



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

**SOMERSET COUNTY HEALTH DEPARTMENT
PURCHASING DIVISION
8928 SIGN POST ROAD, STE 2
WESTOVER, MARYLAND 21871**

REQUEST FOR PROPOSAL #2022-19

**PROJECT: OPIOID MISUSE PREVENTION PROGRAM
GRANT EVALUATOR**

LOCATION: SOMERSET COUNTY, MARYLAND

Vendor Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Signature of Authorized Representative:

**Proposal Submission Deadline: June 30, 2022
4:00 p.m. EST**

**Submit To: Christie Taylor,
Purchasing Agent
Somerset County Health Dept.
8928 Sign Post Road
Westover, MD 21853**

The Somerset County Health Department (SCHD) is accepting proposals for qualified candidates for Grant Evaluator. SCHD is seeking external evaluation candidates who possess the skills, expertise, experience and resources to design and implement a robust evaluation plan for our Opioid Misuse Prevention Program (OMPP). The funding for this program is provided by the Office of Population Health Improvement (OPHI).

I. PURPOSE

The Grant Evaluator will assess effectiveness of our OMPP strategies and will analyze data gathered through education sessions for assessing needs and strategy modifications. They will also gather and analyze data from our social media/marketing campaign to provide data on the effectiveness of our messaging outreach.

II. FUNDS AVAILABLE

This Request for Proposals is competitive. A total of **\$6,000** is available in funds.

The term of these contracts is set from July 1, 2022 to June 30, 2023.

III. TIMELINE

RFP release date:	June 15, 2022
Pre-proposal meeting date:	June 17, 2022 @ 10:00 AM
	Join by Computer: <i>meet.google.com/inp-zbkk-rrh</i>
	Join by phone: (US) +1 504-814-1693 PIN: 475 941 957#
Proposal deadline:	June 30, 2022
Tentative award date:	July 6, 2022

IV. 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-C in the stated order

A. Cover Sheet (Attachment I)

B. Evaluator Profile

1. List the key personnel who will be involved in the evaluation and provide a copy of their professional resume/vita. If none, please indicate none.
2. List three example evaluation projects of federal, state, or local programs you have accomplished. Please include: duration of work, grant amounts, and types of evaluation services provided. Be sure to explain the quantitative and qualitative evaluation process that was used.

3. List the processes or software used for quantitative analysis.
4. Describe the process used for estimating the cost for federal, state, or local program evaluations.
5. Provide one sample pre-award proposal evaluation plan that you have written, with private information redacted.
6. Have you, or any other key personnel listed in item 1, ever been debarred or excluded from federal procurement and non-procurement programs throughout the United States government and from receiving general contracts of certain subcontracts and from certain types of federal financial and nonfinancial assistance and benefits?
7. Can you provide an audit, if requested?

C. Budget Proposal

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

V. 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: “Opioid Misuse Prevention Program Grant Evaluator”

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

- Completed and signed Cover Sheet
- Evaluator Profile
- Budget Proposal

VI. DELIVERY OF PROPOSAL

The deadline for submission of proposals is **by 4:00 p.m. on June 30, 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.

VII. 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 **July 6, 2022**.

Reimbursement

Evaluator selected for the 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. 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.

VIII. 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, Health Officer

Grant Project Coordinator/Monitor: Elizabeth Justice, Prevention Supervisor

Questions:

Contact Elizabeth Justice at Somerset County Health Department at 443-523-1700 or elizabethl.justice@maryland.gov.

COVER SHEET

(Please complete this page and submit with proposal)

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

Certification

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

Name and Title	
Signature	
Date	