



CITY OF SALISBURY

125 N. Division Street, Salisbury, MD 21801

LEGISLATIVE SESSION

125 N. Division Street, Room 301, Salisbury, MD 21801

Monday, July 27, 2026 6:00 PM

APRIL R. JACKSON
President

SHARON C. DASHIELL
Council Vice President

ANGELA M. BLAKE
Councilwoman

MICHELE R. GREGORY
Councilwoman

MELISSA D. HOLLAND
Councilwoman

CALL TO ORDER

WELCOME/ANNOUNCEMENTS/PLEDGE

INVOCATION - Rev. Dr. David McLendon, St. James AME Zion Church

PRESENTATIONS

- SFD 1st Half Statistical Report

PRESENTATION AND ADOPTION OF LEGISLATIVE AGENDA

AWARD OF BIDS

- Award of Bid
RFP A-26-105 Live Production Services

DECLARATION OF SURPLUS

- Declaration of Surplus
Item(s):
 1. 2007 Ford Freestyle
 2. 2011 Ford Escape
 3. 1 EZ-Go Golf Cart
 4. 2006 Ford F350
 5. 2012 Ford F150
 6. 2006 Jeep Cherokee
 7. 2006 Ford Ranger
 8. 2008 Ford Freestyle Select
 9. 2001 Ford Crown Victoria
 10. 2006 Ford Ranger
 11. 2012 Tymco Street Sweeper
 12. 2013 Dodge Ram 2500
 13. 2009 Elgin Street Sweeper
 14. 2007 Chevrolet Silverado
 15. 2008 Ford F350
 16. 7 small generators Serial Nos. 1010013266, 1010013262, 1010013283, 1009659574, 1010013228, 1010013257, 1009538093
 17. 4 post equipment lift

ORDINANCES

- Ordinance for Red-Light and Speed Camera Programs - 2nd Reading

Ordinance No. 3009 - approving a budget amendment of the FY2026 General Fund budget to increase revenue and expenditures associated with the city's red-light and speed camera programs.

- Transfer Storm Water Utility PAYGO Funding from the Northwood and Brewington Project to the City Park Phase I Project - 1st Reading

Ordinance No. 3010 - authorizing a budget amendment and the transfer of Storm Water utility Paygo funding from the Northwood and Brewington project to the City Park Phase I project.

- Accept Safe Streets and Roads for All (SS4A) Grant from US Department of Transportation (USDOT) Federal Highway Administration (FHWA) - 1st Reading

Ordinance No. 3011 - authorizing the Mayor to enter into grant agreements with US Department of Transportation (USDOT) Federal Highway Administration (FHWA) for the purpose of accepting grant funds to support the cost of implement and upgrade sidewalks in the city; and to approve a budget amendment to allocate funds for the purposes of implementation.

- Revise Cannabis Grower and Processor Distances - 1st Reading

Ordinance No. 3012 - amending sections 17.36.020, 17.36.045, 17.76.050, and 17.80.040 of the Salisbury City Code to revise cannabis grower and processor distances.

- Transfer of Funds from Surplus from Disposal of Totaled Vehicle - 1st reading

Ordinance No. 3013 - authorizing the Mayor to release general funds in the amount of \$5,587.99 and to approve a budget amendment to the general fund to appropriate these funds for the Salisbury Fire Department.

- Sub-Recipient Grant Acceptance from the Wicomico County Health Department's Rural Health Transformation Grant to Expand SWIFT-1st Reading

Ordinance No. 3014 - authorizing the Mayor to enter into a contract with the Wicomico County Health Department for the purpose of accepting sub-granted funds in the amount of \$667,471.12 to be used for the salary and benefits of a SWIFT Healthcare Clinician.

PUBLIC COMMENTS

ADMINISTRATION COMMENTS

COUNCIL COMMENTS

ADJOURNMENT

City Council Meetings are conducted in Open Session unless otherwise indicated. All or part of the Council's meetings can be held in Closed Session under the authority of the Maryland Open Meetings Law, Annotated Code of Maryland General Provisions Article § 3-305(b) by vote of the City Council.
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City of Salisbury

Memo

To: Nick Rice, City Administrator
From: Michael Lowe, Director of Procurement
Date: July 27, 2026
Subject: Award of Bid

The Department of Procurement seeks Award of Bid approval from the Salisbury City Council for the solicitation(s) as defined herein. The Department of Procurement followed required procurement policy and procedure as defined by the City of Salisbury Charter and Municipal Code of Ordinances for the procurements presented below.

RFP A-26-105 Live Production Services

- Department: Arts, Business, Culture and Development
- Scope of Work: Various sound, stage and lighting set ups for events
- Proposal date: 03/25/26
- Proposal opening: 05/01/2026
- 1 vendor recommended for award = TEAM Production Services, Ocean City, MD
- Vendor response and score/rank
 - o TEAM LLC- Ocean City, MD 121.33
 - o Applied Acoustical Science / Event Tech 105.46
 - o Klassic Sound LLC- 94.78
 - o Above Sound and Lighting - 93.66
 - o Lights out Pro- 54.67
- Cost:
 - o Intended for smaller events (originally intended for folk festival)
- GL Account(s):
 - o Various
- Notes:
 - o Indefinite Delivery, Indefinite Quantity contract including a renewal clause (up to four additional 1-yr. terms); event costs are negotiated for each engagement

Attachment(s):
[award of bids 7.27.2026.pdf](#)



MEMORANDUM

TO: Michael Lowe, Director of Procurement

FROM: Scott Roberts, Director of Arts, Business and Culture

SUBJECT: RFP A-26-105 Live Production Services

DATE: July 16, 2026

The City recently advertised a Request for Proposals for Live Production Services. The RFP was to solicit qualified and experienced Stage Production Companies to provide staging and production needs for events.

Bids were opened 03/25/2026 and five (5) vendors submitted proposals. Vendors were considered technically qualified based on the technical proposal evaluation conducted by the selection committee.

The selection committee consisted of staff from the Department of Arts, Business and Culture. Following completion of the Technical review, the billing rates/cost proposal of each qualified company was opened and evaluated.

The selection committee discussed the qualifications of each vendor and believes that TEAM Production Services presented the best proposal to provide staging and production services due to their experience, expertise and comprehensive proposal.

The results of the evaluations are summarized below: Composite Scores are out of 125; proposals were technically qualified and billing rates were evaluated

Company	Composite Score
Above Sound and Lighting	93.66
Applied Acoustical Science/ Event Tech	105.46
Klassic Sound LLC	94.78
Lights Out Pro	54.67
TEAM Production Services	121.33

Arts, Business & Culture Department
115 S. Division St., Salisbury, MD 21801
410.677.1916
www.salisbury.md



Memo

To: Nick Rice, City Administrator
From: Michael Lowe, Director of Procurement
Date: July 27, 2026
Subject: Declaration of Surplus

The Department of Procurement seeks Surplus property declaration approval from the Salisbury City Council for the items(s) contained herein.

Pursuant to § SC16-8 Sale or Other Disposition of Surplus, Obsolete or Unused Property of the Salisbury Charter, I am requesting approval of the City Council to declare the following items as surplus:

Items:

1. 2007 Ford Freestyle
2. 2011 Ford Escape
3. 1 EZ-Go Golf Cart
4. 2006 Ford F350
5. 2012 Ford F150
6. 2006 Jeep Cherokee
7. 2006 Ford Ranger
8. 2008 Ford Freestyle Select
9. 2001 Ford Crown Victoria
10. 2006 Ford Ranger
11. 2012 Tymco Street Sweeper
12. 2013 Dodge Ram 2500
13. 2009 Elgin Street Sweeper
14. 2007 Chevrolet Silverado
15. 2008 Ford F350
16. 7 small generators Serial Nos. 1010013266, 1010013262, 1010013283, 1009659574, 1010013228, 1010013257, 1009538093
17. 4 post equipment lift

Disposal Notes:

- Select items will be auctioned online due to costs in shipping or towing to the auction houses. Some items will be offered on govdeals.com online auctions.
- The remaining items will go to an auction house for their next auction run

Attachment(s):
[Surplus 7.27.2026.pdf](#)



To: Mayor and City Council

From: Jordan Mann, Assistant Director of Field Operations

Subject: Surplus

Date: July 8, 2026

The City has accumulated several decommissioned vehicles and equipment due to scheduled replacements and uneconomical repairs. To maintain our proactive approach and optimize cash flow for future replacements, we propose declaring these items as surplus. A list of the surplus assets is attached for your review. These items are deemed surplus due to age, condition, or lack of operational need.

Per the City Charter (Article XVI/SC16-8), with a favorable recommendation from the Director of Procurement, these assets may be sold or otherwise disposed of with Council approval.

Charter/Code language provided for convenience:

Surplus, obsolete, or unused City property listed on the City's capital assets inventory shall be sold or otherwise disposed of only upon recommendation of the Director of Procurement and after approval of the Council. If saleable, such property shall be sold for the City's account by the Department of Procurement, subject to the applicable provisions of this Article regarding competitive bidding; if not saleable, it may be abandoned, destroyed, or otherwise disposed of.

Items:

- DID – No ID – LG77790 – Ford Freestyle, VIN 1FMDK05187GA21785
- ZOO – ZOO-3 – LG90752 – Ford Escape, 2011, VIN 1FMCU4K34BKA04717
- FO – G-3 – EZGO Golf Cart
- FO – No ID – No LP – Ford F-350, VIN 1FDSF34L63EB31014
- FO – No ID – LG85119 – Ford F-150, VIN 1FTRF12W39KB34550
- HCDD – HCDD-13 – Jeep Cherokee, VIN 1J4GK48K46W277479
- DID – BPI-4 – LG75348 – Ford Ranger Pickup 4x2, 2006, VIN 1FTYR14U86PA49247, Title #
- DID – E-1 – LG75322 – Ford Freestyle Select, VIN 1FMZK05186GA31639, Title # 36348380
- SFD – No ID – LG78381 – Ford Crown Victoria, VIN 2FAFP71WX7X
- UTL (FO) – WM-4 – LG75340 – Ford Ranger XL 4x2, 2006, VIN 1FTYR10D06PA54593, Title # 36350086
- FO – SS-1 – LG92665 – Tymco Street Sweeper, 2012, VIN 1HTJTSKN8CJ609791, Title # 43081021
- ZOO – No ID – No LP – RAM 2500, VIN 287HB21YXVK529815



To: Mayor and City Council

From: Jordan Mann, Assistant Director of Field Operations

Subject: Surplus

Date: July 8, 2026

The City has accumulated several decommissioned vehicles and equipment due to scheduled replacements and uneconomical repairs. To maintain our proactive approach and optimize cash flow for future replacements, we propose declaring these items as surplus. A list of the surplus assets is attached for your review. Items are deemed surplus due to age, condition, or lack of need. Per the City Charter (Article XVI/SC16-8), with a favorable recommendation from the Director of Procurement, these assets may be sold or disposed of with Council approval.

Charter/Code language provided for convenience:

Surplus, obsolete or unused city property listed on the city's capital assets inventory shall be sold or otherwise disposed of only upon recommendation of the Director of Procurement and after approval of the Council. If saleable, such property shall be sold for the city's account by the Department of Procurement, subject to the applicable provisions of this Article as to competitive bidding; but if not saleable may be abandoned, destroyed or otherwise disposed of.

Item:

PKG-6 – Advance Exterra Mini-Sweeper Serial No. 2025966, Model: Exterra 6340, Part No.

56508840



City of Salisbury

Memo

To: Mayor and Council
From: Nick Rice, City Administrator
Date: June 23, 2026
Subject: Ordinance for Red-Light and Speed Camera Programs - 2nd Reading

The attached ordinance amends the FY2026 General Fund Budget to increase both revenue and expenditures associated with the City's automated traffic enforcement programs.

The FY2026 budget included appropriations for revenue and administrative expenses related to the City's school zone speed camera program. During FY2026, the City implemented a new contract for speed camera services that increased administrative costs beyond the amount originally budgeted. In addition, the City's red-light camera program became operational during the fiscal year, resulting in additional administrative and vendor service costs that were not fully anticipated during the budget development process.

At the same time, revenues generated from both speed camera and red-light camera citations have exceeded budget projections. As a result, sufficient additional revenue is available to offset the increased administrative and vendor costs associated with these programs.

This ordinance increases School Zone Camera revenue by \$250,000 and Red-Light Camera revenue by \$50,000, for a total revenue increase of \$300,000. The ordinance also increases appropriations for Speed Camera Administrative Fees by \$250,000 and Red-Light Administrative Fees by \$50,000, for a total expenditure increase of \$300,000.

The proposed budget amendment is revenue-supported and does not require the use of fund balance or additional General Fund resources.

Attachment(s):

[Ord3009](#)

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ORDINANCE NO. 3009

**AN ORDINANCE OF THE CITY OF SALISBURY APPROVING A
BUDGET AMENDMENT OF THE FY2026 GENERAL FUND BUDGET TO
INCREASE REVENUE AND EXPENDITURES ASSOCIATED WITH THE
CITY'S RED-LIGHT AND SPEED CAMERA PROGRAMS.**

WHEREAS, the FY2026 General Fund Budget included revenue and expenditures associated with the City's automated traffic enforcement programs; and

WHEREAS, during FY2026, the City implemented a new contract for speed camera services and expanded its automated traffic enforcement program through the activation of red-light cameras; and

WHEREAS, as a result of the revised contractual terms and the addition of red-light camera operations, administrative fees and vendor service costs associated with the automated traffic enforcement programs are projected to exceed the amount originally budgeted; and

WHEREAS, revenue generated from red-light and speed camera citations is projected to exceed the amount originally budgeted and is sufficient to offset the additional administrative and vendor service costs; and

WHEREAS, the appropriations necessary to increase both revenue and expenditures in the FY2026 General Fund Budget as provided herein must be made upon the recommendation of the Mayor and approval of four-fifths of the Council of the City of Salisbury.

NOW, THEREFORE, BE IT ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 1. Mayor Randolph J. Taylor is hereby authorized to appropriate additional revenue derived from red-light and speed camera citations and to expend such funds for administrative fees and vendor service costs associated with the City's automated traffic enforcement programs, in the amount of \$300,000.00.

BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 2. The City of Salisbury's FY26 General Fund Budget be and hereby is amended as follows:

Increase (decrease)	Account Type	Account Description	Account	Amount
Increase	Revenue	School Zone Camera	01000-445140	\$250,000.00
Increase	Revenue	Red Light Camera	01000-445141	\$50,000.00
Increase	Expense	Speed Camera Admin	90500-502044	\$250,000.00
Increase	Expense	Red Light Admin	21021-502045	\$50,000.00

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Section 3. It is the intention of the Mayor and Council of the City of Salisbury that each provision of this Ordinance shall be deemed independent of all other provisions herein.

Section 4. It is further the intention of the Mayor and Council of the City of Salisbury that if any section, paragraph, subsection, clause, or provision of this Ordinance shall be adjudged invalid,

unconstitutional, or otherwise unenforceable under applicable Maryland or federal law, such adjudication shall apply only to the section, paragraph, subsection, clause or provision so adjudged and all other provisions of this Ordinance shall remain and shall be deemed valid and enforceable.

