



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 # 2026-014

PROJECT: Sexual Risk Avoidance Education (True You MD)

LOCATION: SOMERSET COUNTY, MARYLAND

Proposal Submission Deadline: October 1, 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 community and/or school based organizations interested in funding to implement the **Promoting Health Among Teens-Comprehensive (PHAT-C) or Positive Prevention Plus (3Ps)** curriculums to help reduce pregnancy and sexually transmitted infections among youth in Somerset County.

I. BACKGROUND

SCHD received funding from the Maryland Department of Health Maternal and Child Health Bureau for the True You Maryland Project. This project works to improve adolescent sexual and reproductive health through implementation of evidence-based, sexuality education curricula. This project encourages parent/caregiver education as well.

II. PURPOSE

Funding supports efforts to reduce adolescent birth rates and sexually transmitted infections among youth ages 13-19 residing in Somerset County.

- Through the PHAT-C or 3P curriculums, students learn about sexually transmitted diseases (STDs) and pregnancy prevention.
- Funding may support personnel costs, educational supplies, curriculum materials, training, program participant incentives (not to exceed \$25 per incentive), and more.

III. GENERAL INFORMATION:

- Individuals implementing the PHAT-C or 3P curriculum must be trained in delivering the curriculum.
 - For more information on being trained in the PHAT-C curriculum, visit <https://www.etr.org/store/product/promoting-health-among-teens-comprehensive-digital-bundle-3-years/>
 - For more information on being trained in the 3P curriculum, please contact ElizabethL.Justice@maryland.gov
- Two, \$4,000 awards are 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 October 1, 2025**. Late proposals will not be accepted.

IV. **BASIS OF AWARD**

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 **October 10, 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: September 10, 2025
- Pre-proposal meeting date: September 18, 2025 @ 3:30 PM*

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

Join by computer: meet.google.com/nhd-mdiq-ice

Join by phone: (US) +1 678-632-2917 PIN: 697 443 963#

- Proposal deadline: October 1, 2025
- Tentative award date: October 10, 2025
- ea

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: **Sexual Risk Avoidance Education (True You MD)**

Solicitation (RFP) Number: **2026-014**

A web based, remote pre-proposal conference will be held on **September 18, 2025 @ 3:30 pm.**

Please return this form by 4:30pm on September 17, 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: kimberlya.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.

Attendance is not mandatory. This is a Q&A session for individuals and/or organizations interested in applying for funding.

Potential Offeror: _____

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

ATTACHMENT III: BUDGET JUSTIFICATION
BUDGET PERIOD: FY 2026

A. PERSONNEL

Personnel Name	Title	Contribution to project	Cost
Total			\$

B. FRINGE BENEFITS

Fringe Benefit	Cost
Total	\$

C. TRAVEL or TRAINING

Purpose of Travel or Training	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. Describe existing organization capacity dedicated to serving youth between the ages of 13-19, including any experience delivering evidence-based curriculums. Describe any experience with providing STD and Teen Pregnancy Prevention education.

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

- Summary of project goals
- Description of proposed activities and/or items including which evidence-based curriculum will be used (PHAT-C or 3Ps) to educate youth and/or parents/caregivers.

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

- Staffing
- Targeted populations and number of anticipated reach (including how youth will be recruited)
- Data collection process or program
- Timeline of services
- Implementation plan
- Description of any anticipated challenges and how they will be addressed

*Section IV: **Program Sustainability***

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

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

- Attachment IV