

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Office of the Cigarette Restitution Fund Program

	DESCRIPTION	RETENTION
1	Minority Outreach & Technical Assistance (MOTA) Unit Record Series including: A. Grant Applications B. Financial Records C. Progress Reports D. Annual and Final Reports E. Program Correspondence	A. Retain unfunded applications for three (3) years , then destroy. Retain accepted applications for five years after completion of project, then destroy. B. Retain for five (5) years after completion of project and until all audit requirements are met, then destroy. C. Retain for five (5) years , then destroy. D. Retain permanently , transferring to State Archives when no longer needed. E. Set up annual folders, screening for material that is no longer needed. Retain for five (5) years after project completion, then destroy.
2	Tobacco Use Prevention Program Series- Statewide and administrative component- this series includes project files containing unified grant awards, contracts, progress reports, audit/reconciliation reports, surveillance and evaluation information, training files, etc.	Retain project files in office for four (4) years following completion of project or until audit requirements are met, then transfer to State Records Center. Retain at Records Center until ten (10) years after project completion then destroy.
3	Cancer Prevention, Education, Screening and Treatment Unit- CRFP Record Series A. Patient records of screening, diagnosis and treatment, program notes, biopsy results, operative results, medical bills, and other records related to the prescribed diagnosis and treatment. B. CRFP DATABASE (Electronic Master Database).	A. Screen annually, discarding material that is no longer needed, moving inactive records to storage. Store inactive records for five (5) years after completion of study then destroy. B. Retain permanently . Periodically transfer backup copy to State Archives.

MAY 12 2005

APPROVED:(DHMH Official) DATE: 12/3/04

SIGNATURE: *Carlessia Hussein*
Carlessia Hussein, DrPH, Director

AUTHORIZED:(State Archives) DATE: MAY 12 2005

SIGNATURE: *Edward C. Papenfuse Jr*
Edward C Papenfuse Jr, State Archivist

DMHM Instructions: Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record series must also be listed on a Schedule.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY	
				1 PAGE _ OF <u>3</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division Cigarette Restitution Fund Program – Minority Outreach and Technical Assistance		3. Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title: MOTA VENDOR GRANT FILES				5. Earliest Year/Latest Year 2001 to 2003	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series. THIS SERIES WILL INCLUDE: MOTA VENDOR GRANT APPLICATIONS, FINANCIAL RECORDS, PROGRESS REPORTS, ANNUAL REPORTS AND PROGRAM CORRESPONDENCE. THESE RECORDS PROVIDE SUPPORTING DOCUMENTATION ON PROGRAM ACTIVITIES OF THE RECIPIENTS FUNDED TO CONDUCT MINORITY OUTREACH AND TECHNICAL ASSISTANCE ON CANCER AND TOBACCO WITHIN THE STATE OF MARYLAND.					
7. Record Series Format(s) <input type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify)		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reels(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
				10. Annual Accumulation Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After <u>1</u> <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) 201 W. Preston Street, 5th FLOOR, Room 500			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention 5 YEARS		
19. Name and Title of Preparer Diane Walker Administrative Officer		20. Room Number 500 Telephone Number X7-5963		21. Date 9/23/04	

DMHM Instructions: Screen non-record materials and list separately. Type or print a separate inventory form for each		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER		AGENCY RECORDS INVENTORY	
				PAGE _ OF 2 3	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division Tobacco Use Prevention - Cigarette Restitution Fund Program		3. Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Cigarette Restitution Fund Program - Tobacco Use Prevention				5. Earliest Year/Latest Year 2000 to 2005	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Program and budget records for the local public health, media, surveillance and evaluation, statewide and administrative component of the tobacco use prevention program. This includes unified grant awards, contracts, progress, audit and reconciliation reports and training files. Retain all records in the office for four (4) years then ship them to Jessup and retain for six (6) years then destroy.					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape		8. Record Series Sequence <input type="checkbox"/> Alphabetical		9. Volume File Drawer(s) 46 <input checked="" type="checkbox"/> Microfilm Reels	
				10. Annual Accumulation 71/2 <input checked="" type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify)	
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After _36_ <input checked="" type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg., Floor, Room) 300 West Preston Street Building, Rooms 304 and 410			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input checked="" type="checkbox"/> State		<input type="checkbox"/> Federal <input type="checkbox"/> Independent
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention Four (4) years the office and six (6) years off site		
19. Name and Title of Preparer		20. Room Number Telephone Number		21. Date	

DHMH Instructions - Screen non-record materials and list separately. Type or print a separate inventory form for each Record Series identified. Each Record Series must also be listed on a Schedule. Forward all Records Inventory forms with the proposed Records Retention Schedule (DGS 550-1) to the DHMH Records Management Officer thru your Records Coordinator.		DEPARTMENT OF GENERAL SERVICES STATE RECORDS CENTER 7275 WATERLOO ROAD P.O. BOX 275 JESSUP, MARYLAND 20794 (410) 799-1379		AGENCY RECORDS INVENTORY PAGE <u>3</u> OF <u>3</u>	
1. Department/Agency DEPT OF HEALTH & MENTAL HYGIENE		2. Office/Administration/Division CRFP		3. Unit or Section	
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Cancer Prevention, Education, Screening, Treatment				5. Earliest Year/Latest Year 2000 to 2004	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Patient records of screening, diagnosis & treatment - program notes Biopsy results operative notes, medical bills, etc. CRFP database of select data from above records.					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Microfilm <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (specify) _____		9. Volume _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____	
10. Annual Accumulation _____ Number <input type="checkbox"/> File Drawer(s) <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (specify) _____					
11. File is Used <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg., Floor, Room) 201 - 5th floor			14. Is Record Series Duplicated Elsewhere? (If yes, specify agency or office) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No shared with FHA		
15. Access Restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, cite Law(s) & Regulation(s))			16. Audit Requirements <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an Index System used? (If yes, explain briefly and describe any hardware/software requirements) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention 5 yrs - DATABASE - permanent		
19. Name and Title of Preparer T. Krawitz		20. Room Number 540A Telephone Number 75934		21. Date 11/20/04	