Section 5. The recitals set forth hereinabove are incorporated into this section of the Ordinance as if such recitals were specifically set forth at length in this Section 5.

Section 6. This Ordinance shall take effect from and after the date of its final passage.

THIS ORDINANCE was introduced and read at a Meeting of the Mayor and Council of the City of Salisbury held on the 13 day of July, 2026 and thereafter, a statement of the substance of the Ordinance having been published as required by law, in the meantime, was finally passed by the Council of the City of Salisbury on the 27 day of July, 2026.

ATTEST:

Julie A. English, City Clerk

April R. Jackson, City Council President

Approved by me, this _____ day of _____, 2026.

Randolph J. Taylor, Mayor



City of Salisbury

Memo

To: Mayor and Council
From: Allen Swiger, Deputy City Administrator
Date: July 2, 2026
Subject: Transfer Storm Water Utility PAYGO Funding from the Northwood and Brewington Project to the City Park Phase I Project - 1st Reading

The ordinance authorizes a budget amendment transferring \$160,000 in Storm Water Utility PAYGO funding from the Northwood and Brewington Project to the City Park Phase I Project. The Northwood and Brewington Project currently has available funding that is not needed for anticipated project expenditures. These funds can be reallocated to support the City Park Phase I Project, which is advancing into the planning, design, and construction activities.

As part of the City Park Phase I Project, stormwater management requirements and opportunities will be evaluated and addressed during project design and implementation. The transfer of Storm Water Utility funds will provide additional resources to support project improvements while ensuring that stormwater management considerations are incorporated into the project, as appropriate.

The budget amendment transfers \$160,000 from the Northwood and Brewington Project to the City Park Phase I Project as follows:

- Decrease Northwood and Brewington Project funding by \$160,000.
- Increase City Park Phase I Project funding by \$160,000.

Attachment(s):
[Ord3010](#)

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ORDINANCE NO. 3010

**AN ORDINANCE OF THE CITY OF SALISBURY AUTHORIZING A
BUDGET AMENDMENT AND THE TRANSFER OF STORM WATER
UTILITY PAYGO FUNDING FROM THE NORTHWOOD AND
BREWINGTON PROJECT TO THE CITY PARK PHASE I PROJECT.**

WHEREAS, the City of Salisbury has determined that funding is needed for the City Park Phase I Project to support project planning, design, construction, and related improvements; and

WHEREAS, the City recognizes that stormwater management requirements and opportunities associated with the City Park Phase I Project will need to be evaluated and addressed as part of the project's design and implementation; and

WHEREAS, funding in the amount of \$160,000 is currently available within the Storm Water Utility funded Northwood and Brewington Project and can be reallocated to support the City Park Phase I Project; and

WHEREAS, the appropriations necessary to execute this budget amendment as provided hereinabove must be made upon recommendation of the Mayor and the approval of four-fifths of the Council of the City of Salisbury.

NOW, THEREFORE, BE IT ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 1. Mayor Randolph J. Taylor is hereby authorized to appropriate and transfer Storm Water Utility Paygo funds in the amount of \$160,000 from the Northwood and Brewington Project to the City Park Phase I Project.

BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 2. The City of Salisbury's Storm Water Utility Fund Budget be and hereby is amended as follows:

Increase Decrease	Account Type	Project Description	Account	Account Description	Amount
Increase	Revenue	City Park Phase I	98019-469168- 48041	Transfers from Storm Water Utility	\$160,000
Decrease	Revenue	Northwood and Brewington	98019-469168- 48075	Transfers from Storm Water Utility	\$160,000
Increase	Expense	City Park Phase I	98119-513026- 48041	Construction	\$160,000
Decrease	Expense	Northwood and Brewington	98119-513020- 48075	Engineering/Architectural	\$80,000
Decrease	Expense	Northwood and Brewington	98119-513026- 48075	Construction	\$80,000

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39 **BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF**
40 **SALISBURY, MARYLAND**, as follows:

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42 **Section 3.** It is the intention of the Mayor and Council of the City of Salisbury that each provision
43 of this Ordinance shall be deemed independent of all other provisions herein.

44
45 **Section 4.** It is further the intention of the Mayor and Council of the City of Salisbury that if any
46 section, paragraph, subsection, clause or provision of this Ordinance shall be adjudged invalid,
47 unconstitutional or otherwise unenforceable under applicable Maryland or federal law, such adjudication
48 shall apply only to the section, paragraph, subsection, clause or provision so adjudged and all other
49 provisions of this Ordinance shall remain and shall be deemed valid and enforceable.

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51 **Section 5.** The recitals set forth hereinabove are incorporated into this section of the Ordinance as
52 if such recitals were specifically set forth at length in this Section 5.

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54 **Section 6.** This Ordinance shall take effect from and after the date of its final passage.

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56 **THIS ORDINANCE** was introduced and read at a Meeting of the Mayor and Council of the City of
57 Salisbury held on the 27 day of July, 2026 and thereafter, a statement of the substance of the Ordinance
58 having been published as required by law, in the meantime, was finally passed by the Council of the City
59 of Salisbury on the _____ day of _____, 2026.

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61 **ATTEST:**

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64 _____
65 **Julie A. English, City Clerk**

April R. Jackson, City Council President

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67 Approved by me, this _____ day of _____, 2026.

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71 **Randolph J. Taylor, Mayor**
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Memo

To: Nick Rice, City Administrator
From: Judy Kuntz, Deputy Director of Department of Infrastructure and Development
Date: June 24, 2026
Subject: Accept Safe Streets and Roads for All (SS4A) Grant from US Department of Transportation (USDOT) Federal Highway Administration (FHWA) - 1st Reading

The City of Salisbury's Department of Infrastructure and Development has notified the US Department of Transportation (USDOT) Federal Highway Administration (FHWA) of its desire to accept grant amount of federal share \$9,729,650.40 for the Safe Streets and Roads for All (SS4A). This project will implement 12.1 miles of sidewalk infill segments, around 125 new high-visibility crosswalks or crosswalks upgraded to high-visibility styles, close to a dozen crosswalks upgraded with beacons, pedestrian signals at multiple intersections.

Grant Total Amount:

Grant Amount: \$9,729,650.40
Local Funds: \$2,432,412.60
Total: \$12,162,063.00

Project's Estimated Schedule and Allocation

Milestone	Planned Schedule	Allocation	Planned Allocation
		Grant	Local Funds
Base Phase: Pre-NEPA	Present to 03/2027	\$120,000.00	\$30,000.00
Phase 1: Final Design	To 06/2028	\$532,000.00	\$133,000.00
Phase 2: Construction	-	-	-

Phase 2A: Sidewalk Construction	To 05/2031	\$6,298,107.90	\$1,574,526.98
Phase 2B: Pedestrian Crossings Construction	To 05/2031	\$2,779,542.50	\$694,885.63
Total	-	\$9,729,650.40	\$2,432,412.60

Thank you for your time and do not hesitate to contact me should you have any questions.

Attachment(s):
[Ord3011](#)

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ORDINANCE NO. 3011

AN ORDINANCE OF THE CITY OF SALISBURY AUTHORIZING THE MAYOR TO ENTER INTO GRANT AGREEMENTS WITH US DEPARTMENT OF TRANSPORTATION (USDOT) FEDERAL HIGHWAY ADMINISTRATION (FHWA) FOR THE PURPOSE OF ACCEPTING GRANT FUNDS TO SUPPORT THE COST TO IMPLEMENT AND UPGRADE SIDEWALKS IN THE CITY AND TO APPROVE A BUDGET AMENDMENT TO ALLOCATE FUNDS FOR PURPOSES OF IMPLEMENTATION.

WHEREAS, the City's Department of Infrastructure and Development is preparing to implement sidewalk infill segments, new high visibility crosswalks or crosswalks upgrades; and

WHEREAS, The US Department of Transportation (USDOT) Federal Highway Administration (FHWA) administers a fund to support Safe Streets and Roads for All (SS4A) Project;

WHEREAS, The USDOT has awarded grant in the total amount of \$9,729,650.40 of federal share and a required local match in the amount of \$2,432,412.60. The total award amount is \$12,162,063.00; and

WHEREAS, The grant match amount required for this grant is spread over multi-year period through May, 2031. At this time, a grant match of \$900,000.00 is included herein and will cover any matching needs through June 2028; and

WHEREAS, The grant funds will be used for the cost of the NEPA, final design, and construction of sidewalk implementation, high visibility crosswalks or crosswalk upgrades and crosswalks upgraded with beacons, pedestrian signals at multiple intersections; and

WHEREAS, appropriations necessary for this grant fund must be made upon the recommendation of the Mayor and the approval of four-fifths of the Council of the City of Salisbury.

NOW, THEREFORE, BE IT ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 1. The City's Grant Fund Budget be and hereby amended as follows:

- 1) Increase US DOT Revenue Account 10500-425810-xxxxx by \$9,729,650.40
- 2) Increase Construction Expense Account 10500-513026-xxxxx by \$9,729,650.40

Section 2. The City's Bond Pool Budget be and hereby amended as follows:

- 1) Increase Bond Proceeds Account 98119-469312-xxxxx by \$200,000.00
- 2) Increase Bond Proceeds Account 98124-469312-xxxxx by \$700,000.00
- 3) Increase Construction Expense Account 98119-513026-xxxxx by \$200,000.00
- 4) Increase Construction Expense Account 98124-513026-xxxxx by \$700,000.00

BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 3. It is the intention of the Mayor and Council of the City of Salisbury that each provision of this Ordinance shall be deemed independent of all other provisions herein.

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53 **Section 4.** It is further the intention of the Mayor and Council of the City of Salisbury that if any section,
54 paragraph, subsection, clause or provision of this Ordinance shall be adjudged invalid, unconstitutional or otherwise
55 unenforceable under applicable Maryland or federal law, such adjudication shall apply only to the section,
56 paragraph, subsection, clause or provision so adjudged and all other provisions of this Ordinance shall remain and
57 shall be deemed valid and enforceable.
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59 **Section 5.** The recitals set forth hereinabove are incorporated into this section of the Ordinance as if such
60 recitals were specifically set forth at length in Section 4.
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62 **Section 6.** This Ordinance shall take effect from and after the date of its final passage.
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64 THIS ORDINANCE was introduced and read at a meeting of the Council of the City of Salisbury held on
65 this 27 day of July, 2026, and thereafter, a statement of the substance of the Ordinance having been published as
66 required by law, was finally passed by the Council on the ____ day of August, 2026.

67 **ATTEST:**
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69 _____
70 **Julie A. English, City Clerk**
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April R. Jackson, President, Salisbury City Council
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73 APPROVED BY ME THIS _____ day of _____, 2026.
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75 _____
76 **Randolph J. Taylor, Mayor**
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Memo

To: Nick Rice, City Administrator
From: Scarlett Liberto, Associate Planner
Date: June 30, 2026
Subject: Revise Cannabis Grower and Processor Distances - 1st Reading

The Council is asked to consider a text amendment to the City of Salisbury Zoning Code, specifically the

following chapters and sections:

- 17.36.45 General Commercial District - Prohibited Uses
- 17.76.050 Light Industrial District - Development Standards
- 17.80.040 Industrial Park District - General Standards and Requirements

The proposed amendments are summarized below:

- Prohibit the use of cannabis growers and processors within the General Commercial District, closing a loophole within the City's Zoning Code
- Reduce the 500-foot buffer distance requirement to no less than 250-foot from sensitive uses on the case-by-case basis
- Removal of the 1,000-foot distance requirement from other cannabis businesses

Cannabis Growers and Processors are only permitted within the Light Industrial and Industrial Park

Districts. The Staff of the Department of Infrastructure and Development believes that restricting these

uses to only non-residential and non-commercial zones is appropriate. These two Zoning Districts have

sensitive uses and residences located in and adjacent to them, which severely limits the locations available

to processors and growers. The 1,000-foot buffer between cannabis business' also makes it incredibly

difficult to find locations available with the Light Industrial and Industrial Park Districts.

Work Sessions were held at the Planning Commission on March 12th, April 9th, May 14th to discuss the

request, staff recommendations and extensive research compiled by the staff. The proposed

amendment was reviewed by the City Attorney and a public hearing was held at the regular meeting of the Planning Commission on May 11, 2026. During the May 11th Commission meeting they reached a majority vote of 4-1 to recommend the proposed amendment to revise cannabis grower and processor distances.

Attachment(s):

[Staff Report](#)

[Map-Industrial Districts & Sensitive Uses \(excludes residential\)](#)

[Statement to Salisbury Planning Commission](#)

[Ord3012](#)



Infrastructure and Development Staff Report

May 14, 2026

I. SUMMARY OF REQUEST:

Planning staff are recommending a text amendment to the City of Salisbury Zoning Code, specifically the following chapters and sections:

- 17.36.45 Prohibited Uses
- 17.76.050 Development Standards
- 17.80.040 General Standards and Requirements

The proposed amendments are summarized below:

- Removal of the 1,000 foot distance requirement from another cannabis business
- Add a special exception to decrease the 500 foot buffer down to **250 feet** from primary and secondary schools, licensed child care center, registered family child care home playground, recreation center, library, church or public park, on a case by case basis
- Add cannabis processor and/or growers to the prohibited uses in the General Commercial District

II. PROCEDURE:

The City of Salisbury Code Chapter 17.228.020A provides the procedure for amendments to the Zoning Code, as follows:

A. Planning Commission Review.

1. *All applications for a zoning code text amendment or a district boundary change shall be made to the planning director, and any such amendment, supplement, modification, change or repeal shall be referred to the Salisbury planning commission for review and recommendation to the city council.*
1. *The planning commission shall cause such investigation and study to be made as it deems necessary to prepare a report containing the commission's recommendation to the city council.*
2. *The commission shall hold a public hearing and shall submit its report and recommendation to the city council within six months of receipt of such application.*
3. *If the planning commission fails to submit its report and recommendation within six months, any such proposed amendment, supplement, modification or change may be acted upon by the city council without benefit of such report or recommendation.*

III. PLANNING & ZONING ANALYSIS



Staff of the Department of Infrastructure and Development for the City of Salisbury recommend amendments to the Zoning Code with regards to cannabis growing and processing, specifically Sections 17.36.45, 17.76.050 and 17.80.040. The attached draft amendments show a removal of the distance requirements from other cannabis businesses. After much discussion and research, the staff would like to propose that the 500-foot buffer distance requirement be reduced to 250 feet from sensitive uses on a case by case basis. As well as prohibiting the use of cannabis growers and processors within the General Commercial District, closing a loophole within our City's Code. It should be noted that these businesses would still need to be properly licensed by the State, meet all applicable State requirements and comply with all other provisions of the City's Code.

Cannabis Grower and Cannabis Processor are only permitted in the Light Industrial and Industrial Park districts. While restricting these uses to only certain non-residential and non-commercial zones is appropriate, this severely limits the locations available to this use in the City, hence the request for a special exception for the distance requirement from special uses.

