



**Somerset County Health Department**  
8928 Sign Post Road, Suite 2, Westover, Maryland 21871  
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Health Officer Danielle Weber, MS, RN

## **REQUEST FOR PROPOSALS FOR COMMUNITY ACTIVITIES**

The Somerset County Health Department is accepting proposals for programs and activities that address adult diabetes in Somerset County, Maryland. These funds are made possible through the CareFirst Grant.

### **I. PURPOSE**

To increase availability and number of adults participating in the CDC recognized Diabetes Prevention Program in Somerset County. To increase nutritional health among Somerset County adults at risk of or with a diagnosis of diabetes. Increase community partnerships with health care, local health departments, community service agencies to ensure appropriate education, resources for diabetes prevention and management

### **II. ELIGIBILITY**

All Somerset County community-based organizations, churches, recreational entities, and non-profit organizations are encouraged to apply for grant funding.

### **III. FUNDS AVAILABLE**

This Request for Proposals is competitive. A total of **\$30,000** is available in funds. More than one proposal will be funded depending on application and review score.

### **IV. TIMELINE**

<b>RFP release date:</b>	<b>April 11, 2022</b>
<b>Pre-proposal virtual meeting date:</b>	<b>April 15, 2022</b>
<b>Proposal deadline:</b>	<b>April 25, 2022</b>
<b>Tentative award date:</b>	<b>May 1, 2022</b>

### **V. PROPOSAL GUIDELINES & FORMAT**

*Applications will be disqualified if the following criteria is not included:*

- Number all pages and clearly note any attachments
- Must be typed with 1-inch margins
- Proposal must include items A-D in the stated order

#### **A. Cover Sheet (Attachment I)**

**B. Project Abstract**--Describe in two pages or less:

1. What is the project purpose?
2. Who is the intended audience?
3. How will the project be conducted?
4. Who will conduct the project and what is their experience? (Please include all Key Staff)
5. What is the expected outcome and how will it be measured?

**C. Technical Proposal**--Describe in 5 pages or less:

1. **Statement of Need**--Why is the project needed? (supported with relevant data)
2. **Organizational Capacity**--Discuss your agency, type of services that are currently provided, and previous experience working with the intended audience.
3. **Project Plan** (Attachment II) -- Discuss the following:
  - a. **Primary Objective** of the proposal.
  - b. **Planned activities**. Include a timeline and activity details of the project strategies and activities.
  - c. **Expected Benefits** of the project.
  - d. **Evaluation/Performance Measures**. Include in detail how the results will be measured and the project evaluated. Make sure the measures are consistent with the primary objective.
  - e. **Sustainability**. Include a plan or discussion how you will sustain this project after the grant period ends.

**D. Budget Proposal**

1. **Submit a detailed budget narrative**. Include an explanation for each budget line item.

**VI. SUBMISSION OF PROPOSAL**

One proposal packet bearing original signature in **blue ink** and four copies are to be submitted in a sealed envelope.

**ON THE ENVELOPE CLEARLY IDENTIFY: "CareFirst Grant Proposal"**

Each proposal must include the items discussed on the previous page:

- Completed and signed Cover Sheet
- Project Abstract
- Technical Proposal
- Budget Proposal

**VII. DELIVERY OF PROPOSAL**

The deadline for submission of proposals is **by 4:00 p.m. on April 25, 2022.** Proposals should be mailed or hand delivered to Christie Taylor at the Somerset County Health Department at 8928 Sign Post Road, Suite 2, Westover, MD 21871 prior to the stated deadline. **PROPOSAL RECEIVED AFTER THAT TIME WILL BE RETURNED UNOPENED.** It is the full responsibility of the bidder to ensure the proposal is received on time. No telegraphic or facsimile proposals will be accepted. The Somerset County Health Department is not responsible for failure of a public carrier to promptly deliver proposal documents.

#### **VIII. EVALUATION PROCESS**

*Applications will automatically be disqualified if proposal format is not followed.*

The Evaluation Committee will evaluate proposals using the following criteria:

Total possible scoring is 100 points.

##### **(65 points) Project, Abstract & Technical Proposal:**

- a. All forms are complete with no missing information. Cover sheet, project abstract and technical proposal are complete **(10 points)**
- b. Statement of need is clear and backed by relevant data **(15 points)**
- c. Project plan is clear, complete, includes all necessary components, and contains no contradictions **(25 points)**
- d. Evaluation/Performance measures are measurable, specify the intended audience, and adhere to the primary objective **(15 points)**

##### **(35 points) Budget:**

- a. Budget corresponds to the project plan and is reasonable **(10 points)**
- b. Budget matches objectives and activities **(10 points)**
- c. Budget narrative clearly demonstrates plans for each line item and all funding **(15 points)**

#### **IX. BASIS OF AWARD**

Funds will be awarded to responsible parties deemed to have the most advantageous and beneficial offers as set forth in the proposal. The awards will be contingent upon approval of the Grant Review Committee. Awards will be announced on or about **May 1, 2022.**

##### **Reimbursement**

Organizations selected for an award will be required to assume responsibility for all services offered in the awarded proposal. In addition, by signing a grant project contract (Memorandum of Understanding), award recipients are required to:

1. Schedule at least one on-site review with the Health Department program monitor.
2. Submit accurate and complete project reports, budget forms, expense forms, time sheets, and original receipts for reimbursement to the health department as requested, by set deadlines.

**X. ADDITIONAL INSTRUCTIONS TO BIDDERS**

**Bid and Performance Bond:**

No bid or performance bond is required unless specifically noted.

**Right to Reject:**

The Somerset County Health Department reserves the right to reject any and/or all proposals or waive any technicality it deems in the Agency's best interest.

**Maryland Law Prevails:**

The provisions of this contract shall be governed by the laws of the state of Maryland.

**Evaluation:**

Each proposal will be evaluated utilizing the criteria outlined in the application packet.

**Solicitation Information:**

*Issuing Officer:* Danielle Weber

*Grant Project Coordinator/Monitor:* Shannon Frey

**Questions:**

Contact Christie Taylor at Somerset County Health Department at 443-523-1700 or [christie.taylor@maryland.gov](mailto:christie.taylor@maryland.gov).

A virtual pre-proposal conference will be held on **April 15 at 9:00 pm** to answer any questions. Contact Christie Taylor by end of day April 13 for a link to the meeting.

**XI. REQUIRED TEMPLATE (see next page)**

**COVER SHEET**

*(Please complete this page and submit with proposal)*

<b>Name of Organization</b>	
<b>Name of Project Director</b>	
<b>Mailing Address</b>	
<b>Physical Address (if different from above)</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Federal Tax ID Number</b>	
<b>Title of Proposed Project</b>	
<b>Amount Requested</b>	
<b>How did your organization become aware of this RFP?</b>	

**Certification**

I certify that all the information provided in this application is correct and accurate to the best of my knowledge.

<b>Name and Title</b>	
<b>Signature</b>	
<b>Date</b>	