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 # 2027-007

PROJECT: Community Tobacco Education

LOCATION: SOMERSET COUNTY, MARYLAND

Proposal Submission Deadline: August 20, 2026
4:00 p.m. EST

Submit To:
Kimberly Mason,
Procurement Officer
Somerset County Health Dept.
8928 Sign Post Road
Westover, MD 21871
via: Smartsheet Link

The Somerset County Health Department (SCHD) is pleased to announce a Request for Proposals (RFP) for a Non-Government Organization* engaging with the community to address the impact of tobacco and nicotine products within Somerset County.

This RFP excludes public schools, government departments/agencies and public universities from receiving funds.

* A non-government organization (NGO) is defined as: a group that functions independently of any government organization.

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. 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.

II. PURPOSE

SCHD is currently soliciting proposals from qualified community-based organizations to execute community-level health communication campaigns to advance the goals of our CRF program. These targeted educational and engagement activities should focus on educating residents about the hazards of tobacco and nicotine, encouraging prevention, or promoting cessation across the county. Awarded funds can be utilized to support personnel costs, educational supplies, training, curriculum materials, and program participant incentives.

III. PERFORMANCE MEASURES

Performance Measure	Estimate for Award Period
# of individuals educated through community engagement/outreach activities	1,000
# of community outreach events attended	10

IV. EXPENSES

The allowable and unallowable expenses for this funding opportunity will be determined by the terms and conditions of the grant. These terms, including eligible and ineligible cost categories, are subject to change.

Food costs are subject to restriction and they must not exceed the meal reimbursement rates listed below:

- Breakfast: $15.00
- Lunch: $18.00
- Dinner: $30.00

V. GENERAL INFORMATION:

- Two Awards in the amount of **$7,000.00** each are available.
- Proposals must be submitted to Kimberly Mason, Somerset County Health Department via Smartsheet link.
- All proposals must be received by **4pm EST on August 20, 2026.** Late proposals will not be accepted.

VI. 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 Proposal Review Committee. Awards will be announced on or about **August 26, 2026.**

VII. 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:

- Attend a Vendor Kick-Off meeting within two weeks of signing the agreement

- Vendors must submit Monthly Vendor Monitoring Reports via Smartsheet by the 5th of each month, unless stipulated otherwise in the agreement. Monthly reports must include performance measure data and expenditure data.
- Attend quarterly monitoring meetings with Program Staff and the Grant Monitor to review program progress, performance measures, and expenditure data.

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

VIII. 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) with legible date, description, and total
- Timesheet(s) to include employee name, dates, and numbers of hours worked
- Copy of signed W-9

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

IX. TIMELINE

RFP Release Date: **July 31, 2026**
Pre-Proposal Conference Date: **August 11, 2026 at 2:00 p.m.**

Click to register for the pre-proposal conference.
We highly encourage you to attend the pre-proposal conference. This is an opportunity to clarify requirements, explain the scope of work, and ensure a fair and transparent bidding process. Please note that questions are highly encouraged.

Proposal Deadline: **August 20, 2026**
Tentative Award Date: **August 26, 2026**
Tentative Funding Period: **September 01, 2026- June 15, 2027**

X. INSTRUCTIONS

Please submit your proposal as one complete document for items #1-7 in PDF format through the designated submission link noted above. The letters of support and a signed

copy of your organization's W-9 must be attached separately. Proposals must be complete at the time of submission. Failure to include all required components will result in the proposal being disqualified from further consideration. Applicants are encouraged to refer to the Sample Proposal for guidance on formatting and preparing the proposal submission.

Proposals must contain the following components:

1. **Background**: In no more than two paragraphs, describe your organization's qualifications and experience performing projects of similar scope and nature.
2. **Objective**: Provide a one sentence objective statement that clearly explains what will be done, for whom, where, by when, and within what limits.
3. **Description of the Program**: Describe the proposed program, services, or activities in greater detail in no more than three paragraphs. This section should include:
    a. Brief description of the program including:
        i. Materials or resources to be used
        ii. Evaluation methods for performance measures
        iii. Plans for implementation
        iv. Sustainability plan
4. **Milestones**: Provide the key project benchmarks with target dates used to measure progress through completion.
5. **Timeline**: Provide a clear schedule of major project activities, milestones, and deliverables from project start through completion.
6. **Organizational Chart**: Include a copy of your organization's current organizational chart.
7. **Line-Item Budget**: Provide a detailed line-item budget and justification using the provided template (Attachment I) for all required funding requested in the proposal. Include the specific costs of proposed materials and other eligible expenses.
8. **Letters of Support**: Include a minimum of two and a maximum of three letters of support from external partners, collaborators, or community stakeholders who are familiar with your organization's work and can speak to its ability to carry out the proposed project.
9. **Signed Copy of Organization's W-9:** Include a signed copy of the organization's W-9 form for tax identification and payment processing purposes.

➢ *Attachment I is the budget justification template that must be used and submitted with your proposal.*

XI. ADDITIONAL INSTRUCTIONS TO CONTRACTOR

DAT Status:
Before entering into an agreement with a vendor, the vendor's status with the Department of Assessment and Taxation (DAT) must be verified to ensure that they are in "good standing" with the DAT. As an entity of the State of Maryland, SCHD cannot conduct business with a business entity/vendor that is not in "good standing".

Organizational Standing:
Applicants must be in good standing with the Somerset County Health Department and the State of Maryland. Past performance, including compliance with reporting, fiscal, and program requirements, will be considered during the review process.

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.

Solicitation Information:
Issuing Officer: Danielle Weber, Health Officer
Grant Project Coordinator: Elizabeth Justice

XII. CONTACT INFORMATION

For questions related to this Request for Proposals, please contact the appropriate staff member below:

Proposal/Program Questions
For questions regarding proposal format, required attachments, submission procedures, deadlines, programming scope, or grant expectations:
Kim Mason
Administrative Officer II
kimberlya.mason@maryland.gov

Reporting Requirements Questions
For questions regarding performance measures, fiscal reporting, programmatic reporting, reimbursement documentation, or reporting timelines:
Carly Nascimbeni
Grant Monitor
carly.nascimbeni1@maryland.gov

ATTACHMENT I: Budget Justification Template

Please visit our Procurement Page for an editable version of the Budget Justification Template located within the "Forms and Templates" dropdown. You may modify the line-items, if appropriate.

BUDGET JUSTIFICATION			
Budget Category	**Description**		**Cost**
Personnel	**Name**	**Contribution to Project**	**$0.00**
Salary			
Fringe Costs			
Operating	**Description (include quantity, if applicable)**		**$0.00**
Communications			
Postage			
Utilities			
Equipment			
Office Supplies			
Insurance			
Rent/Mortgage			
Travel	**Location**	**Purpose**	**$0.00**
Mileage			
Contractual Services	**Description**		**$0.00**
Direct Services			
Administrative/Support Services			
Other	**Description (include quantity, if applicable)**		**$0.00**
Medical Supplies			
Educational Supplies			
Food			
Outreach Materials			
Stipend			
Client Transportation			
Total			**$0.00**