As a new and growing industry, this is an opportunity for the City of Salisbury to bring in new business and jobs to our industrial sector. However, this is challenging due to the distance requirements from sensitive uses which are permitted inherently in the City's industrial zones. The removal of the 1,000 foot distance requirement from another cannabis business would allow separate businesses, such as growers and processors to operate near each other and allow for a business incubator to support new cannabis growing and processing businesses, and foster industry synergy that would be of great benefit to the city.

While the State *does* have distance requirements for dispensaries, it *does not* have distance requirements for cannabis growers and cannabis processors. It is noted that in the City Zoning Code, Cannabis On-Site Consumption Establishments are specifically prohibited and cannabis dispensaries are not a permitted use where cannabis growing and processing is allowed.

Definitions pertaining to the specific use:

"Cannabis Grower" means an entity licensed under Title 36 of the Alcoholic Beverages and Cannabis Article of the Annotated Code of Maryland that cultivates, or packages, cannabis and is authorized by the Cannabis Administration to provide cannabis to other cannabis licensees and registered independent testing laboratories.

"Cannabis Processor" means a licensed entity that:

- (1) Transforms cannabis into another product or an extract and packages and labels the cannabis product; and*
- (2) Is authorized by the [Cannabis] Administration to provide cannabis to licensed dispensaries and registered independent testing laboratories.*



Attachment 1 – Proposed amendments

Chapter 17.36 - GENERAL COMMERCIAL DISTRICT

17.36.020 - Permitted uses.

A. Permitted uses shall be as follows:

18. Light industrial uses, as listed in the light industrial district, **except those uses explicitly prohibited per Section 17.36.045**, completely confined within a building with no outside storage of raw materials or finished products;

17.36.045 - Prohibited uses.

A. Adult entertainment businesses, as defined in this title, shall be prohibited.

B. A Cannabis On-Site Consumption Establishment, as defined in this title, shall be prohibited.

C. Cannabis Grower and/or Processor Facilities, as defined in this title, shall be prohibited

Chapter 17.76 - LIGHT INDUSTRIAL DISTRICT

17.76.025 - Uses permitted by special exception.

Uses permitted by special exception shall be as follows:

A. Group home;

B. Restaurant;

C. Gasoline service facilities with convenience goods clearly incidental to the gas facility;

D. Day-care center or nursery school in accordance with chapter 17.220;

E. Day care facilities for the elderly and handicapped;

F. Outdoor storage yard, in accordance with section 17.220.040;

G. Cannabis Processor and/or Growers,

1. Located more than two hundred and/or fifty (250) feet but less than five hundred (500) feet of:

a. A pre-existing primary or secondary school in the State or a licensed child care center or registered family child care home or

b. A playground, recreation center, library, church or public park

2. Not located adjacent to a residential use.



17.76.050 - Development standards.

Development standards for the light industrial district shall be as follows:

- I. Cannabis grower and/or processor;
 - 1. May not be located within five hundred (500) feet of:
 - a. A pre-existing primary or secondary school in the State or a licensed child care center or registered family child care home; or
 - b. A playground, recreation center, library, church or public park; ~~or~~
 - c. ~~One thousand (1,000) feet of another cannabis business.~~
 - 2. May not be located adjacent to a residential use.

Chapter 17.80 - INDUSTRIAL PARK DISTRICT

17.80.040 - General standards and requirements.

In preparing the overall plan for development of the industrial park, the developer shall take into consideration the following, which shall be taken into consideration by the approving agencies:

- I. Cannabis grower and/or processor;
 - 1. May not be located within five hundred (500) feet of:
 - a. A pre-existing primary or secondary school in the State or a licensed child care center or registered family child care home; or
 - b. A playground, recreation center, library, church or public park; ~~or~~
 - c. ~~One thousand (1,000) feet of another cannabis business.~~
 - 2. May not be located adjacent to a residential use;
 - 3. A Cannabis On-Site Consumption Establishment is prohibited.

17.80.065 – Uses permitted by special exception

Uses permitted by special exception shall be as follows:

- G. Cannabis Processor and/or Growers,
 - 1. Located more than two hundred and fifty (250) feet but less than five hundred (500) feet of:
 - a. A pre-existing primary or secondary school in the State or a licensed child care center or registered family child care home or
 - b. A playground, recreation center, library, church or public park
 - 2. Not located adjacent to a residential use.



Attachment 2- National and State Regulations

The Maryland Cannabis Administration (MCA) is the agency responsible for regulating the cultivation, manufacture, testing, and distribution of medical and adult-use cannabis in Maryland.

- The link below is a Zoning Update following HB0805 effective June 2024, most of the information in this document pertains to dispensaries rather than processing and cultivation facilities
- On the MCA website there is a plethora of different FAQs answering various questions relating to dispensaries, processing facilities and cultivation

https://cannabis.maryland.gov/Documents/2024_Laws_and_Regulations/Zoning%20Update%20%281%29.pdf

- The MCA also has Advertising Restrictions, for packaging, advertising, and signage

https://cannabis.maryland.gov/Documents/2025_Laws_and_Regulations/Advertising%20Restrictions%20%285%29.pdf

According to the MCA, local jurisdictions may not:

- Adopt an ordinance establishing zoning or operational requirements for a licensed dispensary that are more restrictive than the requirements for licensed alcoholic beverage retailers in their jurisdiction.
- Establish zoning or other requirements that unduly burden the cannabis licensee.
- Impose licensing, operating, or other fees or requirements on a cannabis licensee that are disproportionately greater or more burdensome than those imposed on other businesses with a similar impact on the area where the cannabis licensee is located.
- Prohibit transportation through or deliveries within the political subdivision by cannabis businesses located in other political subdivisions.
- Prohibit the adult-use retail of cannabis by licensees within the jurisdiction.

NFPA 420 – Standard on Fire Protection of Cannabis Growing and Processing Facilities

- National standard for cannabis growing and processing facilities
- Specifies ventilation and exhaust systems needed for facilities
- The link below is access to the proposed 2027 code

<https://submittals.nfpa.org/TerraViewWeb/ViewerPage.jsp?id=42proposed.ditamap&pubStatus=FDR>

0 0.25 0.5 1 Miles

N

Use



Childcare



Church



Community Center



Park



School



250 Foot Buffer



500 Foot Buffer

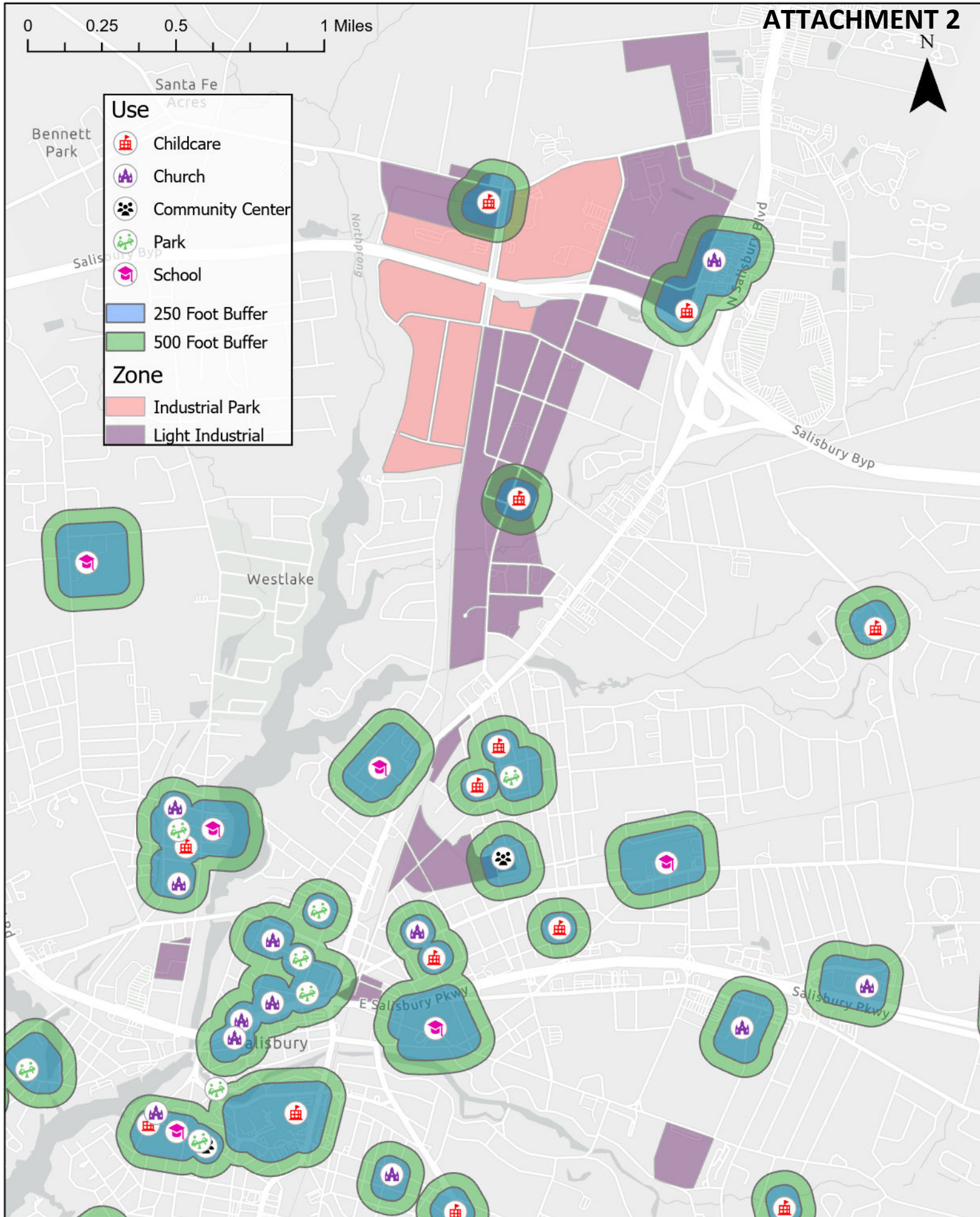
Zone



Industrial Park



Light Industrial



Statement to the Salisbury Planning Committee

Good afternoon Chairperson and Members of the Planning Committee.

My name is Steven Johnson, and I am the operator of Jasis Laboratory, a licensed cannabis processor in Maryland. Thank you for the opportunity to speak regarding the current 1,000-foot cannabis business proximity requirement.

Jasis Laboratory is a licensed cannabis processor that manufactures products for both the adult-use and medical cannabis markets. Our primary mission is centered on the medical cannabis community, particularly patients seeking alternatives for pain management and individuals working to reduce or eliminate dependence on opioid medications. We are committed to producing safe, regulated, and high-quality products that support patient health and wellness.

I want to begin by stating that we fully support the existing 1,000-foot separation requirement for dispensaries. Dispensaries are retail establishments that directly serve consumers and, as such, different planning and community considerations apply. Maintaining appropriate spacing between retail locations helps ensure orderly development and prevents unnecessary market saturation.

However, we respectfully suggest that processors and cultivators should be considered differently from dispensaries when evaluating proximity requirements. Processors and cultivators are industrial operations, we do not generate consumer traffic, and our day-to-day activities are substantially different from those of dispensaries.

The current proximity restriction may unintentionally limit the availability of suitable industrial locations for processors and cultivators, despite these facilities operating more like manufacturers than retail businesses. Allowing processors and cultivators to locate within centralized or designated industrial areas offers several practical benefits. It creates operational efficiencies, supports responsible economic development, and makes more effective use of existing industrial-zoned properties.

In addition, allowing these businesses to cluster in appropriate industrial areas can encourage investment, create skilled jobs, increase utilization of existing industrial properties, and strengthen Salisbury's position as a regional hub for the cannabis industry. When facilities are located within the same industrial corridor, state and local inspectors, compliance personnel, and other regulatory agencies can conduct inspections and compliance reviews more efficiently, reducing travel time and improving oversight.

As Salisbury considers the future of cannabis-related development, we encourage the Committee to recognize the distinction between retail cannabis businesses and industrial cannabis facilities. Maintaining the 1,000-foot separation requirement for dispensaries while exempting processors and cultivators from that requirement, or establishing a reduced separation standard for industrial cannabis facilities, would better reflect the realities of the industry while preserving public safety, regulatory oversight, and community interests.

Therefore, we respectfully request that the Committee maintain the existing proximity requirements for dispensaries while providing greater flexibility for processors and cultivators operating within appropriately zoned industrial areas.

Thank you for your time, consideration, and service to the City of Salisbury. I appreciate the opportunity to share my perspective and would be happy to answer any questions.

Respectfully,

Steven Johnson
Jasis Laboratory
(443) 462-0361
sjohnson@jasislabs.com

ORDINANCE NO. 3012

AN ORDINANCE OF THE CITY OF SALISBURY AMENDING SECTIONS 17.36.020, 17.36.045, 17.76.050, AND 17.80.040 OF THE SALISBURY CITY CODE TO REVISE CANNABIS GROWER AND PROCESSOR DISTANCES.

WHEREAS, the ongoing application, administration and enforcement of Title 17 (Zoning) of the City of Salisbury Municipal Code (the “**Salisbury City Code**”) demonstrates a need for its periodic review, evaluation and amendment, in order to keep the provisions of Title 17 current, comply with present community standards and values, and promote the public safety, health and welfare of the citizens of the City of Salisbury (the “**City**”);

WHEREAS, the Mayor and Council of the City of Salisbury (the “**Mayor and Council**”) are authorized by MD Code, Local Government, § 5-202 to adopt such ordinances, not contrary to the Constitution of Maryland, public general law or public local law, as the Mayor and Council deem necessary to assure the good government of the municipality, to preserve peace and order, to secure persons and property from damage and destruction, and to protect the health, comfort and convenience of the citizens of the City;

WHEREAS, the Mayor and Council may amend Title 17 (Zoning) of the Salisbury City Code pursuant to the authority granted by MD Code, Land Use, § 4-102, subject to the provisions set forth in Section 17.228.020;

WHEREAS, current regulations governing the location of cannabis growers and/or processors are restrictive in that they prohibit entities from conducting business near each other, as well as near sensitive uses.

WHEREAS, allowing cannabis growers and/or processors to operate within close proximity of each other will support new businesses and foster industry synergy within industrial districts.

WHEREAS, permitting cannabis growers and/or processors to operate in closer proximity to sensitive uses, after obtaining a special exception, will provide added flexibility to the location requirements of such entities.

WHEREAS, pursuant to Section 17.228.020 of the Salisbury City Code, any amendment to the Salisbury Zoning Code requires the recommendation of the Salisbury Planning and Zoning Commission (the “Planning Commission”) prior to the passage of an ordinance amending Sections 17.36.020, 17.36.045, 17.76.025, 17.76.050, 17.80.040.

WHEREAS, at the conclusion of its April 9, 2026 meeting, the Planning Commission recommended that the amendments to Sections 17.36.020, 17.36.045, 17.76.050 and 17.80.040 of the Salisbury City Code set forth herein be approved by the Mayor and Council; and

WHEREAS, the Mayor and Council have determined that the amendments to Sections 17.36.020, 17.36.045, 17.76.050 and 17.80.040 of the Salisbury City Code shall be adopted as set forth herein.

