invoices on or before the date due following the Program's guidelines and formats. The Awardee Organization will receive the grant award

payment in full after receipt, review, and approval of the signed Grant Agreement and Statement of Obligations, Assurances, and Conditions, as well as a Total Estimated Budget for the grant funding period. The Awardee organization will be required to submit a Final Budget of Actual Expenditures and Final Report after the final day of the grant funding period, Wednesday, June 30th, 2021, and no later than Friday, July 30th, 2021. The Awardee Organization will also be required to return any award funds not spent by Wednesday, June 30th, 2021, to the Program within sixty (60) days following the end of the grant funding period, by Monday, August 30th, 2021.

6. Program Administration:

- A. Administration of Grant Funds: The Awardee Organization will directly administer the program supported by the grant and agrees that no grant funds shall be disbursed to any organization or entity, whether or not formed by the Awardee Organization, other than as specifically set forth in the grant application cited above.
- B. Program Director: The Program considers the leadership of the program by the Program Director crucial to its success and therefore reserves the right to terminate support in the event the Program Director leaves the Program or the Awardee Organization. The decision to continue or terminate support would be made after careful consideration of the Awardee Organization's interest in and capacity to continue the program. The Awardee Organization agrees to notify the Program at least ten (10) days in advance of the departure of the designated Program Director. If the Awardee Organization fails to do so, the Program may discontinue funding as of the date of the Program Director's departure, and the Awardee Organization would be liable for any program expenses incurred after this date.
- C. Subcontracts: Any subcontracts with another organization or consulting agreement(s) with an individual or firm for \$10,000 or more must be approved by the Program in writing prior to execution. A copy of each executed subcontract or consulting agreement must be submitted to the Program. The Awardee Organization must ensure that all subcontracts and consulting agreements are in compliance with the terms of the Program's award.

7. Grant Monitoring and Evaluation:

- A. Grant Monitoring: The Awardee Organization agrees to provide reports on progress and invoices for funding on or before the required due date to the Program (as defined in **Attachment 5**), its staff, and advisors as requested by the Program.
- B. Evaluation: The Awardee Organization agrees to participate in an evaluation of the Program's grants program, including assisting with any data collection and information gathering required, such as participation in surveys, meetings, and interviews with evaluators during and following the conclusion of the grant funding period.

8. Financial Records: The Awardee Organization agrees to maintain complete records of revenues and expenditures for the program, together with appropriate supporting documentation. Upon request, the Awardee Organization will make these records available for inspection by the Program or its agents at reasonable times. The Program, at its expense, may audit or have audited the records of the Awardee Organization insofar as they relate to the disposition of the funds awarded by the Program, and the Awardee Organization shall provide all necessary assistance in connection therewith. Records must be kept for at least five (5) years after completion of the grant. In addition to those records referred to above, records to be kept and maintained for this period include all invoices, bills of sale, receipts, payroll records, and employee timesheets.

9. Publicity:

A. Press Announcements: Prior to release, the Awardee Organization shall submit to the Program for review drafts of press releases announcing the grant or reporting program accomplishments or findings.

B. Publications: The Awardee Organization shall submit to the Program three (3) copies of any publications produced under the grant. Publications must adhere to the following terms and conditions:

NOTE 1. PUBLICATIONS:

- All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.
- Publications, journals articles, etc., produced under this grant support program must bear an acknowledgment and disclaimer, as appropriate, for example:

*This publication (journal article, etc.) was supported through the Maryland Department of Health's Office of Pharmacy Services' Maryland Medicaid Pharmacy Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Maryland Medicaid Pharmacy Program, the MDH Office of Pharmacy Services, or the Maryland Department of Health.*

NOTE 2. CONFERENCE DISCLAIMER:

- If a conference is funded in part or fully by this Agreement the following statement should be included on conference materials, including promotional materials, agenda, and internet sites:

*Funding for this conference was made possible (in part) through the Maryland Department of Health's Office of Pharmacy Services' Maryland Medicaid Pharmacy Program. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Maryland Medicaid Pharmacy Program, the MDH Office of Pharmacy Services, or*

*the Maryland Department of Health, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government or the State of Maryland.*

