



## **Somerset County Health Department**

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Health Officer Danielle Weber, MS, RN

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

**REQUEST FOR PROPOSAL # 2026-011**

**PROJECT:** SCHD Website Redesign

**LOCATION:** SOMERSET COUNTY, MARYLAND

**Vendor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature of Authorized Representative:**

\_\_\_\_\_

**Proposal Submission Deadline:** October 15, 2025  
4:00 p.m. EST

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

The Somerset County Health Department (SCHD) is issuing a Request for Proposal (RFP) for a consultant to collaborate with our teams on a website redesign. The objective is for the consultant to collaborate with individual teams to develop content and design a user-friendly and engaging website. This website must be developed within SharePoint to comply with [Maryland.gov](https://www.maryland.gov) guidelines. SCHD staff intend to independently maintain this website upon its completion.

## **I. BACKGROUND**

The Somerset County Health Department's vision is "Healthy People in Healthy Communities" and our core mission is dedicated to serving the public through a multi-faceted approach that encompasses preventing illness, actively promoting wellness, and diligently protecting the overall health of the community. To achieve these vital objectives, the website serves as a crucial link for distribution of health information, resources and services. The current limitations in website content and strategy are hindering SCHD's ability to reach its target audience effectively and provide the comprehensive support necessary for a healthy Somerset County. Addressing this need for an external consultant will enable the SCHD to create a more dynamic, informative and user friendly online presence ultimately strengthening its capacity to fulfill its essential public health mandate.

Current SCHD URL <https://somersethealth.org/>

## **II. PURPOSE**

Somerset County Health Department has identified a critical need for external assistance, particularly in the domain of content development and strategy for our website. The overall objective is transforming the website into a dynamic and interactive public health platform, which will enhance public utilization and engagement. This collaboration will elevate the quality and efficacy of our online presence without compromising our internal control over the site functionality. Our internal teams will continue to oversee the daily operations and interactions pertaining to the website. The website currently faces several shortcomings:

- **Mobile Responsiveness:** The website does not display optimally nor is user friendly on mobile devices.
- **User Abandonment:** Users frequently abandon necessary forms due to an excessive number of clicks, which results in a loss of clients and potential revenue.
- **Limited engagement:** The current website design and functionality offers limited opportunity for visitors to interact with content.

### **III. PERFORMANCE REQUIREMENTS**

- Adherence to the State of Maryland Department of Information Technology's mandate to utilize the SharePoint platform is required.
- All website development and content integration shall strictly conform to ADA (Americans with Disabilities Act) guidelines, ensuring an inclusive experience for all users.
- We will primarily utilize custom web parts to facilitate specialized functionalities and maintain constituency with our custom work.
- While custom HTML can be incorporated, our capacity to provide comprehensive support for such elements will be limited. This approach helps us maintain a balance between design flexibility and sustainable technical support.
- The existing SCHD logo and branding will remain unchanged.

### **IV. APPLICATION - REQUIRED COMPONENTS**

Application proposals must contain the following to be considered.

- Provide a profile letter that describes in detail how services will be provided, monitored and reported addressing each task identified in performance requirements. Proposed strategy to fulfill our needs and serve our clients and a described policy for ensuring satisfaction with services provided.
- Provide details on aesthetic performances, branding integration and user friendly designs.
- Submit qualifications, relevant experience and case study examples pertinent to public health and SCHD needs.
- Provide three references relating to the provision of similar work. Include organization's or clients name, contact length, scope of services provided and telephone number of a responsible contact person.
- Detailed itemization of cost for all project components.
- Detailed projected timeline of completion.
- Completed and signed cover sheet.

### **V. GENERAL INFORMATION:**

Funding will be made available for the current **2026** fiscal year. **Proposals must be submitted to Kimberly Mason, Somerset County Health Department via email at [kimberly.mason@maryland.gov](mailto:kimberly.mason@maryland.gov)**. Questions related to this application are permissible

by email. All proposals must be received by **October 15, 2025**. 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 Grant Review Committee. Awards will be announced on or about **October 29, 2025**.