NOW, THEREFORE, BE IT ENACTED AND ORDAINED BY COUNCIL OF THE CITY OF SALISBURY, MARYLAND, that Title 17 of the Salisbury City Code is hereby amended by adding the bolded and underlined language and deleting the strikethrough language as follows:

Section 1. Section 17.36.020 of the Salisbury City Code, entitled “Permitted uses” shall be amended as follows:

Chapter 17.36 GENERAL COMMERCIAL DISTRICT

17.36.020 Permitted uses.

A. Permitted uses shall be as follows:

1. Apartment units, in accordance with chapter 17.168;
2. Bank;

3. Bakery;
4. Boardinghouse/rooming house;
5. Business center in accordance with the requirements of chapter 17.172, provided that each individual lot shall have a minimum of six thousand (6,000) square feet of land area;
6. Carpenter, sheet metal, sign, blacksmith and welding shop, provided that all activities are confined within a building;
7. Church and other place of worship;
8. Club, lodge and fraternal organization;
9. Cultivation of land;
10. Cultural uses, such as museum, library or art gallery;
11. Dry-cleaning plant;
12. Eating and drinking establishments, including tavern, dance hall, nightclub and restaurants, all types;
13. Firehouse;
14. Equipment sales, rental, service, repair or maintenance facility for industrial, automotive, marine, office, construction, household, business or farm equipment;
15. Greenhouse, florist and nursery;
16. Hotel, motel or motor hotel;
17. Laboratory and establishment for production, sale, fitting or repair of eyeglasses, hearing aids and prosthetic appliances;
18. Light industrial uses, as listed in the light industrial district, **except those uses explicitly prohibited under Section 17.36.045**, completely confined within a building with no outside storage of raw materials or finished products;
19. Lumber and building supplies;
20. Marina;
21. Medical-care facility;
22. Medical and dental office and clinic;
23. Police station or substation;
24. Parking garage, public or private;
25. Mixed use building as defined in Section 17.04.120 in this chapter in accordance with a comprehensive site plan, as approved by the planning commission, with a mandatory five-foot-wide landscaping area abutting all property lines and parking lots. Signage shall be the same as required for a shopping center;
26. Neighborhood shopping center not exceeding thirty thousand (30,000) gross square feet of building area in accordance with the requirements of chapter 17.212;
27. Office or office building for more than one office;
28. Radio or television broadcasting station or studio;
29. Retail sales;

30. School of special instruction;
31. Service, rental or repair establishment, such as laundry or laundromat, automobile rental, gasoline and service station, car wash, appliance repair, equipment or instrument repair or rental, dry-cleaning pickup station, hairdresser shop, pet-grooming shop, excluding outdoor runs, upholstery shop, funeral home, tailor and other uses of similar nature;
32. Taxi and limousine service;
33. Theater, excluding drive-in theater;
34. Wholesale business, warehouse, moving, storage and distribution establishment, including wholesale sales;
35. Group domiciliary care facility;
36. Townhouse development, in accordance with chapter 17.224.

Section 2. Section 17.36.045 of the Salisbury City Code, entitled “Prohibited uses” shall be amended as follows:

Chapter 17.36 GENERAL COMMERCIAL DISTRICT

17.36.045 Prohibited uses.

- A. Adult entertainment businesses, as defined in this title, shall be prohibited.
- B. A Cannabis On-Site Consumption Establishment, as defined in this title, shall be prohibited.
- C. Cannabis Grower and Processor Facilities, as defined in this title, shall be prohibited.**

Section 3. Section 17.76.050 of the Salisbury City Code, entitled “Development standards” shall be amended as follows:

Chapter 17.76 LIGHT INDUSTRIAL DISTRICT

17.76.050 Development standards.

Development standards for the light industrial district shall be as follows:

- A. All uses shall be conducted within a completely enclosed building. Raw materials, in-process materials, supplies or waste material from manufacturing may be stored outside in open sheds if completely screened from view by landscaping or fencing in accordance with chapter 17.220. Finished or semifinished products manufactured or assembled on the premises may be stored outside in the side or rear yard if completely screened from view by landscaping or fencing in accordance with chapter 17.220.
- B. Minimum Lot Requirements. All lots hereafter established shall meet the following minimum requirements:
 - 1. Lot area: twenty thousand (20,000) square feet;
 - 2. Interior lot width: one hundred (100) feet;
 - 3. Corner lot width: one hundred twenty (120) feet.
- C. Minimum yard requirements shall be as follows:
 - 1. Front: fifty (50) feet;
 - 2. Rear: thirty (30) feet; fifty (50) feet where adjoining a residential district;
 - 3. Side: twenty-five (25) feet; fifty (50) feet where adjoining a residential district;

4. Corner, side: same as front yard.
- D. Parking. Parking, loading and unloading areas shall be provided in accordance with chapter 17.196.
- E. The height limitation shall be fifty (50) feet.
- F. Access. Direct access onto a public street may be reduced or eliminated wherever the city department of infrastructure and development determines that alternate or unified points of access are available to a site resulting in better traffic flow and less traffic congestion. Service drives and loading and unloading areas shall be located so that in the process of loading or unloading no truck will block the passage of other vehicles on the service drive or extend into any public street or private drive used for traffic circulation.
- G. Signs shall be in accordance with chapter 17.216.
- H. Landscaping and Screening. In addition to the requirements of chapter 17.220, all areas not devoted to buildings and required parking shall be landscaped and maintained in accordance with section 17.220.080.
- I Cannabis grower and/or processor;
 1. May not be located within 500 feet of:
 - a. A pre-existing primary or secondary school in the State or a licensed child care center or registered family child care home; or
 - b. A playground, recreation center, library, church or public park;~~or~~
 - ~~c. 1,000 feet of another cannabis business.~~
 2. May not be located adjacent to a residential use.
- J. Upon request of an applicant and consideration of the criteria set forth in 17.232.020, as applicable, the Board of Appeals may grant a special exception reducing the 500-foot buffer provided for in 17.76.050(I)(1) to not less than 250 feet.**

Section 4. Section 17.80.040 of the Salisbury City Code, entitled “General standards and requirements” shall be amended as follows:

Chapter 17.80 INDUSTRIAL PARK DISTRICT

17.80.040 General standards and requirements.

In preparing the overall plan for development of the industrial park, the developer shall take into consideration the following, which shall be taken into consideration by the approving agencies:

- A. The layout of the site should be that overall systems for sewer, water and drainage may be provided to adequately serve the proposed industrial uses.
- B. Natural Growth and Screening.
 1. Natural growth should be maintained in such a manner as to screen residential areas adjacent to or development near the boundaries of the park.
 2. Existing foliage should be used for the screening of open storage yards and unsightly areas within the industrial park.
 3. Other methods of screening should also be used as recommended for screening in chapter 17.220 where there is no natural growth or to supplement existing natural growth to provide adequate screening.
 4. Perimeter screening areas shall be shown on the overall development plan.

- C. Provisions should be made for docking facilities if adjacent to navigable waters and for the extension of rails to those facilities and sites within the park where possible.
- D. The layout of the site should provide a maximum flexibility for sites of various sizes, shapes and locations for industries that may desire to locate there.
- E. The layout should lend itself to an orderly series of stages of development to ensure that access and utilities can be provided to each site at a minimum of expense and effort.
- F. All setbacks and side and rear yard and height requirements shall be established in a manner which will provide maximum flexibility within the park and, at the same time, adequately protect surrounding development and development within the park.
- G. Outdoor storage of finished or semifinished products manufactured or assembled on the premises shall not be located within the front yard and shall be screened in a manner which will be compatible with the architecture of the main building and adequately contain the material stored.
- H. The approved development plan shall contain whatever additional use restrictions are deemed necessary to promote the health, safety and general welfare of surrounding residents and properties.
- I. Cannabis grower and/or processor;
1. May not be located within 500 feet of:
 - a. A pre-existing primary or secondary school in the State or a licensed child care center or registered family child care home; or
 - b. A playground, recreation center, library, church or public park; or
 - ~~c. 1,000 feet of another cannabis business.~~
 2. May not be located adjacent to a residential use;
 3. A Cannabis On-Site Consumption Establishment is prohibited.
- J. Upon request of an applicant and consideration of the criteria set forth in 17.232.020, as applicable, the Board of Appeals may grant a special exception reducing the 500-foot buffer provided for in 17.80.040(I)(1) to not less than 250 feet.**

BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 5. It is the intention of the Mayor and Council of the City of Salisbury that each provision of this Ordinance shall be deemed independent of all other provisions herein.

Section 6. It is further the intention of the Mayor and Council of the City of Salisbury that if any section, paragraph, subsection, clause or provision of this Ordinance shall be adjudged invalid, unconstitutional or otherwise unenforceable under applicable Maryland or federal law, such adjudication shall apply only to the section, paragraph, subsection, clause or provision so adjudged and all other provisions of this Ordinance shall remain and shall be deemed valid and enforceable.

Section 7. The recitals set forth hereinabove are incorporated into this section of the Ordinance as if such recitals were specifically set forth at length in this Section 7.

Section 8. This Ordinance shall take effect from and after the date of its final passage.

THIS ORDINANCE was introduced and read at a Meeting of the Mayor and Council of the City of Salisbury held on the 27 day of July, 2026 and thereafter, a statement of the substance of the Ordinance having been published

193 as required by law, in the meantime, was finally passed by the Council of the City of Salisbury on the ____ day of
194 _____, 2026.

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196 **ATTEST:**

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200 **Julie A. English, City Clerk**

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_____ **April R. Jackson, City Council President**

Approved by me, this _____ day of _____, 2026.

_____ **Randolph J. Taylor, Mayor**



City of Salisbury

Memo

To: Mayor's Office
From: Rob Frampton, Fire Chief
Date: July 13, 2026
Subject: Transfer of Funds from Surplus from Disposal of Totaled Vehicle - 1st reading

The Fire Department's 2012 Ford Explorer, listed as "Training 1," was recently deemed totaled by LGIT. The payout from LGIT for the vehicle was \$5,587.99, and we are requesting that amount be transferred from the General Fund Surplus into the Fire Department's Vehicles account. This will assist in offsetting some of the costs involved in upfitting the replacement vehicle.

Attachment(s):

[Ord3013](#)

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AN ORDINANCE OF THE CITY OF SALISBURY AUTHORIZING THE MAYOR TO RELEASE GENERAL FUNDS IN THE AMOUNT OF \$5,587.99 AND TO APPROVE A BUDGET AMENDMENT TO THE GENERAL FUND TO APPROPRIATE THESE FUNDS FOR THE SALISBURY FIRE DEPARTMENT.

WHEREAS, the City Of Salisbury has a General Fund; and

WHEREAS, the General Fund is set by Council for the fiscal year; and

WHEREAS, the City of Salisbury Fire Department’s Training Vehicle was appraised as being “totaled” by the City’s insurance carrier; and

WHEREAS, LGIT submitted payment to the City of Salisbury for \$5,587.99; and

WHEREAS, the City of Salisbury must transfer money from the Insurance Proceeds Account to the Fire Department's Vehicles Account; and

WHEREAS, all funds shall be used to offset a portion of the upfitting costs for a replacement vehicle for the Salisbury Fire Department; and

NOW, THEREFORE, BE IT ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 1. Mayor Randolph J. Taylor is hereby authorized to transfer funds received from LGIT, on behalf of the City of Salisbury.

BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 2. The City of Salisbury's FY27 Budget be and hereby is amended as follows:

(a) Increase the General Fund Surplus Account No. 01000-469810 by \$5,587.99.

(b) Increase Fire Department Vehicle Account No. 24035-534308 by \$5,587.99.

BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 3. It is the intention of the Mayor and Council of the City of Salisbury that each provision of this Ordinance shall be deemed independent of all other provisions herein.

Section 4. It is further the intention of the Mayor and Council of the City of Salisbury that if any section, paragraph, subsection, clause or provision of this Ordinance shall be adjudged invalid, unconstitutional or otherwise unenforceable under applicable Maryland or federal law, such adjudication shall apply only to the section, paragraph, subsection, clause or provision so adjudged and all other provisions of this Ordinance shall remain and shall be deemed valid and enforceable.

Section 5. The recitals set forth hereinabove are incorporated into this section of the Ordinance as if such recitals were specifically set forth at length in this Section 5.

Section 6. This Ordinance shall take effect from and after the date of its final passage.

THIS ORDINANCE was introduced and read at a Meeting of the Mayor and Council of the City of Salisbury held on the 27 day of July, 2026 and thereafter, a statement of the substance of the Ordinance having been published as required by law, in the meantime, was finally passed by the Council of the City of Salisbury on the _____ day of _____, 2026.

ATTEST:

Julie A. English, City Clerk

April R. Jackson, City Council President

Approved by me, this _____ day of _____, 2026.

Randolph J. Taylor, Mayor



City of Salisbury

Memo

To: Mayor's Office
From: Rob Frampton, Fire Chief
Date: July 9, 2026
Subject: Sub-Recipient Grant Acceptance from the Wicomico County Health Department's Rural Health Transformation Grant to Expand SWIFT-1st Reading

The Fire Department is requesting the approval of grant funds in the amount of \$667,471.12 that it's received as a sub-grantee from the Rural Health Transformation Grant that was received by the Wicomico County Health Department. These funds will provide funding for the expansion of the Salisbury-Wicomico Integrated Firstcare Team (SWIFT) as it continues to improve health outcomes through a coordinated care approach and to prevent unnecessary ambulance transports, Emergency Department visits and hospital readmissions, ultimately saving health care dollars.

Thank you for your time in this request. If you have any further questions or concerns, please do not hesitate to reach out to me.

Attachment(s):

[Ord3014](#)

[SWIFT Rural Health Transformation Grant MOU](#)

[F578N RHTP Mobile Health Services Program Grant Guidance](#)

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AN ORDINANCE OF THE CITY OF SALISBURY AUTHORIZING THE MAYOR TO ENTER INTO A CONTRACT WITH THE WICOMICO COUNTY HEALTH DEPARTMENT FOR THE PURPOSE OF ACCEPTING SUB-GRANTED FUNDS IN THE AMOUNT OF \$667,471.12 TO BE USED FOR THE SALARY AND BENEFITS OF A SWIFT HEALTHCARE CLINICIAN.

WHEREAS, The Wicomico County Health Department, received funds through the State of Maryland Rural Health Transformation Grant; and

WHEREAS, the Wicomico County Health Department has been awarded the Rural Health Transformation Grant in the amount of \$1,267,255; and

WHEREAS, the Wicomico County Health Department is further sub-granting \$667,471.12 to the City of Salisbury; and

WHEREAS, the Rural Health Transformation Grant is for a period of five (5) years); and

WHEREAS, all accepted funds shall be used to expand operations of the Salisbury-Wicomico Firstcare Team (SWIFT); and

WHEREAS, § 7-29 of the Salisbury City Charter prohibits the City from entering into a contract that requires an expenditure not appropriated or authorized by the City Council; and

WHEREAS, the budget amendment as provided herein must be made upon the recommendation of the Mayor and the approval of four-fifths of the Council of the City of Salisbury

NOW, THEREFORE, BE IT ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 1. The City of Salisbury's Grant Fund Budget be and is hereby amended as follows

- (a) Increase the Rural Health Transformation Grant Revenue Account (10500-XXXXXX-XXXXX) by \$667,471.12.
- ~~(b)~~ Increase Salary Non-Clerical Expense Account (10500-501021-XXXXX) by \$350,422.34.
- (c) Increase Various Benefits Expense Account (10500-502XXX-XXXXX) by \$317,048.78.

BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 2. It is the intention of the Mayor and Council of the City of Salisbury that each provision of this Ordinance shall be deemed independent of all other provisions herein.

Section 3. It is further the intention of the Mayor and Council of the City of Salisbury that if any section, paragraph, subsection, clause or provision of this Ordinance shall be adjudged invalid, unconstitutional or otherwise unenforceable under applicable Maryland or federal law, such adjudication shall apply only to the section, paragraph, subsection, clause or provision so adjudged and all other provisions of this Ordinance shall remain and shall be deemed valid and enforceable.

Section 4. The recitals set forth hereinabove are incorporated into this section of the Ordinance as if such recitals were specifically set forth at length in this Section 4.

Section 5. This Ordinance shall take effect from and after the date of its final passage.

THIS ORDINANCE was introduced and read at a Meeting of the Mayor and Council of the City of Salisbury held on the 27 day of July, 2026 and thereafter, a statement of the substance of the Ordinance having been published as

47 required by law, in the meantime, was finally passed by the Council of the City of Salisbury on the ____ day of
48 _____, 2026.

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51 ***[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]***

52 ***[SIGNATURES APPEAR ON THE PAGE THAT FOLLOWS]***

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54 **ATTEST:**

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58 **Julie A. English, City Clerk** **April R. Jackson, City Council President**

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62 Approved by me, this _____ day of _____, 2026.

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67 **Randolph J. Taylor, Mayor**

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SWIFT/Wicomico County Health Department MOU

July 1, 2026

The Wicomico County Health Department is the recipient of a \$1,267,255 grant from the State of Maryland's (Rural Health Transformation Grant).

The grant period is July 1, 2026 through June 30, 2031.

Salisbury Fire Department is a sub-grantee of the grant and is budgeted to receive the following funds:

- Year 1 - \$127,620.62 for the salary and benefits of a licensed healthcare professional that will increase the SWIFT team to two (2) trained medical clinicians.
- Year 2 - \$130,492.08 for the salary and benefits of a licensed healthcare professional that will increase the SWIFT team to two (2) trained medical clinicians.
- Year 3 - \$133,428.16 for the salary and benefits of a licensed healthcare professional that will increase the SWIFT team to two (2) trained medical clinicians.
- Year 4 - \$136,430.29 for the salary and benefits of a licensed healthcare professional that will increase the SWIFT team to two (2) trained medical clinicians.
- Year 5 - \$139,499.97 for the salary and benefits of a licensed healthcare professional that will increase the SWIFT team to two (2) trained medical clinicians.

As conditions of the grant agreement, Salisbury Fire Department agrees to document for auditing purposes all time and activities associated with SWIFT, including any in-kind activity.

The Wicomico County Health Department will provide the funds upon receipt of an invoice from the Salisbury Fire Department.

On behalf of the organization I represent, I wish to sign this MOU to maintain a working relationship and allow for the seamless transfer of funds to ensure these programs continue.

Contact Information:

Wicomico County Health Department

Matthew McConaughey

Health Officer

matthew.mcconaughey@maryland.gov

Signed: _____

Date: _____

Salisbury Fire Department

Rob Frampton

Fire Chief

410-548-3120

rframpton@salisbury.md

Signed: _____

Date: _____



Rural Health Transformation: Mobile Health Services Program

Time Frame: 7/1/2026 - 6/30/2027

Eligible LHDs: This initiative prioritizes investment in Maryland's 18 designated rural communities, which experience disproportionate barriers to accessing timely, high-quality health services.

Funding Amount: See [FY27 LHD Budget Allocation Table](#)

Due Dates: See [Budget and Work Plan Process and Submission](#)

BACKGROUND

The Maryland Department of Health (MDH) is committed to the mission of protecting and advancing the health and well-being of all Marylanders through systems that work for people, particularly in communities facing persistent barriers to care. Rural jurisdictions experience disproportionate challenges, including limited provider availability, transportation constraints, and a higher burden of chronic disease.¹

These challenges contribute to delayed disease detection and poorer health outcomes across a wide range of conditions, including cancer, heart disease, diabetes, Alzheimer's Disease and Related Dementias, behavioral health conditions, oral health diseases, and maternal and prenatal health-related conditions. Compared to counties without rural designation, rural counties have higher rates of preventable emergency department visits for acute needs, including diabetes, hypertension, dental, and mental health.

By directing funding to underserved jurisdictions, this approach ensures that resources are aligned with areas of greatest need. Rural communities in Maryland face persistent challenges that contribute to health outcomes, including:

- Transportation barriers, limiting the ability of residents to access preventive and routine care.
- Health care workforce shortages, particularly in primary care, behavioral health, and specialty services.

¹ Maryland Department of Health. 2025 State Health Improvement Plans, County-Level.

- Non-medical health factors that may include income constraints, food access limitations, housing and utility quality, and geographic isolation.

Through a comprehensive, solution-focused approach, the Prevention and Health Promotion Administration is committed to supporting local efforts to expand preventative care, strengthen early detection and disease management, advance behavioral and maternal-child health, promote tobacco cessation, and connect residents to upstream supports. This commitment underscores MDH's investment in mobile health strategies that bring whole-person care to Maryland's rural communities.

The Rural Health Transformation Mobile Health Program is taking a regional approach with 6 subregions. The subregion model was conceived and vetted with our rural Local Health Departments to maximize investment, leverage regional resources, and ensure sustainability. PHPA is committing to partner with our implementing LHD partners, as chief health strategists for their jurisdictions, to ensure Mobile Health initiatives meet these goals while addressing critical coverage and access issues. While measurable outcomes of the programs align with historically funded categorical funding, these Mobile Health funds are a unique opportunity to address underlying structural issues impeding optimal health outcomes for rural Maryland.

Funds are designed to be transformational within the five-year anticipated award timeline. PHPA anticipates that no additional direct service funds will be available at the sunset of the five-year RHTP opportunity and all investments should be made within a framework of sustained impact on our rural communities addressing payor coverage, access to health care services, and addressing the key nonclinical factors impacting health outcomes.

PURPOSE

The **Rural Health Transformation: Mobile Health Services Program** advances health by improving access to care, targeting communities with the greatest need, and addressing upstream factors that influence health outcomes. Mobile health also supports local health departments in delivering community-informed services, strengthening trust and engagement in populations that have historically experienced gaps in access. As a five-year investment through the Rural Health Transformation Program, this initiative is designed not only to address immediate coverage and access gaps in Maryland's rural communities, but also to build sustainable infrastructure, partnerships, and service delivery models that can continue to support community health beyond the funding period. By leveraging the expertise of local

partners, the program lays the foundation for long-term improvements in access to care and health outcomes across rural Maryland. Components address four evidence-based sectors:

- A. Community Health Planning and Engagement
- B. Mobile Health Services Program
- C. Suggested Program Activities
- D. Suggested Sustainability Activities

SUGGESTED PROGRAM COMPONENTS

The options listed below are intended as considerations for Local Health Departments (LHDs) as they develop and strengthen their mobile health programs. These examples are not prescriptive requirements, but rather potential approaches, services, and operational strategies that LHDs may evaluate based on their community needs, available resources, organizational goals, and local public health priorities.

SUGGESTED MOBILE HEALTH PROGRAM DEVELOPMENT OPTIONS

A. Community Health Planning and Engagement
● Community Health Assessments: Demonstrate how this mobile health initiative integrates into the broader healthcare ecosystem through an “existing mobile asset” landscape assessment. Clearly identify that program plans do not supplant or duplicate existing efforts or resources.
● Map Partnerships and Regional Collaboration: Develop collaborative agreements with local or regional stakeholders (such as FQHCs, hospital systems). ○ <u>LHDs are required to</u> ■ Work across jurisdictional lines and coordinate regionally to maximize sustainability and asset sharing ■ Build community-based partnerships for shared ownership and co-design of programs ■ Hold at least one community listening session regarding Mobile Health. The session should be open to all partners and may be delivered in-person or as a virtual meeting as best suits your jurisdiction.

B. Mobile Health Services Program Core Elements
1. Mobile health services format:

- **Comprehensive multi-service model:** Multiple or “all-in-one” clinical initiatives or mobile units offering integrated screenings for multiple health needs (such as oral health, chronic disease, tobacco use, and behavioral health).
- **Specialized single-service:** Specialized assets or place-based strategies dedicated to a single clinical focus area (such as a 100% behavioral health focused unit).
- **Hub-and-Spoke Regional Care Networks:** Restructuring mobile clinics so they act as dynamic “spokes” that form an integrated network feeding directly back into centralized healthcare “hubs.”

2. Public health focus (one or multiple):

- **Primary Care & Chronic Disease Management:** Primary care access that supports or includes evidence-based, measurable interventions for diabetes, heart disease, hypertension, Alzheimer’s Diseases and Related Dementias, obesity, and prenatal care.
- **Maternal Health Services:** Prenatal and postpartum care, maternal health screenings, blood pressure monitoring, perinatal mental health services, lactation support, and care coordination delivered directly to underserved communities. Expands access to care in maternal health deserts.
- **Behavioral Health and Substance Use Services:** Integrated screenings, counseling, crisis stabilization, and medication-assisted treatment for mental health conditions and substance use disorders, deployed via specialized units or integrated into multi-service models.
- **Cancer Screenings & Early Detection:** Mobile mammography for breast cancer, specialized screenings for lung cancer, and Cologuard distribution workflows.
- **Oral Health Services:** Fully integrated mobile dental clinics, fluoride applications, and preventative screenings.
- **Tobacco Cessation:** Outreach, counseling, and education programs deployed directly into underserved areas.
- **Vaccinations & Immunizations:** Rapid field deployments and specialized community vaccine drives.
- **Sexual and Reproductive Health Services:** Comprehensive family planning options, confidential contraceptive management, pregnancy testing and options counseling, basic infertility assistance, obstetric QI consistency, and preventative screenings for HIV, STIs, and reproductive cancers.
- **Digital Health Literacy:** Investments to improve digital health literacy in rural communities to increase the number of individuals accessing and using telehealth and other online services.

3. Mobile health service delivery model (one or multiple):

- **Traditional Mobile Units & Provider Medical Outreach:** Sourcing specialized vehicle classes through state-approved contract vendors, managing procurement workflows, and factoring in customization lead times for: chronic disease risk factor and disease screenings, services, and treatments, integrated behavioral health screenings and substance use disorder treatment, units equipped with diagnostic equipment, telemedicine software, and AI support systems; and integrated workflows.
 - Traveling healthcare model that does not involve a van: [Juntos](#)

- **Paramedicine and EMS-Focused:** Utilizing community paramedics to provide preventive and follow-up care outside of traditional emergency response services.
- CHWs, Promotores, and Peer Outreach
- **Care Coordination Model:** Models to assist with patient transfer coordination, emergency department diversion, and centralized data reporting
- **Regional Care Models:** Create Regional Care Models to Improve Whole-Person Health
 - Supports the establishment of collaborative regional activities to improve timely and appropriate access to care. Involves several potential activities, including developing mental health urgent care centers for those in crisis, strengthening telehealth connections between rural providers and specialists/subspecialists, and more.
 - Centralized regional models for a shared team of Certified Diabetes Care and Education Specialists to support multiple rural primary care clinics lacking dedicated diabetes management staff.
- **Inclusive “mobile” health programs:**
 - **Home Visiting Programs:** Clinical or care-coordination interventions delivered directly in the home, such as Community Health Worker (CHW) programs and nursing home visits for patients recently discharged from the hospital.
 - Ex: [Rural Project Summary: Mobile Integrated Healthcare Network \(MIHN\) - Rural Health Information Hub](#)
 - **Transportation for health care access to medical appointments and procedures:**
 - Funding to pay for or provide patient travel and lodging to make it easier to access colonoscopy screenings
 - Provide gas cards or seek wheelchair accessible modes of transportation for those who need access
 - Partnership with local nonprofits and faith based organizations to help meet community’s transportation needs and support partnering with home based ministries
 - [Rural Project Summary: Tri-Valley Opportunity Council Rural Transportation - Rural Health Information Hub](#)
 - **Backpack & Street Medicine Models:** Backpack health and street medicine models to reach communities where there are bridging the linkage to care gap tailored to specific populations. These may include field-based primary and addiction care, occupational health, or climate and hydration support. Providing for immediate needs, such as hydration ([literal backpack hydration systems](#)) or wound care kits for field injuries for agricultural workers, acts as a low-barrier entryway to a broader network of care.
 - [Ex: A Rural Redesign for Street Medicine](#)
 - **Micro Access Points:** community-based telehealth access points; clinics in libraries/rec centers/other community gathering places that bring care to where people already are; Community-hosted service sites located in high-need areas - such as library satellite clinics, fire stations, or recurring community drop-in hubs - operating on data-justified service blocks rather than traditional vehicle routing schedules.
 - Ex: [Rural Project Summary: Rural Libraries and Health Cooperative Agreement - Rural Health Information Hub](#)
 - **Remote Patient Monitoring:**

- Promotion of Continuous Glucose Monitors for people with Diabetes and provide personalized dietary and lifestyle education coupled with biometric data
- Remote blood pressure monitoring
- Home weight and symptom monitoring for high-risk pregnancies
- Remote mental health screening and mood monitoring tools
- Digital maternity care by using telerobotic ultrasound devices and labor and delivery carts to rural hospitals
- Leveraging drone delivery and remote pharmacy dispensing units
- **Place-Based Care - Mobile Responses to SDOH *Environmental*** : Activities that support healthy living and lifestyles including Medical-Legal Partnerships (MLP), professional services such as environmental health specialists, and capital navigation and enrollment. By embedding lawyers and EHS directly into public health outreach teams, this model treats structural, systemic, legal barriers as critical social determinants of health. An example would be addressing Tangled Titles (Heirs' Property) and zoning impeding access to wells, septic, and utility hookups. From a sustainability perspective, this can support a community in reducing lockout from infrastructure grants (state/USDA) and supports the prevention of multiple persistent health issues including tooth decay from lack of access to municipal fluoridated water, lead poisoning or other environment risks in drinking water, or gastrointestinal illnesses caused by bad water. Place-Based strategies may include a partner network that includes a cohesive pipeline moving from trust-building through community engagement (i.e. Backpack or Street Medicine) to develop structural resolutions to support individuals in navigating assistance programs. **Concurrent care needs must be addressed during the sustained engagement this initiative provides.**

A sample project plan may include:

1. Trusted Mobile Outreach: Step 1: *Clinical Liaison*

Mobile health or harm reduction teams identify households with acute environmental health risks (e.g., chronic illness linked to failed sewage, lack of running water).