- C. Acknowledgments: In any publications or media resulting from this program, the Awardee Organization shall acknowledge the Program's support.
  - D. Copyright Interests: All copyright interests in materials produced as a result of this grant are owned by the Awardee Organization. The Program, however, retains a royalty-free, nonexclusive and irrevocable license to reproduce, publish, and otherwise use and to authorize others to use any such materials for Program purposes, such license includes posting the materials on the Program's website.
10. Limitations: The Program has no obligation to provide other or additional support to the Awardee Organization for this or any other program or purpose.
11. Reversion of Grant: The Program may postpone or cancel unpaid installments of the grant if, in the Program's judgment, the Awardee Organization becomes unable to carry out the purposes of the Grant or ceases to be an appropriate means for accomplishing the purposes of the grant. In any such case, the Awardee Organization shall, within thirty (30) days after written request by the Program, repay the portions of the grant received but not disbursed, and all portions of the grant, which although disbursed, are within the Awardee Organization's control.
12. Non-Discrimination: The Awardee may not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, sexual orientation, or any other characteristic forbidden as a basis for discrimination by applicable laws, and certifies that its Constitution or by-laws contain a non-discrimination clause consistent with the Governor's Code of Fair Practices.
13. Collusion or Other Offenses: The person executing this Agreement on behalf of the Awardee certifies, to the best of that person's knowledge and belief, that:
- A. Neither the Awardee, nor any of its officers or directors, has engaged in collusion with respect to the Awardee's application for the Grant or this Agreement or has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States;
  - B. The Awardee has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee or agent working for the Awardee, to solicit or secure the Grant or this Agreement, and the Awardee has not paid or agreed to pay any such entity any fee or other consideration contingent on the making of the Grant or this Agreement;
  - C. The Awardee, if incorporated, is registered or qualified in accordance with the

Corporations and Associations Article of the Annotated Code of Maryland, is in good standing, has filed all required annual reports and filing fees with the Program of Assessments and Taxation, and the Program of Labor, Licensing and Regulation, and has paid or arranged for the payment of all taxes due to the State;

- D. No money has been paid to or promised to be paid to any legislative agent, attorney, or lobbyist for any services rendered in securing the passage of legislation establishing or appropriating funds for the Grant; and
- E. Neither the Awardee, nor any of its officers or directors, nor any person substantially involved in the contracting or fund-raising activities of the Awardee, is currently suspended or debarred from contracting with the State or any other public entity or subject to debarment under the Code of Maryland Regulations, COMAR 21.08.04.04.

#### 14. Reporting Requirements:

- A. When Awardee identifies a problem or barrier to meeting program timelines or deliverables, Awardee shall notify the Program immediately. Notification shall include specific strategies to deal with or overcome the problem or barrier and shall include any required revisions to the timeline or deliverables. Upon approval by the Program, the proposed revisions shall be incorporated as an update to the Awardee's objectives for its program. Until approval by the Program of any proposed revisions to the Grant Agreement or timeline currently in operation, the Awardee shall be responsible for completing all timeline requirements and objectives, as provided in that Agreement, in a timely fashion.
- B. If the Program determines that the Awardee's report is inadequate in documenting progress toward objectives and/or expenditures to date, the Program will notify the Awardee of such inadequacy. Following such notification, the Awardee shall have fifteen (15) days to provide new or additional documentation that responds to the cited inadequacies. Failure of the Awardee to provide information satisfactory to the Program may result in an interruption of further grant funding until satisfactory reporting is achieved and could result in reversion of grant funds as described in Paragraph 11 above.
- C. If the Program determines from the Awardee's submission that progress for the most recent reporting period is inadequate in light of the overall objectives of the program, the Program may hire an Evaluator to assess the program's progress and report back to the Program, recommending strategies for moving forward with the program which may include monitoring by the Evaluator. Any expenses incurred by the Program in employing such an Evaluator will be charged to the balance of funds remaining in the Awardee's grant award.
- D. Three (3) months after the Grant Agreement is signed, the Awardee may request to meet with the Program and submit a revised timeline and purpose plan, within the limits of

the original grant award, to accommodate any unforeseen barriers to the original program timeline. Such a revised timeline and purpose plans must be approved by the Program, at the Program's sole discretion. The Awardee may request this review at any other time during the agreement's duration should the need arise.

