



Somerset County Health Department

8928 Sign Post Road, Suite 2, Westover, Maryland 21871

443.523.1700 • Fax 410.651.5680 • TDD 1-800-735-2258

Health Officer Danielle Weber, MS, RN

REQUEST FOR PROPOSAL # 2026-006

PROJECT: Cigarette Restitution Fund (CRF)

LOCATION: SOMERSET COUNTY, MARYLAND

Vendor Name: _____

Address: _____

Telephone: _____

Fax: _____

Signature of Authorized Representative: _____

Proposal Submission Deadline: August 11, 2025
4:00 p.m. EST

Submit To: Kimberly Mason
Purchasing Agent
Somerset County Health Dept.
8928 Sign Post Road, Ste. 2
Westover, MD 21871

The Somerset County Health Department (SCHD) is announcing a request for proposals (RFP) from non-governmental community organizations¹ interested in funding to engage Somerset County residents on the dangers of tobacco and nicotine products.

I. BACKGROUND

SCHD received funding from the Maryland Department of Health's (MDH) Center for Tobacco Prevention and Control via the Cigarette Restitution Fund (CRF). This funding was established in 1999 as a result of the 1998 settlement by 46 states that sued the tobacco industry to recover Medicaid expenditures resulting from cancers and disease caused by tobacco use. In turn, MDH created a Tobacco Control program consisting of a Local Public Health Component. This component of the program includes strategies for smoking cessation, school-based education and intervention, and community engagement in tobacco prevention and control.

II. PURPOSE

The goals of the Tobacco Control program include:

- Preventing the initiation of tobacco use among youth and young adults;
- Promoting quitting among adults and youth;
- Eliminating exposure to secondhand smoke; and
- Advancing health equity by identifying and eliminating tobacco product-related inequalities and disparities.

Funding for tobacco control activities and events may support personnel costs, educational supplies, curriculum materials, training, program participant incentives (not to exceed \$25 per incentive), and more.

III. GENERAL INFORMATION:

- One, **\$3,000** award is available to support activities until **June 30, 2026**.
- Proposals must be submitted to Kimberly Mason, Somerset County Health Department via email at KimberlyA.Mason@maryland.gov. Questions related to this application are permissible by email.
- All proposals must be received by **4pm EST on August 11, 2025**. Late proposals will not be accepted.

IV. BASIS OF AWARD

¹ Public schools, government departments/agencies and public universities may not apply for this funding.

Applications are competitive and 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 **August 15, 2025**.

V. REPORTING

The agency or organization 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 or Service Agreement), award recipients are required to:

- Submit accurate and complete quarterly project reports, by set deadlines (see table below). A report template will be provided along with the Memorandum of Understanding or Service Agreement.

Failure to provide this information will result in a delay or denial of reimbursement.

Report Due Date	Reporting Period
October 10, 2025	Quarter 1 (July 1- September 30)
January 10, 2026	Quarter 2 (October 1- December 31)
April 10, 2026	Quarter 3 (January 1- March 31)
July 10, 2025	Quarter 4 (April 1-June 30)

VI. REIMBURSEMENT

Funding is issued via reimbursement to awardees. The following information is required for reimbursement:

- Invoices (addressed to the Somerset County Health Department–Accounts Payable, 8928 Sign Post Road, Ste #2, Westover, MD 21871) must be on agency letterhead and include the following information:
 - Remit address (please ensure address matches W-9)
 - Invoice number
 - Amount requested for reimbursement
 - Federal ID or social security number
- Copy of receipts (should equal amount being requested)
- Copy of signed W-9

Failure to provide this information will result in a delay or denial of reimbursement.

VII. TIMELINE

- RFP release date: July 21, 2025
- Pre-proposal meeting date: July 28, 2025 @ 11:30 AM*

***Pre-proposal registration is required if you plan to attend (see Attachment II)**

Join by computer: meet.google.com/yyo-rusm-rsc

Join by phone: (US) +1 574-241-1047 PIN: 681 995 809#

- Proposal deadline: August 11, 2025
- Tentative award date: August 15, 2025

VIII. ADDITIONAL INSTRUCTIONS TO CONTRACTOR

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

Questions:

Contact Elizabeth Justice at Somerset County Health Department at 443-523-1781 or ElizabethL.Justice@maryland.gov.

Attachment I: Cover Sheet

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	

Attachment II: Pre-Proposal Conference Response Form

Solicitation (RFP) Title: **Cigarette Restitution Fund (CRF)**

Solicitation (RFP) Number: **2026-006**

A web based; remote pre-proposal conference will be held on **July 28, 2025 @ 11:30 am.**

Please return this form by 4:30pm on July 27, 2025, advising whether or not your firm/company plans to remotely attend. The completed form should be returned via e-mail to the contact information below:

Somerset County Health Department
Kimberly Mason Administrative Officer II
E-mail: kimberly.mason@maryland.gov

Please indicate:

<input type="checkbox"/> Yes, the following representatives will remotely attend/participate.
Attendees Name and E-mail address:
1.
2.
3.
<input type="checkbox"/> No, we will not attend/participate.

- Participation in the Pre-Proposal Conference requires pre-registration as described in section VII.
- Pre-registered persons will be given access information for interactive involvement (to either view/monitor, ask real-time questions, or make comments/suggestions) in the Conference.

Potential Offeror: _____

Potential Offeror Name, Title and Firm/Company (please print or type)

ATTACHMENT III: BUDGET JUSTIFICATION

<Insert Agency Name>

BUDGET PERIOD: FY 2026**A. PERSONNEL**

Personnel Name	Title	Contribution to project	Cost
Total			\$

B. FRINGE BENEFITS

Fringe Benefit	Cost
Total	\$

C. TRAVEL

Purpose of Travel	Location	Item	Cost
Total			\$

Justification: (insert language for each line item)**D. SUPPLIES**

Quantity	Item	Cost
Total		\$

E. OTHER

Quantity	Item	Cost
Total		\$

Justification: (insert language for each line item)**F. TOTAL COSTS**

Total	\$
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* sections can be changed or edited to meet the needs of the agency.

Application Requirements

Cover Sheet:

- Attachment I

*Section I: **Background***

- Describe your agency and its mission. Discuss your existing organization capacity and experience providing health education services. Describe any experience with hosting tobacco awareness activities/events, delivering tobacco prevention education, and/or other health promotion topics.

*Section II: **Summary of Proposal***

- Summary of project goals
- Description of proposed activities and/or items

*Section III: **Description of Program***

- Staffing
- Targeted populations and number of anticipated reach
- Data collection process or program
- Timeline of services
- Implementation plan

*Section IV: **Program Sustainability***

- Description of how the program will be sustained once funding ends

*Section V: **Line Item Budget***

- Attachment IV