2. Environmental Health Specialist Audit: Step 2: *Diagnostic Verification*

An EHS facilitates testing water quality, traces straight-pipe discharge, and establishes the exact public health code violations that need correction.

3. Medical-Legal Partnership (MLP): Step 3: *Title Cleansing*

Attorneys resolve "Heirs' Property" or tangled title issues, securing the clean, legally recorded deed required to qualify for public infrastructure aid.

4. Civil/Environmental Engineering: Step 4: *Technical Blueprint*

Engineers design a compliant, site-specific system (e.g., alternative mound septic, UV water filtration) and draft the formal cost estimates.

5. Capital Navigation & Enrollment: Step 5: *Resource Assembly*

Dedicated navigators package the clean deed (Step 3) and engineering specs (Step 4) to enroll the family in state and federal infrastructure grants ([USDA Section 504 Home Repair](#), [Maryland Whole Home](#), [CDBG](#) Local Programs, etc.) unlocking 100% subsidized financing to build the system.

- **Place-Based Care - Mobile Responses to SDOH *Aging in Place*:** Similar to the environmental track, a similar protocol could be used in conjunction or in addition to the *Environmental* track. The intersection of environmental health hazards and homes that lack structural accessibility can accelerate institutionalization for rural Marylanders living in unadapted homes. The above workflow can be adapted to include the [CRISP SDOH](#) or [PRAPARE](#) screening tools. The CRISP InContext application can also generate immediate, automated, closed-loop referrals to local Area Agency on Aging and LHD Mobile Health clinical coordination teams. This track could also deploy an Occupational Therapist implementing the [CAPABLE model](#) to map structural barriers. If the need for home modifications are necessary, the protocol would continue with MLP, and professional services to prepare for the Capital and Enrollment phase. Medicaid eligible Marylanders of age may also have access to certain waivers supporting remaining in their home and may qualify for Maryland Department of Housing and Community Development (DHCD) Special Loan Programs including the [Accessible Homes for Seniors](#) program. **Concurrent care needs must be addressed during the sustained engagement this initiative provides.** For example, both sample, place-based Mobile Responses to SDOH can leverage RHTP *Pillar 3: Empower Rural Marylanders to Eat for Health* linking participants to [Rural Maryland Council food hubs](#), [Maryland Department of Agriculture Senior Farmers' Market Nutrition Programs](#) and LHD nutrition and chronic disease initiatives to support individuals and families during renovations.

SUGGESTED SUSTAINABILITY ACTIVITIES

1. Sustainability and funding planning

- Reimbursement models for eligible services
- Showcasing success stories and Return on Investment (ROI) to secure local appropriations and other opportunities

2. Community-led Implementation Partnership Models

- Expand capacity through train-the-trainer models for community-based partners
- Develop transition plans to migrate programs to an independent, community-led initiative that can persist without direct grant support

3. Infrastructure and Policy Planning

- Embed program into existing workflows and standard operations for the LHD
- Implement policy and systems changes to formalize and sustain interventions through local ordinances or institutional practices
- Integrate programs into value-based care initiatives that align with hospital, Medicare, Medicaid, and payer population health goals

4. Staff Development

- Crosstrain existing program staff to deliver and evaluate multiple interventions
- Utilize peer support models and integration of faith-based ministries that leverage trusted community-based workforce models
- Develop local workforce pipeline offering training and practicum opportunities to local students

PROGRAM EVALUATION

PERFORMANCE MEASURES

Below are simple instructions for developing performance measures to track progress on your new mobile health services programs. Remember that good performance measures should be Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) and directly linked to the program's goals and objectives. If you need assistance developing performance measures, please reach out to the grant monitor.

1. Define your program's goal: Clearly state what the public health program aims to achieve.
2. Set measurable objectives: Identify specific outcomes your program wants to see and by when.
3. Choose performance measures: Select indicators that will show progress toward the objectives.
4. Collect and review data: Identify data sources and regularly track performance. *When possible, PHPA will collaborate to streamline data related to performance measurement using available data systems such as CRISP and population health surveillance systems, for example Immunet for vaccination rate improvement.*
5. Use results to improve the program: Compare results to targets, share findings, and make program adjustments as needed.

SHORT TERM OUTCOMES

- **Access to Care:** Increased access to preventive, primary, behavioral health, oral health, and specialty services in underserved communities through increased utilization of screenings, vaccinations, and chronic disease management services due to reduced isolation from geographic, transportation, and cost barriers to care.
- **System Transformation:** Expanded integration of mobile health services into the broader healthcare delivery system through data-driven planning, strategic resource allocation, adoption of innovative care delivery models with a strengthened emergency preparedness and community resilience infrastructure.
- **Care Coordination and Continuity:** Improved care coordination and continuity through effective referral pathways, closed-loop follow-up systems, regional care networks, and increased linkage to ongoing clinical, behavioral health, and supportive services.

- **Organizational Linkages:** Strengthened community and regional partnerships that increase stakeholder engagement in health planning and ensure mobile health services are aligned with community-identified needs and existing healthcare resources.
- **Sustainability:** Enhanced long-term program sustainability through expanded reimbursement capacity, development of future billing pathways, regional resource-sharing, and strengthened financial infrastructure to support continued service delivery beyond the grant period.

REPORTING REQUIREMENTS

All Quarterly Reports should be submitted via the [Submission Link](#).

Performance Measure Progress Report: Performance Measure Progress Reports must be submitted quarterly and should summarize progress toward established performance targets, including accomplishments, challenges, and any corrective actions taken during the timeframe.

Program Report	Timeframe	Due Date
Q1 Performance Measure Progress Report	July 1 - September 30, 2026	October 30, 2026
Q2 Performance Measure Progress Report	July 1- December 31, 2026	January 30, 2026
Q3 Performance Measure Progress Report	January 1 - March 31, 2027	April 30, 2026
Q4 Performance Measure Progress Report	January 1 - June 30, 2027	August 30, 2026

Regional Listening Sessions Report: LHDs are required to host at least one regional listening session by the end of Q1 with community stakeholders to gather feedback on mobile health service delivery and local priorities. LHDs must report whether or not a regional listening session was held, along with relevant findings or feedback, as part of their quarterly Performance Measure Progress Report.

Expenditure Reports: LHDs are required to submit quarterly expenditure reports in pdf format on the 440 form of the budget 4542 package via the [Submission Link](#).

Quarter	Timeframe	Due Date
Quarter 1	July 1, 2026 - September 30, 2026	October 30, 2026
Quarter 2	July 1, 2026 - December 31, 2026	January 30, 2026
Quarter 3	July 1, 2026 - March 31, 2027	April 30, 2026
Quarter 4 / End of Year	July 1, 2026 - June 30, 2027	August 30, 2026

USE OF FUNDS

Eligibility: In FY2027, 18 RHT-rural designated local health departments are eligible to receive funding. Please refer to the below County Budget Allocation Table for further funding information.

Indirect Cost: Indirect costs may not exceed 10%.

- Definition: Administrative costs as described by federal guidelines and includes facilities maintenance, utilities, finance, HR/payroll, and IT.
- Formula: $\text{Total Direct Cost} - [\text{Total Direct Cost} / 1.1]$

PCA Number: F578N

LHDs are subject to the applicable terms and conditions stated in the CMS Notice of Award Terms and Conditions that flow down to subrecipients ([Appendix D](#))

Additional Allowable Use of Funds:

- Salaries of LHD staff as attributable to their direct contribution to grant activities are permitted. LHDs should ensure that future allowable steps and COLAs are included.
- Stipends for local organizations or external partners to help offset costs related to program facilitation/implementation, planning, project coordination, training, and reporting as needed.
- Outreach and educational materials include printing, culturally appropriate advertisements placements, curriculum materials, and modifications/accommodations to increase access to programming.
- Program and educational supplies to support chosen components and activities.
- Incentives. Please follow LHD procurement guidelines, the FY 2027 Gift Card and Incentive Guidance. Incentives must be used to reduce barriers to participation and/or enable healthy behaviors.
- Meetings and community activities. Note: LHDs must follow applicable state and local protocols.
- Self-Management tools: Blood pressure cuffs may be purchased for use as teaching tools and for enrolled program participants. Blood pressure cuffs may not be given away during outreach events. Additional enablement tools such as oral hygiene kits, meal planning kits, physical activity kits, etc.

Funds may not be used for:

- [Supplanting](#): Grant funds must supplement, and not supplant, existing funding. Grantees may not use grant funds to replace, offset, or free up funds that would otherwise have been budgeted for or spent on the same activities, services, personnel, or costs.
- Duplication of Efforts: Grant funds may not be used for activities, services, personnel, or deliverables that are already funded, in whole or in part, through another source (ie. CRF). Grantees must ensure that grant-funded work is distinct from, and does not substantially overlap with, existing funded activities.
- In strict compliance with CMS regulations, RHTF fund allocations cannot be used for the direct purchase of food items. Funds are restricted to the operational infrastructure supporting the partnership.
- Gift cards to establishments that sell fast food, tobacco, cannabis and/or alcohol
- Lobbying

COUNTY BUDGET ALLOCATION TABLE

FY27 LHD Budget Allocation Table

LHDs are required to work across jurisdictional lines and coordinate regionally to maximize sustainability and asset sharing.

Region	Lead LHD and sub-jurisdictions	Award Number	Award Amount
Western MD	Garrett County	RHT009MH	\$1,267,255.00
	Allegany County	RHT001MH	\$1,267,255.00
	Washington County	RHT016MH	\$1,267,255.00
Southern MD	Calvert County	RHT002MH	\$1,267,255.00
	Charles County	RHT006MH	\$1,267,255.00
	St. Mary's County	RHT013MH	\$1,267,255.00
North Central MD	Carroll County	RHT004MH	\$1,267,255.00
	Frederick County	RHT008MH	\$1,267,255.00
North East MD	Harford County	RHT010MH	\$1,267,255.00
	Cecil County	RHT005MH	\$1,267,255.00
Mid-Shore MD	Caroline County	RHT003MH	\$1,267,255.00
	Dorchester County	RHT007MH	\$1,267,255.00
	Kent County	RHT011MH	\$1,267,255.00
	Queen Anne's County	RHT012MH	\$1,267,255.00
	Talbot County	RHT015MH	\$1,267,255.00
Lower Shore MD	Worcester County	RHT018MH	\$1,267,255.00
	Somerset County	RHT014MH	\$1,267,255.00
	Wicomico County	RHT017MH	\$1,267,255.00

BUDGET & WORK PLAN PROCESS & SUBMISSION

Budget Development Process

Each LHD should prepare their own UFD Form 4542 Budget Package reflecting the costs anticipated for program activities and staffing in their single jurisdiction. As of July 1, 2026, you may incur costs associated with personnel until PHPA has received CMS approval of your budget. Following CMS approval, the MDH Division of Grants and Local Health Accounting (DGLHA) will provide a copy of the approved budget package and other approved costs may be incurred.

Work Plan Development Process

Lead LHDs should work collaboratively with the LHDs within their assigned region to complete the provided work plan template. The work plan should reflect all program activities and staffing for the entire region.

Submission Deadlines

Due July 31, 2026: [Submission Link](#)

1. Submit Budget Information

- a. Jurisdiction Name
- b. Health Officer name and contact information
- c. Program Manager and their contact information
- d. [Attachment A](#) Budget Narrative (uploaded into submission form)
- e. **UFD Form 4542 Budget Package** (uploaded into submission form)

Due September 30, 2026: [Submission Link](#)

2. Submit Work Plan

a. [Appendix A](#) Work Plan

The work plan must include: Project Period and Annual Goals, Objectives, and Services/ Activities to be offered. Objectives must be written in a S.M.A.R.T. (Specific, Measurable, Attainable, Realistic, Time-bound) format. Data to be collected to measure the progress of the Objective(s). Staff who will be responsible for accomplishing the Objective(s).

Questions may be directed to:

Attn: Peter DeMartino

Subject: Rural Health Transformation: Mobile Health Services Program

E-mail: peter.demartino@maryland.gov

- End of Grant Guidance -

APPENDIX

The templates provided in the appendix are only provided as planning resources. The work plan, performance monitoring and evaluation plan, the staffing plan, and the incentive plan will be submitted in their respective links.

- A. [Work Plan Template](#)
- B. [Terms and Definitions](#)
- C. [Resources](#)
- D. [CMS Notice of Award \(NoA\) Terms and Conditions](#)

Attachments

- A. [Attachment A: Budget Narrative](#)

APPENDIX A: WORK PLAN TEMPLATE

Work Plan Template Instructions: Use this template to outline your selected components, activities, objectives, milestones, and key tasks for the project period. Duplicate the Table (below) for each individual you select. You may add additional rows as necessary for tasks as necessary. **Submit your Work Plan Online using this link:**

Due Wednesday, September 30, 2026

Definitions for use in this document:

- **Component:** The name of the components selected from the provided options in the Scope of Work section or other components as determined by the LHD.
- **Activity:** The program activities selected from the provided options in the Scope of Work section or other activities as determined by the LHD.
- **Objective:** S.M.A.R.T. (Specific, Measurable, Achievable, Realistic, Time-phased) statement you expect to achieve.
- **Milestones:** Mid-year and End-of-year deliverables indicating work plan progress.
- **Sub-activities:** A list of sequential key actions required to achieve your objective. These actions should be specific, measurable, and adequate in scope to accomplish the objective.

Component:			
SMART Objective:			
Key Partners			
Milestones:	Mid-year:	End of Year:	
Activity			
Sub-activities	Person Assigned	Start date	End date
1.			
2.			

3.			
----	--	--	--

APPENDIX B: TERMS AND DEFINITIONS

Terms and Definitions

1. Community Partner
 - An organization, group, or institution that works directly with the public and helps address the social, behavioral, environmental, or cultural factors that influence health.
 - i. Advocacy organizations
 - ii. Community Based Organizations (CBOs)
 - iii. Community Centers
 - iv. Faith Based Organizations
 - v. Food banks
 - vi. Housing agencies
 - vii. Local government programs
 - viii. Maternal and Child Health (MCH)
 - ix. Non-Profit Organizations
 - x. Schools
 - xi. Women, Infants and Children (WIC)
2. Clinical Partner
 - A healthcare-focused organization or provider involved in delivering medical care, diagnosis, treatment, or health services.
 - i. Breast and Cervical Cancer (BCCP)
 - ii. Clinical or non-clinical cancer programs
 - iii. Providers/Primary Care Providers
 - iv. Pediatricians
 - v. Family Practice Physicians
 - vi. Hospitals/Health care systems/Clinics
 - vii. Federally Qualified Health Centers (FQHCs)
 - viii. Organizations serving those with disabilities
 - ix. Schools and school-based health centers
3. Food Providers
 - A network of entities that produce, redistribute, or deliver food to consumers through commercial, agricultural, or charitable means (e.g., farmers, food banks, food programs, medically tailored meals, etc.).
4. Health Coaching
 - A person-centered, goal-setting intervention lasting at least 30 minutes focused on long-term behavioral change. Unlike health education, coaching is participant-led and utilizes motivational interviewing to help individuals navigate personal barriers and achieve self-identified health goals.
5. Healthy Food
 - Food that is minimally processed and includes fresh, frozen, or canned fruits and vegetables, whole grains, proteins, and dairy with no added sugars or sodium.