- E. Should the Awardee receive funding from another source for the same program or a portion of the program, the Awardee shall notify the Program of the other funding source and provide the dollar amount, time constraints, and award conditions for the additional funding. Should this additional funding impact the manner or timing of grant funding from the Program, the Awardee shall provide the Program with a revised timeline and objectives, which reflects the incorporation of activities and funding from the other source and may include alterations to objectives and timelines for the program. Upon approval by the Program, these revised plans will govern all subsequent evaluations of program objectives and/or timelines.
- F. Within thirty (30) days of receiving funds from another source for the same program, the Awardee will notify the Program of the other funding source, the dollar amount, time limits, and grant award conditions for the additional funding. The Awardee will provide the Program with a revised work plan reflecting activities and programmed budget for both funding sources for this program.
- G. Continued funding for an awarded program is contingent upon the renewal of the State grant, on the Awardee meeting the goals and objectives stated in the approved original or revised timeline and budget, and upon the success of the program.
- H. The Awardee's inability to file timely reports will be a significant factor in assessing future grant applications submitted to the Program by the Awardee.

#### 15. General Requirements:

- A. The Awardee shall comply with Sections 7-402 and 7-403 of the State Finance and Procurement Article of the Annotated Code of Maryland, as applicable.
- B. The laws of Maryland shall govern the interpretation and enforcement of this Agreement.
- C. This Agreement shall bind the respective successors and assigns of the parties.
- D. The Awardee may not sell, transfer, or otherwise assign any of its obligations under this Agreement, or its rights, title, or interest in this Agreement, without the prior written consent of the Program.
- E. No amendment to this Agreement is binding unless it is in writing and signed by both parties.

Acceptance of Terms and Conditions: This document shall be signed by the Program Director and the individual legally authorized to execute contracts on behalf of the Awardee Organization, signifying agreement to comply with all the terms and conditions specified above.

The above terms and conditions of the grant are hereby accepted and agreed to as of the date specified:

**For: MDH, Office of Pharmacy Services, Maryland Medicaid Pharmacy Program  
Grantor**

**By:** \_\_\_[Program]\_\_\_\_\_ **Athos Alexandrou**                      \_\_\_[Program]\_\_\_\_\_ **Date**

**For:** \_\_\_[Program]\_\_\_\_\_ **Awardee Organization**

**By:** \_\_\_[Program]\_\_\_\_\_ **Signature of Program Director**

**[To Be Signed By Awardee]** \_\_\_\_\_ **Signature of Authorized Representative**

\_\_\_[Program]\_\_\_\_\_ **Name**

**[To Be Signed By Awardee]** \_\_\_\_\_ **Name**

\_\_\_[Program]\_\_\_\_\_ **Title**

**[To Be Signed By Awardee]** \_\_\_\_\_ **Title**

\_\_\_[Program]\_\_\_\_\_ **Date**

**[To Be Signed By Awardee]** \_\_\_\_\_ **Date**



**Attachment 4:**

Sample Statement Of Obligations, Assurances, and Conditions  
(as part of the Grant Agreement)

---

In submitting its Grant Application to the Maryland Department of Health's Office of Pharmacy Services (the "Program") and by executing this Statement of Obligations, Assurances, and Conditions, the applicant agrees to and affirms the following:

1. All application materials, once submitted, become the property of the Program.
2. All information contained within the Application submitted to the Program is true and correct and, if true and correct, not reasonably likely to mislead or deceive.
3. The applicant, if awarded a grant, will execute and abide by the terms and conditions of the Grant Agreement (**Attachment 3**).
4. The applicant affirms that in relation to employment and personnel practices, it does not and shall not discriminate on the basis of race, creed, color, sex, or country of national origin.
5. The applicant agrees to comply with the requirements of the Americans with Disabilities Act of 1990, where applicable.
6. The applicant agrees to complete and submit the Certification Regarding Environmental Tobacco Smoke, P.L. 103-227, also known as the Pro-Children Act of 1994.
7. The applicant agrees that grant funds shall be used only in accordance with applicable state and federal law, regulations and policies, the Program's Request for Applications, and the final application as accepted by the Program, including agreed modifications (if any).
8. If the applicant is an entity organization under the laws of Maryland or any other state, that it is in good standing and has complied with all requirements applicable to entities organized under that law.
9. The applicant has no outstanding claims, judgments, or penalties pending or assessed against it – whether administrative, civil, or criminal – in any local, state, or federal forum or proceeding.

