

July 14, 2026

Dr. Allison Agwu
Professor of Pediatrics, Office of Research Administration
Johns Hopkins University
733 N. Broadway
Suite 117, Miller Research Building
Baltimore, MD 21205-2109

STATE CLEARINGHOUSE REVIEW PROCESS

State Application Identifier: MD20260714-0405

Project Description: Johns Hopkins Medicine Collaboration with Women, Infants, Children, and Youth for Excellence in HIV Care Across Central Maryland (JHM WICY)

Project Location: Baltimore City, Anne Arundel County, Baltimore County, Carroll County, Harford County, Howard County and Queen Anne's County

Clearinghouse Contact: Sophia Richardson

Dear Dr. Agwu:

Thank you for submitting your project for intergovernmental review. Participation in the Maryland Intergovernmental Review and Coordination (MIRC) process helps ensure project consistency with plans, programs, and objectives of State agencies and local governments.

Notice of your application is being provided to State and local public officials through the **Intergovernmental Monitor**, which is a database of projects received by the State Clearinghouse for Intergovernmental Assistance. This information may be viewed at <http://apps.planning.maryland.gov/emircpublic/>. The project has been assigned a unique State Application Identifier that should be used on all documents and correspondence.

A "Project Status Form" has been enclosed and should be completed and returned after you receive notice that your project was approved or not approved.

All MIRC requirements have been met in accordance with Code of Maryland Regulations (COMAR 34.02.01.04-.06) and this concludes the review process for the above referenced project. If you need assistance or have questions, contact the State Clearinghouse staff noted above at 410-767-4490 or through e-mail at sophia.richardson@maryland.gov. Thank you for your cooperation with the MIRC process.

Sincerely,



Jason Dubow, Director
Research, Review and Policy Division

JD:SR
Enclosure(s) 26-0405_NM.NEW.docx

PROJECT STATUS FORM

Please complete this form and return it to the State Clearinghouse at mdp.clearinghouse@maryland.gov upon receipt of notification that the project has been approved or not approved by the approving authority.

TO: **Maryland State Clearinghouse**
Maryland Department of Planning

DATE: _____
(Please fill in the date form completed)

FROM: _____
(Name of person completing this form.)

PHONE: _____ - _____ - _____
(Area Code & Phone number)

RE: State Application Identifier: **MD20260714-0405**
Project Description: Johns Hopkins Medicine Collaboration with Women, Infants, Children, and Youth
for Excellence in HIV Care Across Central Maryland (JHM WICY)

PROJECT APPROVAL

This project/plan was: ☐ Approved ☐ Approved with Modification ☐ Disapproved

Name of Approving Authority: _____

Date Approved: _____

FUNDING APPROVAL

The funding (if applicable) has been approved for the period of:

_____, 202__ to _____, 202__ as follows:

Federal \$:

Local \$:

State \$:

Other \$:

OTHER

☐ Further comment or explanation is attached