6. Health Counseling
 - Brief health education lasting 5-15 minutes including distributing materials, providing basic information, and referring individuals to more intensive services.
7. Health Education Demonstrations
 - Practical, visual presentations where an instructor shows participants how to perform a specific health-related task (e.g., healthy cooking techniques, physical activity movements, proper use of a glucose monitor, or correct blood pressure self-monitoring).
8. Health Education Sessions
 - A structured, one-time, learning encounter lasting at least 30–45 minutes that follows a defined lesson plan, learning objectives, and includes a pre and post test to gauge knowledge change.
9. Health Education Workshops
 - A series of structured, interactive learning modules designed to build specific skills and facilitate behavior change. These are usually multi-session and involve active participant engagement and goal setting.
10. Health Communication Strategy Examples
 - Print Materials: Vinyl banners at school entrances, yard signs for neighbors along walking routes, educational handouts/brochures, printed walking routes maps, safety tip cards, high-visibility stickers for bikes, backpacks, wheelchairs, and helmets
 - Digital Materials: Static graphics for websites, digital infographics on pedestrian safety, electronic flyers for events, and downloadable safety checklists
 - Partnership Channels: Leverage school board, PTA/PTO groups, partners, and other networks to expand the reach of print and digital materials.
 - Omnichannel Digital Distribution: Using school-wide e-blasts, e-newsletters, and mobile text alerts to ensure safety information reaches parents and students where they are most active.
 - Social Media: Dedicated posts, stories, and reels on platforms such as Instagram, YouTube, Twitter/X, and Facebook
 - Broadcasting: Radio "PSA" (Public Service Announcement) spots, guest appearances on local podcasts, and targeted ad placements through digital streaming services
 - Outreach and Engagement: Educational webinars, community-led blogs, school newspaper articles, and interactive booths at community or school-based events (e.g., Back-to-School Night, National Night Out)
11. Healthy Food Access Points
 - Any retail or non-retail location where community members can obtain healthy food (e.g., farmers markets, grocers, supermarkets, corner stores, gardens, food banks, CSAs, etc.)
12. Lifestyle Change Programs
 - Evidence-based, structured interventions (such as the National DPP or HHA) that focus on behavior modification. These programs typically last several months, and emphasize sustainable changes in nutrition, physical activity, and stress management to prevent or manage chronic conditions.
13. Self-Management Support Tools
 - Program materials that reinforce self-management skills and maintenance. Examples: Blood pressure cuff, pedometer, toothbrush, pill organizers, portion meal planning lunch boxes.

14. Supplantation

- A prohibited process where a jurisdiction or government entity diminishes existing local financial support for a specific initiative, primarily due to the availability or anticipation of federal funding to cover the same costs.

15. Ultra Processed Foods

- Commonly referred to as UPFs, ultra processed foods are highly processed, nutrient-deficient foods. They contribute to a range of negative health outcomes, including cardiovascular disease, obesity and certain cancers. It is estimated that 70% of the U.S. food supply consists of foods commonly considered ultra-processed, and that children get over 60% of their calories from such foods.

<https://www.fda.gov/food/nutrition-food-labeling-and-critical-foods/ultra-processed-foods>

16. Whole Person Approach

- A holistic framework for health that moves beyond treating a single symptom or disease to address the interconnected needs of the individual to improve overall well-being.

17. Collective Impact

- A structured, cross-sector framework designed to solve complex social and economic problems that no single organization can address on its own. It required five core conditions to be met: 1) a common agenda, 2) Shared/common measures, 3) Mutually reinforcing activities, 4) Continuous communication, and 5) a backbone organization.

Evaluation Metric Descriptions

1. Direct Encounters

- A personalized interaction between a program staff member and a participant that involves direct engagement, data collection, or service delivery. This includes encounters such as health education sessions, coaching, or clinical screenings where a specific individual is reached and their participation is documented. This is distinct from passive outreach or broad media impressions

2. Impressions

- The total number of times a specific health communication or marketing message (e.g., social media posts, flyers, billboards, or PSAs) is potentially viewed by the target audience. This metric measures reach and saturation rather than direct engagement.

3. National DPP Risk Reduction

- Participants in National DPP meet risk reduction if they achieved at least 1 of the following: 1) minimum 5% weight loss, 2) min 4% weight loss and minimum 8 sessions associated with min. avg. 150 minutes/week of PA, 3) min 4% weight loss and min 17 sessions attended, or 4) minimum 0.2% A1c reduction.

4. National DPP Concluder

- Participants who have had a year lapse since their first session was attended.

5. National DPP Completer

- Completers are concluders who attended 8+ sessions in months 1-6 and who had 9+ months between first and last session attended.

6. Program agility composite score:

- A multi-dimensional, weighted metric that evaluates local infrastructure flexibility. The score aggregates performance across four core domains: funding stability, staff

cross-training, inter-program interoperability, and operational integration into the Local Health Department (LHD). To be provided mid-year.

7. Indicators
 - A specific, observable, and measurable characteristic or change that shows progress toward achieving a specified outcome.
8. Data Source
 - The specific, identifiable system, tool, database, or document from which indicator data is obtained and verified. Examples include Electronic Health Records (EHRs), signed participant attendance logs, inventory logs, Social Media analytics dashboards, etc.
9. Milestones
 - Significant markers that signal the completion of a major phase, deliverable, or step along the work plan's timeline. While performance measures track *continuous* work, milestones are a *binary* snapshot —meaning they are either fully achieved or not. These implementation checkpoints answer the question *"What critical checkpoints or major deadlines must we hit to prove our program is on schedule?"*
10. Program Performance Measures
 - Quantifiable data points used to continuously track the implementation, execution, and operations. Measuring direct output, these measures answer the question, *"How much did we do, and how well did we do it?"*
11. Program Evaluation Indicator & Common/Shared Measure
 - A standardized set of mandatory metrics required of all grantees to establish a uniform baseline for statewide data aggregation to effectively evaluate [collective impact](#). *"What core data points must every single jurisdiction collect identically so the state can prove our collective impact?"*
12. Lifestyle Change Program Measure
 - Conditional, evidence-based metrics specifically designated for structured health education cohorts such as the National DPP, Walk with Ease, or HHA. These measures assess *"How well is the evidence-based program being implemented to its original intent?"*
13. Impact Measure
 - High-level metrics that assess the ultimate real-world change and structural success of the program within the target population, such as concrete health system shifts, environmental transformations, a reduction in food insecurity, or a return on investment.
14. Short-term Outcomes
 - Immediate, measurable changes in a participant's knowledge, attitudes, or behavioral intentions directly following an intervention (e.g., intent to increase fruit/vegetable intake). They answer the question, *"What immediate mental shifts or personal intentions did our participants walk away with as a result of the intervention?"*
15. Long-term Outcomes
 - Sustained, lasting changes in behaviors, environmental policies, or clinical health markers that manifest over an extended period, such as permanent policy adoptions,

built environment transformations, or measurable drops in biometric markers (A1c, blood pressure).

APPENDIX C: PERFORMANCE MEASURES EXAMPLES

Performance Measures are a standardized set of shared data points that all grantees are required to collect, track, and report, regardless of their specific local project variations and adaptations. Each Local Health Department (LHD) has the flexibility to tailor its interventions to the unique needs of its jurisdiction. Common Measures establish a uniform, statewide baseline that enables MDH to evaluate the [collective impact](#) of the entire program.

The following list is meant as an example. These are not general required elements but meant to provide a model to build subregional and jurisdictional measures.

1. To what extent has public health education, outreach and communication disseminated through the community. (Reach)
 - Number of direct encounters
 - Percentage (%) of direct encounters screened for chronic disease risks and referred
 - Number of participants in health education sessions (categorized by topic area)
 - Frequency and duration of health communication messages
 - Number of lifestyle change program cohorts completed*
 - Number of participants in lifestyle change programs*
 - Number of participants who call the Maryland Tobacco Quitline or participate in cessation classes
2. To what extent have prevention education efforts affected the awareness, knowledge and intention of participants. (Effectiveness - Knowledge)
 - Percentage (%) change in participant awareness
 - Percentage (%) change in participant knowledge
 - Percentage (%) change in participant health behavior intention
 - Percentage (%) of participants reporting an intent to increase healthy food consumption
 - Percentage (%) of participants reporting an intent to decrease ultra processed food consumption
3. To what extent have lifestyle change efforts affected the knowledge, skills, and confidence of participants regarding tobacco avoidance, chronic disease self-management, and nutrition. (Effectiveness- Lifestyle)
 - Percentage (%) enrollees retained*
 - Percentage (%) change in enrollees' knowledge*
 - Percentage (%) change in enrollees' skill mastery*
 - Percentage (%) change in enrollees' confidence*
 - Percentage (%) Change in clinical/biometric (as described by the specific program focus, e.g., blood pressure, blood glucose)*

4. To what extent are local community-based organizations (CBO) and health systems adopting standardized risks screening for chronic diseases. (Process Adoption)
 - a. Number and percentage (%) of LHD organizational partners formally adopting standardized risks screening
 - b. Number of partner and provider workforce trained in using standardized risks screening
 - c. Percentage (%) change in confidence among partners and providers educated on standardized risks screening
 - d. Percentage (%) of the defined population screened for chronic disease risks
5. To what extent are local and community-based organizations and health systems adopting HIT systems such as CRISP to conduct closed loop referral loops. (HIT Adoption)
 - a. Number and percent (%) of LHD organizational partners formally adopting CRISP to conduct closed loop referral loops
 - b. Number of partner and provider workforce trained in using CRISP to make closed-loop referrals
 - c. Percentage (%) change in confidence among partners and providers educated on closed loop referrals
 - d. Percent (%) of screened individuals referred for social service support needs (e.g., food, transportation, etc.)
 - e. Percent (%) of referrals closed within 30 days
6. To what extent are LHDs organizationally agile and prepared to sustain the integration of tobacco, nutrition, and chronic disease self-management programs. (Sustainability)
 - a. Number of updated operational documents (e.g., integrated intake and risk screening forms, cross-program referral workflows, job descriptions, joint MOUs, etc.)
 - b. Percentage (%) of the total LHD workforce cross-trained in integrated tobacco, nutrition, or chronic disease management protocols
 - c. End of year program agility composite score
7. To what extent has demand for healthy food options been generated among people managing chronic diseases. (Impact)
 - a. Percentage (%) change in participant readiness to adopt healthy dietary behaviors
 - b. Percentage (%) change in participant behavior intention to consume healthy foods
 - c. Percentage (%) change in food insecurity risk among chronic disease program participants who were screened and referred to food access points
 - d. Percentage (%) of distributed food benefits/vouchers successfully redeemed by participants (e.g., SNAP, or local fruit/vegetable incentives, others)

APPENDIX C: RESOURCES

Center for Tobacco Prevention and Control (CTPC)

Tobacco Use Prevention and Cessation Resources

Tobacco Youth Outreach

Statewide Youth Engagement Initiative - The state is leading a youth-led, adult-guided statewide tobacco prevention movement; local engagement is a key component. CTPC partnered with CADCA to assess the current status of youth-focused programs and resources available across the state throughout FY26. A new Youth Engagement Initiative will begin in FY27. In addition, local chapters are expected to be established to further support this initiative.

- [The Tobacco Prevention Toolkit](#) from Stanford Medicine is an educational resource that can be adapted to meet the needs of educators and students in different settings.
- A [youth-focused curriculum](#) is available from the Truth Initiative.
- [FAQ](#) for schools on how to safely dispose of e-cigarette waste.

Tobacco Health System Partnerships

Maryland Tobacco Resource Center [Trainings Page](#)

- Brief Interventions and Fax to assist training
- BH2 – Breaking the Habit in Behavioral Health: New Hope for Clients who Smoke

Administrator and Staff Trainings: [Treating Tobacco Dependence Practice Manual](#)

Tobacco Mass Reach Health Communications

- CTPC promotes the [Quitline](#) and Live Vape Free services by airing ads on transit, TV, digital mediums, in hospitals and waiting rooms, and on the radio in grocery stores.
- The [Responsible Tobacco Retailer](#) campaign educates retailers on how to comply with youth tobacco sales laws and reduce youth access to tobacco products. CTPC mails all tobacco retailers a packet that contains resources regarding the tobacco sales law.
- CTPC focuses on youth e-cigarette prevention and cessation through [The Vape Experiment](#) campaign. The campaign delivers facts about e-cigarette risks and health effects. The campaign includes static and video ads placed on social media popular with young people, including Instagram, Snapchat, and streaming video ads.
- CDC's [Tips from Former Smokers](#) campaign profiles diverse groups of people who live with the serious long-term health effects of smoking or exposure to secondhand smoke.
- [CDC Media Campaign Resource Center](#) - national repository of media assets from other states.

Surveillance and Evaluation: ***CTPC staff are available to assist with data requests and to navigate online tools.*

- The [Maryland Youth Risk Behavior Survey/Youth Tobacco Survey \(YRBS/YTS\)](#) is a school-based survey conducted in the fall of even years in public middle and high schools. The most recent cycle of data collection was completed on December 9, 2023.

- The [Behavioral Risk Factor Surveillance Survey \(BRFSS\)](#) is an annual telephone survey housed within the Center for Chronic Disease Prevention and Control that measures adult risk behaviors. CTPC provides support for an expanded tobacco section. The most recent data available is from CY 2021.
- [Youth Pandemic Behavior Survey \(YPBS\)](#): An online survey of Maryland high school students measuring youth risk behaviors administered in 2021 and 2023.
- The [Point of Sale Toolkit \(POST\)](#) is an innovative data collection software developed by Counter Tools that maps tobacco retail data and increases efficiency in conducting compliance checks, providing retailer education, and completing store assessments.
- [MDAT](#) is an online data querying tool for users to analyze Maryland BRFSS and YRBS/YTS data. CTPC staff are available to navigate this tool.

Policy Support

The [Legal Resource Center for Public Health Policy \(LRC\)](#) at the University of Maryland, Carey School of Law tracks tobacco control policy during the legislative session and provides technical assistance to LHDs and other partners on federal, state, and local level tobacco control laws, regulations, and policy.

Maryland Tobacco Quitline:

- CTPC funds the Maryland Tobacco Quitline (Quitline) with State and Federal funding. The Quitline is a phone, web, and text-based program that offers highly trained Quit Coaches who help Maryland residents aged 13+ quit tobacco use. Services are confidential and are provided in English, Spanish (1-855-DEJELO-YA) and other languages. The Quitline is available 24 hours a day, 7 days a week, and offers **FREE** Nicotine Replacement Therapy (e.g., gum, patch, lozenge) for those 18 and older.
- Visit [SmokingStopsHere.com](https://smokingstopshere.com), call **1-800-QUIT-NOW (1-800-784-8669)**, or adults can text **READY to 21586** or text **LISTO to 21586** for Spanish communication.
- Text-based cessation program for youth, ages 13-17, text **"VAPEFREE" to 873-373**.
- The [Live Vape Free Program](#) is focused on supporting parents and other concerned adults to support youth to quit vaping. This online learning program is designed to provide the insights needed for getting started, tips and tools, and resources for ongoing support.
- For Quitline inquiries or data reports, please contact Shakila Johnson at shakila.johnson@maryland.gov.