---

**AGREED TO ON BEHALF OF, \_\_\_\_\_, BY:**  
**(Applicant Name)**

---

**Legally Authorized Representative Name (Please PRINT Name)**

**Title**

---

**Legally Authorized Representative Name (Signature)**

**Title**

**Attachment 5:**  
Schedule of Deliverables and Payments

| Date  | Deliverable  | Payment   |
|---|--|---|
| <b>Friday, July 31st, 2020<br/>(by 5:00 PM EST)</b>   | <ul style="list-style-type: none"> <li>• Submit the completed <i>Grant Application</i> and <i>W-9 Form</i> (<b>Attachments 1 &amp; 2</b>) via email to <b>Deanna Beebe</b> at <a href="mailto:deanna.beebe@maryland.gov">deanna.beebe@maryland.gov</a><sup>3</sup></li> </ul>      | N/A   |
| <b>Monday, August 31st, 2020<br/>(by 5:00 PM EST)</b> | <ul style="list-style-type: none"> <li>• Submit the signed <i>Grant Agreement</i> and <i>Statement of Obligations, Conditions, and Assurances</i> (<b>Attachments 3 &amp; 4</b>)</li> <li>• Submit completed <i>Invoice for Funding Worksheet</i> (<b>Attachment 6</b>)</li> </ul> | N/A   |
| <b>Tuesday, September 1st, 2020</b>                   | N/A  | <ul style="list-style-type: none"> <li>• Beginning of the Funding Period following the receipt of <b>Aug. 31st</b> deliverables.*</li> <li>*<b><i>Pending receipt and internal processing.</i></b></li> </ul> |
| <b>Wednesday, June 30th, 2021</b>                     | N/A  | <ul style="list-style-type: none"> <li>• End of the Funding Period</li> </ul> <p style="text-align: center;">N/A</p>  |
| <b>Friday, July 30th, 2021<br/>(by 5:00 PM EST)</b>   | <ul style="list-style-type: none"> <li>• Submit the <i>Final Report Form</i> (<b>Attachment 7</b>)</li> </ul>  | N/A   |
| <b>Monday, August 30th, 2021<br/>(by 5:00 PM EST)</b> | N/A  | <ul style="list-style-type: none"> <li>• Final day for reversion of any unspent funds (see <b>Attachment 3</b> for details)</li> </ul>  |

<sup>3</sup> If the application documents cannot be submitted via email, please contact **Deanna Beebe** at [deanna.beebe@maryland.gov](mailto:deanna.beebe@maryland.gov) or (410) 767-5701.