## **VII. REIMBURSEMENT**

Consultant 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 project reports, budget forms, expense forms, time sheets, and original receipts for reimbursement to the health department as requested, by set deadlines.

## **VI. TIMELINE**

**RFP release date:** **September 15, 2025**  
**Pre-proposal meeting date:** **September 29, 2025 @ 9:00 AM**

**Pre-proposal registration required (see *Attachment II*)**

**Join by computer:** [meet.google.com/zbm-vvhb-tib](https://meet.google.com/zbm-vvhb-tib)

**Join by phone:**  [\(US\) +1 484-420-7837 PIN: 150 236 625#](tel:+14844207837)

**Proposal deadline:** **October 15, 2025**

**Tentative award date:** **October 29, 2025**

## **VII INSTRUCTIONS**

Please submit a proposal of no more than 2-4 pages that includes:

1. **Summary of Proposal.** In no more than two paragraphs, describe the activities proposed, the project goals and the scope of the assessment.
2. **Description of the Program.** Describe in greater detail the proposed item(s) and activities. Include timeline, materials that will be used, description of the target population, evaluation methods, and plans for sustainability.

3. **Line Item Budget.** Provide justification for all funding requested in the proposal. Include specific costs of proposed materials. Acceptable expenses are educational materials and wellness supplies.

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

- Completed proposal form.
- Completed and signed cover sheet. *Attachment I*
- Completed and signed pre-proposal conference response form. *Attachment II*

*Attachment III is a sample of the proposal guideline and budget justification for use as a tool for Offerors if needed.*

## **VIII SPECIAL CONSIDERATIONS**

1. Each organization funded will be required to submit a detailed one page final report on or by **June 15th, 2026** on their project.

2. Funding will be reimbursed to awardees. All receipts of expenditures will be required for **full reimbursement**. Please provide the following as you spend down funds: **receipts, an invoice for the amount to be reimbursed, and a cover letter on letterhead with directions for reimbursement.**

3. Awardees will work with the program staff to sign award documents and discuss project implementation.

## **IX. 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:* Christie Taylor

**Questions:**

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

## 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>	

*Attachment II: Pre-Proposal Conference Response Form*

**Solicitation (RFP) Title: SCHD Website Redesign**

**Solicitation (RFP) Number: 2026-011**

A web based; remote pre-proposal conference will be held on **September 29, 2025**.

Please return this form by **4:00 pm on September 28, 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](mailto: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 VI. Timeline in RFP.

*Attachment II:* 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:

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



*Attachment III: Proposal Guideline - sample*

**Section I: Background**

- Qualifications
- Experience

**Section II: Summary of Proposal**

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

**Section III: Description of Program**

- Staffing
- Targeted populations
- Data collection process or program
- Timeline of services
- Implementation plan

**Section IV: Line Item Budget**

- Budget allocation is reasonable and appropriate.
- Sample below:

**BUDGET JUSTIFICATION**

*Insert Agency Name*

**BUDGET PERIOD: FY 2025**

**07/01/2025 - 06/30/2025**

**A. PERSONNEL**

Personnel Name	Title	Contribution to project	Cost
		<b>Total</b>	<b>\$</b>

**B. FRINGE BENEFITS**

Fringe Benefit	Cost

<b>Total</b>	<b>\$</b>

### C. TRAVEL

<b>Purpose of Travel</b>	<b>Location</b>	<b>Item</b>	<b>Cost</b>
		<b>Total</b>	<b>\$</b>

**Justification: (insert language for each line item)**

### D. SUPPLIES

<b>Quantity</b>	<b>Item</b>	<b>Cost</b>
	<b>Total</b>	<b>\$</b>

### E. OTHER

<b>Quantity</b>	<b>Item</b>	<b>Cost</b>
	<b>Total</b>	<b>\$</b>

**Justification: (insert language for each line item)**

### F. TOTAL COSTS

<b>Total</b>	<b>\$</b>
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**\* sections can be changed or edited to meet the needs of the agency**