Tobacco Control Resource Center

The Maryland Tobacco Control Resource Center ([TCRC](#)) is funded jointly by CTPC and the MDH Behavioral Health Administration. The mission of TCRC is to link professionals and providers to state tobacco control initiatives, to provide evidence-based, effective resources and tools to local programs, to create and support an extensive, collaborative network of tobacco prevention and cessation professionals, and to provide a forum for sharing best practices throughout the state of Maryland. University of Maryland Baltimore now oversees the TCRC and CTPC can link local programs to the TCRC, if desired.

Chronic Disease Management Resources

- **Diabetes and Chronic Disease Programs**
 - [DPRP Standards and Operating Procedures](#)
 - [CDC Diabetes Prevention Program](#)
 - [Healthy Heart Ambassador Program](#)
- **Epidemiology and Data Resources**
 - [Chronic Disease Burden Tables](#)
 - [Maryland Diabetes Action Plan](#)
- **Communication and Media Toolkits**
 - [DSMES Promotion Playbook Resources](#)
 - Know Your Risk is a prediabetes media toolkit developed by the Cancer and Chronic Disease Bureau. For more information about the Know Your Risk toolkit, please reach out to [mdh.chronicdisease@maryland.gov]
- **Implementation Resources**
 - [Evidence-Based Programs: Implementation Fidelity and Adaptation Guidebook](#)
 - [Spotlight Model for Adaptation](#)
 - [Understanding and Planning for Sustainability](#)
 - <https://sustaintool.org/psat/>
 - [Community Preventive Services Task Force Findings](#)
 - [Operationalizing Goals to Maximize Public Health Planning](#)
 - [Creating Successful Collaboration Structures in Public Health Initiatives](#)
- **Evaluation Resources**
 - [Social Vulnerability Index](#)
 - [MD BRFSS](#)
 - [CDC PLACES](#)
 - [Uniform Data System \(UDS\) - Maryland Health Center Program](#)
- **Sustainability Planning**
 - [Program Sustainability Assessment Tool](#)
- **Office of Oral Health Resources**
 - Oral Health Education Resource Request: <https://health.maryland.gov/phpa/oralhealth/Pages/materials.aspx>
 - Maryland Oral Health Resource Guide 2026 Edition: <https://health.maryland.gov/phpa/oralhealth/Documents/ResourceGuide.pdf>
 - Ava Roberts Oral Health Symposium 2026, to be announced
 - For technical support: E-mail: mdh.oralhealth@maryland.gov
- **Department of Agriculture Resources**
 - [Maryland Market Money \(MMM\) Program](#)
 - [Farmers Market Programs](#)
 - [USDA Farmers SNAP Application](#)
 - [Community Supported Agriculture \(CSA\)](#)

- **Housing and Community Development Resources**
 - LHDs can find their food security scores and indicators here: <https://compass.maryland.gov/map/>
 - [NourishMD Grant Program](#)
 - [Fresh Food Financing Initiative](#)
 - [The Community Guide](#)
- **CRISP Resources**
 - Onboarding with CRISP: <https://www.crisphealth.org/onboarding/>

APPENDIX D: CMS Notice of Award (NoA) Terms and Conditions

1. Applicable terms and conditions stated in the NoA flow down to subrecipients. In addition, all relevant project requirements and definitions outlined in the NOFO (CMS-RHT-26-001) and the FAQ apply. Appendices D, E, and F provide the full list of terms and conditions, which are incorporated by reference into Appendix C.
2. Continued funding from CMS is conditional on the availability of appropriated funds, satisfactory performance, reporting, and compliance.
3. Subrecipients must:
 - a. Use subawards for authorized purposes for the program referenced in the NoA and described in the NOFO and outlined in the approved application to positively affect rural areas and rural residents. This includes any approved revisions, as applicable, made subsequent to the approved application;
 - b. Comply with Federal statutes, regulations, and the terms and conditions of the subaward;
 - c. Achieve subaward performance goals; and
 - d. Adhere to the implementation plan and timeline included in the approved application.
 - e. Comply with the requirements and limitations related to the use of funds:
 - i. Each budget narrative activity/cost must be described and fully itemized.
 - ii. TBD line items will remain restricted until finalized.
 - iii. CMS must provide prior approval prior to funds draw down.
 - iv. Subrecipients must record expenses in real time.
4. 2 CFR 200.331, subrecipient and contractor determinations, and 2 CFR 200.332, requirements for pass-through entities, are incorporated by reference.
5. Under the Cooperative Agreement CMS will have substantial programmatic involvement. Maryland will need to seek CMS prior approval for:
 - a. Budget revisions expected to exceed 10 percent of the total budget as last approved.
 - b. Subaward activities not yet proposed or approved;
 - c. Consultant/contract activities not yet proposed or approved;
 - d. Changes in scope;
 - e. Lifting of funding restrictions;
 - f. Removal of non-compliance plans;
 - g. Key personnel changes;
 - h. Equipment and other capital expenditures 2 CFR 200.439; and
 - i. Rearrangement and reversion costs 2 CFR 200.462
 - j. Activities that require prior approval are further detailed in HHS grant 2 CFR 200.407, Prior written approval (prior approval), 2 CFR 200.308, Revision of budget and program plans, and the HHS Grants Policy Statement.
6. A complete description and cost breakdown must be provided to CMS for each consultant, subrecipient, or contract upon selection. Any required contractual reporting information should be updated, as necessary, to reflect the specific subrecipient/contractor/ consultant selected. Please review the “CMS Guidance for Preparing a Budget Request and Narrative” (Section F) for further guidance on these requirements:

<https://www.cms.gov/about-cms/work-us/cms-grants-cooperative-agreements/how-apply-cms-grants/cms-guidance-preparing-budget-request-narrative>

7. Limitations on use of funds include:
- a. Administrative costs, including indirect and direct costs, are capped at 10% per budget period.
 - b. Any program income (money earned from award-supported activities) must be used for the purposes and under the conditions of the award.
 - c. Minor renovations or alterations allowable only with CMS prior approval to ensure long-term overhead and upkeep costs are commensurate with patient volume, subject to restrictions in the funding policies and limitations section of the NOFO. Funding used for minor renovation or alterations cannot exceed 20% of the total funding awarded to SORH in each budget period.
 - d. Workforce activities must require a commitment for recipients of RHTP financial incentives to serve rural communities for a minimum of five years. Under the uses of funds described in statute, there is a minimum five-year commitment for clinical workforce talent to serve rural communities who benefit from recruiting and retention initiatives funded by RHTP. Relevant workforce initiatives need guardrails to meet this statutory requirement. See NOFO for further specifics on allowable expenses and funding guidelines.
 - e. Direct health care services allowable if justified why they are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), and/or how they transform the current care delivery model. CMS will have final approval of whether proposed services are allowable.
 - f. Funding used for provider payments, defined in the NOFO as providing payments to health care providers for the provision of health care items or services, cannot exceed 15% of the total funding awarded to SORH in a given budget period.
 - g. No more than 5% of total funding awarded to SORH in a given budget period can support funding the replacement of an Electronic Medical Record (EMR) system if a previous HITECH certified EMR system is already in place as of September 1, 2025.
 - h. Funding towards initiatives similar to the “Rural Tech Catalyst Fund Initiative,” as described in the NOFO Appendix (pages 115-118), cannot exceed the lesser of (1) 10% of total funding awarded to the Recipient in a given budget period or (2) \$20M of total funding awarded to SORH in a given budget period.
 - i. SSA 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.
 - j. Salary Limitations: None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The Executive Level II rate changes each year, refer to the most recent information posted on the [Office of Personnel Management website](#). The January 2026 salary cap is [here](#).
 - k. Subrecipients must comply with the cost principles set forth in HHS regulations at 2 CFR 200, Subpart E. Subrecipients must also use these principles as a guide in

pricing fixed-price contracts and subcontracts when costs are used in determining the appropriate price. Hospitals must follow Appendix IX to 2 CFR 300. Principles for Determining Costs Applicable to Research and Development Under Grants and Contracts with Hospitals.

- l. For-profit recipients are subject to 48 CFR subpart 31.22 For more detailed information on applicability and exemptions, refer to 2 CFR 200.401.
8. Unallowable costs include:
 - a. Pre-award costs.
 - b. Goods or services not allocable to the approved project. Using funds in a manner inconsistent with activities described in the approved application, on activities explicitly limited or prohibited in the Terms and Conditions, and/or on activities not approved by CMS is a violation of the agreement.
 - c. Meeting matching requirements for any other federal funds or local entities.
 - d. An expenditure that is attributable to an intergovernmental transfer, certified public expenditure, or any other expenditure to finance the non-Federal share of expenditures required under any provision of law.
 - e. Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law, such as vocational rehabilitation or education services.
 - f. Duplicate payments. Funds may not be used to replace payment for clinical services that could be reimbursed by insurance. Funds also may not be used for payments to clinical services if they duplicate billable services and/or attempt to change the payment amounts of existing fee schedules.
 - g. Supplanting (not supplementing) non-federal funds that have been budgeted for the same purpose through non-federal sources including existing State, local, tribal, or private funding.
 - h. Federal award funds must supplement, not replace (supplant) non-federal funds. All recipients who receive awards under programs must ensure that federal funds do not supplant funds.
 - i. Funds may not be used for clinician salaries. Funds also may not be used for wage supports for facilities that subject clinicians to non-compete contractual limitations. This applies only to salaries and wages funded by the cooperative agreement award through an approved initiative described in the approved application.
 - j. Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital or useful life as a direct cost.
 - k. The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR 300.477.
 - l. Purchase of certain telecommunications and video surveillance equipment (See 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs.
 - m. Meals, unless in limited circumstances as described in the NoA.
 - n. Initiatives that fund certain cosmetic and experimental procedures that fall within the definition of a specified sex-trait modification procedure at 45 CFR 156.400 because that is beyond the scope of this program.

- o. Profit to any recipient even if the recipient is a for-profit organization. Profit is any amount in excess of allowable direct and indirect costs.
 - p. Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement related to lobbying and influencing the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, local legislature or legislative body.
 - q. Costs of promotional items and memorabilia, including models, gifts, and souvenirs. Costs of advertising and public relations designed solely to promote the non-Federal entity.
9. CMS Standard Grant and Cooperative Agreement Terms and Conditions are applicable to RHTP. In summary, this includes the following:
- a. Compliance with all federal laws as amended and their requirements
 - b. Antidiscrimination laws;
 - c. Title VI of the Civil Rights Act of 1964;
 - d. Section 504 of the Rehabilitation Act of 1973;
 - e. Title IX of the Education Amendments of 1972;
 - f. Age Discrimination Act of 1975;
 - g. Section 1557 of the Patient Protection and Affordable Care Act; and
 - h. As applicable, Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 et seq., including the requirements set forth in Presidential Executive Order 14168 titled Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, and Title VI of the Civil Rights Act of 1964, 42 U.S.C.;
 - i. Administrative requirements, cost principles, and audit requirements that govern Federal monies associated with this NoA, as applicable, in the Uniform Guidance – 2 CFR 200 and 2 CFR 300.
 - j. Privacy and Security of Health Information. Subrecipients shall put all appropriate regulatory, administrative, technical, and physical safeguards in place before applicable program activities begin to protect the privacy and security of individually identifiable health information.
 - k. Mandate that all Federal contractors, subcontractors, recipients, subrecipients, or personal services contractors, must inform their employees in writing of the rights and remedies provided under this section, in the predominant native language of the workforce.
 - l. Prompt disclosure, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award.
10. Additional administrative requirements:
- a. Collaborate with SORH and CMS staff to implement and monitor the project.
 - b. Participate in all monitoring activities requested by CMS and/or its contractor(s).
 - c. Participate in program evaluation activities requested by CMS and/or its contractor(s).
 - d. Participate in program audit activities requested by CMS and/or its contractor(s).

- e. SAM and UEI: Maintain current information in SAM and review and update the information at least once a year after the initial registration to remain active, and more frequently if required by changes in the information.
- f. Comply with the Stevens Amendment to include the following language acknowledging federal assistance when issuing any public facing materials including statements, presentations, press releases, publications, requests for proposals, bid solicitations, and other documents: “The Maryland Rural Health Transformation Program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$168,180,837.61 with 100 percent funded by CMS/HHS. The contents of this [e.g., meeting] are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.”
- g. Prior to use, publication, or distribution, share any public facing materials (including but not limited to statements, presentations, press releases, publications, requests for proposals, bid solicitations, and other documents) with SORH Agreement Monitor for review and approval.
- h. Comply with requirements related to use of data and work products and making sure no subaward is made to an entity that is debarred, suspended, or ineligible.
- i. Requirements for certification of non-duplication, assessment, and administrative controls. All recipients of RHTP funding will be required to complete an attestation that their activities will 1) serve a rural community, and 2) the proposed activities and funding do not supplant other funding sources. Each Partner must include the attestation and funding assessment as attachments to this agreement. The funding assessment will ensure planned use of RHTP funds are consistent with RHTP non-duplication requirements. The assessment will identify current funding for related activities and clarify how the recipient’s activities are clearly distinct. Grantees will be required to document their administrative controls for maintaining compliance with the non-duplication requirements. The documentation must address their financial reporting processes for tracking expenses and allocating costs among different funding streams. Grantees will be required to describe their internal controls and monitoring of subcontracts for compliance. All subrecipient and grantee agreements will include language that certifies that RHTP funding will not supplant existing funding sources. Grantees will be required to provide invoices at least quarterly with details that describe activities during the period. Annually, RHTP grantees will provide an updated funding assessment of RHTP funding and related funding sources, ensuring RHTP activities are distinct from activities supported by other funding sources.

Purpose

Federal Rural Health Transformation Program (RHTP) funds **must serve rural communities and must supplement, not supplant, existing funding sources**. Awardees must attest that RHTP funds will serve rural communities and any RHTP funds will supplement, not supplant, existing funding sources. Awardees must disclose any related funding sources that could potentially overlap with the proposed activities.

Section 1 – Attestation

By signing below, the awardee certifies that:

- ☐ The activities proposed under this RHTP application **serve rural communities** consistent with RHTP program objectives.
- ☐ The proposed activities **do not duplicate or supplant other funding sources**.

Authorized Representative

Name: _____
Title: _____
Organization: _____
Signature: _____
Date: _____

Section 2 – Funding Assessment

Awardees must identify **any existing funding sources** that relate to the proposed activities and explain how RHTP funding is **distinct and non-duplicative**. (Add rows if necessary)

RHTP Funding Duplication Assessment		
RHTP Proposed Activity	Related Funding Sources	How RHTP Funding is New and Distinct?

- End of Appendix -