## Attachment 6: Invoice for Funding Worksheet Template

|    | A  | B | C | D | E | F  | G | H                         | I |
|----|--|---|---|---|---|--|---|---------------------------|---|
| 1  | INVOICE  |   |   |   |   |  |   |                           |   |
| 2  | Pharmacy Name:   |   |   |   |   | Invoice No:                                  |   | NAME Invoice#             |   |
| 3  | Street Address:  |   |   |   |   | Invoice Date:                                |   |                           |   |
| 4  | City, State Zip:   |   |   |   |   |  |   |                           |   |
| 5  | Pharmacy NPI:  |   |   |   |   |  |   |                           |   |
| 6  | Final Invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |   |   |   |   |  |   |                           |   |
| 7  | Sponsors:  |   |   |   |   |  |   |                           |   |
| 8  | Maryland Department of Health  |   |   |   |   |  |   |                           |   |
| 9  | Deanna Beebe, Project Manager  |   |   |   |   |  |   |                           |   |
| 10 | Small Pharmacy Grant Program   |   |   |   |   |  |   |                           |   |
| 11 | 300 W. Preston St., Rm 410   |   |   |   |   |  |   |                           |   |
| 12 | Baltimore, MD 21201  |   |   |   |   |  |   |                           |   |
| 13 | United States  |   |   |   |   |  |   |                           |   |
| 14 |  |   |   |   |   |  |   |                           |   |
| 15 | Total Award Amount: Six,xxx  |   |   |   |   | Program Pt: [Name of Pharmacy Grant Manager] |   |                           |   |
| 16 | Project Title: Small Rural Pharmacy Grants Program   |   |   |   |   | [Title of Pharmacy Grant Manager]            |   |                           |   |
| 17 |  |   |   |   |   |  |   |                           |   |
| 18 | Description  |   |   |   |   | 9/1/20-6/30/21                               |   |                           |   |
| 19 | Small Rural Pharmacy Grants Program  |   |   |   |   | Bill Amount                                  |   |                           |   |
| 20 | 1) Operating Expenses  |   |   |   |   | \$ -   |   |                           |   |
| 21 | 2)   |   |   |   |   | \$ -   |   |                           |   |
| 22 | 3)   |   |   |   |   | \$ -   |   |                           |   |
| 23 | 4)   |   |   |   |   | \$ -   |   |                           |   |
| 24 | 5)   |   |   |   |   | \$ -   |   |                           |   |
| 25 | TOTAL DIRECT COST:   |   |   |   |   | \$ 0.00                                      |   |                           |   |
| 26 | 1)   |   |   |   |   | \$ -   |   |                           |   |
| 27 | 2)   |   |   |   |   | \$ -   |   |                           |   |
| 28 | TOTAL INDIRECT COST:   |   |   |   |   | \$ 0.00                                      |   |                           |   |
| 29 | TOTAL COST:  |   |   |   |   | \$ -   |   |                           |   |
| 30 | Less Payments Previously Requested:  |   |   |   |   | \$ -   |   |                           |   |
| 31 | TOTAL AMOUNT DUE:  |   |   |   |   | \$ -   |   |                           |   |
| 32 | Wires: RTN (TBD), Acct (TBD), (Bank name)  |   |   |   |   |  |   |                           |   |
| 33 | PCA: TBD   |   |   |   |   |  |   |                           |   |
| 34 | Vendor#: TBD   |   |   |   |   |  |   |                           |   |
| 35 | Mail Code: 000   |   |   |   |   |  |   |                           |   |
| 36 |  |   |   |   |   |  |   |                           |   |
| 37 | I certify that the above invoice is just and correct and that payment has not been received. |   |   |   |   |  |   | [enter Deanna's initials] |   |
| 38 | X  |   |   |   |   |  |   |                           |   |
| 39 | Pharmacy Grant Director  |   |   |   |   |  |   |                           |   |
| 40 | Title  |   |   |   |   |  |   |                           |   |
| 41 | Pharmacy Name  |   |   |   |   |  |   |                           |   |
| 42 | Pharmacy Phone#  |   |   |   |   |  |   |                           |   |
| 43 |  |   |   |   |   |  |   |                           |   |
| 44 |  |   |   |   |   |  |   |                           |   |
| 45 |  |   |   |   |   |  |   |                           |   |
| 46 |  |   |   |   |   |  |   |                           |   |
| 47 |  |   |   |   |   |  |   |                           |   |
| 48 |  |   |   |   |   |  |   |                           |   |

- Screenshot of the Invoice for Funding Worksheet

**A link to an Excel version of the worksheet is available on the Program's [website](#).**

**Invoice for Funding Worksheet Directions:** Please fill out this invoice form following the receipt of your *Notification of Award* letter and submit it via email along with your signed *Grant Agreement* and *Statement of Obligations, Assurances, and Conditions (Attachments 3 & 4)* and return to the Program by **5:00 PM EST on Monday, August 31st, 2020**. All information on this form is necessary to complete the transfer of grant award funds to your organization.

