



**Somerset County Health Department**  
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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 # 2026-015**

**PROJECT:** Substance Use Block Grant Evaluator

**LOCATION:** SOMERSET COUNTY, MARYLAND

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

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

\_\_\_\_\_

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

**Signature of Authorized Representative:**

\_\_\_\_\_

**Proposal Submission Deadline:** **October 06, 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 currently soliciting proposals from highly qualified candidates for the role of Grant Evaluator. This position is critical for an external evaluator who possesses a comprehensive skillset, extensive expertise, proven experience, and the necessary resources to conduct thorough data collection and surveillance. The primary objective is to assess the effectiveness of various strategies that have been implemented within our local communities. Funding for this significant program is generously provided by the Behavioral Health Authority (BHA), a key division of the Maryland Department of Health (MDH).

**I. BACKGROUND**

The Somerset County Health Department (SCHD) received funding from the Behavioral Health Administration (BHA) Division of the Maryland Department of Health (MDH) to educate and address alcohol and drug misuse in Somerset County, with a particular focus on youth. SCHD plans to implement strategies including alcohol compliance checks, evidence-based curricula in schools, and outreach/education on local college campuses. The agency will also work with a local evaluator to assess the effectiveness of these grant-funded strategies.

**II. PURPOSE**

The Grant Evaluator is essential for assessing community strategies, collecting and analyzing data from surveys, tests, and surveillance to identify community needs and refine interventions. They are responsible for creating a local evaluation plan to systematically assess both the implementation processes (fidelity, reach, challenges) and the measurable outcomes (changes in knowledge, attitudes, behaviors, or health indicators) of these strategies. This comprehensive evaluation provides crucial insights into the success and areas for improvement of community initiatives.

**III. GENERAL INFORMATION:**

Funding in the amount of \$ **5,000.00** will be available for the **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 06, 2025**. Late proposals will not be accepted.

**IV. 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 10, 2025**.

## V. **REIMBURSEMENT**

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 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 19, 2025**  
**Pre-proposal meeting date:** **September 25, 2025 @ 11:00 AM**

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

**Join by computer:** [meet.google.com/pbq-zgjz-fxm](https://meet.google.com/pbq-zgjz-fxm)

**Join by phone:** (US) +1 316-789-6773 PIN: 456 426 476#

**Proposal deadline:** **October 06, 2025**

**Tentative award date:** **October 10, 2025**

## VII **INSTRUCTIONS**

Please submit a proposal of no more than 2-3 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:* Andra Taylor

### **Questions:**

Contact Andra Taylor at Somerset County Health Department at 443-523-1700 or [Andraj.taylor@maryland.gov](mailto:Andraj.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: Substance Use Block Grant Evaluator**

**Solicitation (RFP) Number: 2026-015**

A web based; remote pre-proposal conference will be held on **September 25, 2025 @ 11:00am.**

Please return this form by **4:00 pm** on **September 24, 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**