**Attachment 7:**  
Final Report Form Template

---

**FINAL REPORT: PLEASE ANSWER THE FOLLOWING QUESTIONS AND SUBMIT THE COMPLETED FORM TO THE PROGRAM BY 5:00 PM EST ON FRIDAY, JULY 30TH, 2021. THANK YOU.**

**1. What were the total # of MCO prescriptions filled between January 1st and August 31st of CY2020 by the beginning of the funding period (Tuesday, September 1st, 2020) and the total # of MCO prescriptions filled between November 1st and June 30th in CY2020-CY2021 by the end of the funding period (Wednesday, June 30th, 2021)?**

**a. Beginning:** \_\_\_\_\_

**b. Ending:** \_\_\_\_\_

**2. What was the percent change in these numbers over the grant funding period?**

---

**3. What were the total # of MCO participants covered by your pharmacy between January 1st and August 31st of CY2020 by the beginning of the funding period (Tuesday, September 1st, 2020) and the total # of MCO participants covered by your pharmacy between November 1st and June 30th in CY2020-CY2021 by the end of the funding period (Wednesday, June 30th, 2021)?**

**a. Beginning:** \_\_\_\_\_

**b. Ending:** \_\_\_\_\_

**4. What was the percent change in these numbers over the grant funding period?**

---

**5. Were there any changes in which managed care organizations (MCOs) provider network your pharmacy participated with during the grant funding period?**

---

---

---

---

---

---

---

---

---

---

6. Please provide us with a description of what the grant funds were spent on during the grant period (not to exceed 1 - 2 paragraphs):

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

7. Please provide any additional comments about the grant program or the use of your funds below:

---

---

---

---

---

---

---

---

---

---

***Certification:* I certify that we used this funding for costs related to dispensing prescriptions.**

---

***Signature of Authorized Representative***

***Date***

---

***First and Last Name (Printed)***

***Title***

**Attachment 8:**  
CMS MD Rural Zip Codes List

---

All zip codes listed on this table are Maryland zip codes classified as "rural" in accordance with CMS's ["Zip Codes to Carrier Locality" File](#) and meet the MD rural zip code eligibility requirement defined in the **Eligibility Requirements** section of the *RFA*.

| ZIP CODE     | ZIP CODE     | ZIP CODE     | ZIP CODE     | ZIP CODE     |
|--------------|--------------|--------------|--------------|--------------|
| <b>21520</b> | <b>21623</b> | <b>21647</b> | <b>21668</b> | <b>21688</b> |
| <b>21522</b> | <b>21624</b> | <b>21648</b> | <b>21669</b> | <b>21690</b> |
| <b>21523</b> | <b>21625</b> | <b>21649</b> | <b>21670</b> | <b>21719</b> |
| <b>21531</b> | <b>21626</b> | <b>21650</b> | <b>21671</b> | <b>21727</b> |
| <b>21536</b> | <b>21627</b> | <b>21651</b> | <b>21672</b> | <b>21811</b> |
| <b>21538</b> | <b>21628</b> | <b>21652</b> | <b>21673</b> | <b>21813</b> |
| <b>21541</b> | <b>21629</b> | <b>21653</b> | <b>21675</b> | <b>21817</b> |
| <b>21550</b> | <b>21631</b> | <b>21654</b> | <b>21676</b> | <b>21835</b> |
| <b>21561</b> | <b>21632</b> | <b>21655</b> | <b>21677</b> | <b>21838</b> |
| <b>21601</b> | <b>21634</b> | <b>21656</b> | <b>21678</b> | <b>21841</b> |
| <b>21606</b> | <b>21635</b> | <b>21659</b> | <b>21679</b> | <b>21842</b> |
| <b>21607</b> | <b>21636</b> | <b>21660</b> | <b>21681</b> | <b>21843</b> |
| <b>21609</b> | <b>21639</b> | <b>21661</b> | <b>21682</b> | <b>21851</b> |
| <b>21610</b> | <b>21640</b> | <b>21662</b> | <b>21683</b> | <b>21862</b> |
| <b>21612</b> | <b>21641</b> | <b>21663</b> | <b>21684</b> | <b>21863</b> |
| <b>21613</b> | <b>21643</b> | <b>21664</b> | <b>21685</b> | <b>21869</b> |
| <b>21620</b> | <b>21644</b> | <b>21665</b> | <b>21686</b> | <b>21872</b> |
| <b>21622</b> | <b>21645</b> | <b>21667</b> | <b>21687</b> |              |