



Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
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Health Officer Danielle Weber, MS, RN

REQUEST FOR PROPOSAL # 2026-018

PROJECT: Cardiovascular Health: Healthy Heart Ambassador

LOCATION: SOMERSET COUNTY, MARYLAND

Proposal Submission Deadline: **January 02, 2026**
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 pleased to announce a Request for Proposals (RFP) for the implementation of the Healthy Heart Ambassador (HHA) Program within Somerset County. This initiative is made possible through funding received from the Center for Chronic Disease Prevention and Control specifically for Cardiovascular Prevention Programming. SCHD seeks proposals from qualified and experienced community organizations that are interested in partnering to execute the HHA Program. This program is a critical component of our strategy to reduce the incidence and prevalence of cardiovascular disease risk factors among Somerset County residents.

I. BACKGROUND

The Healthy Heart Ambassador (HHA) Program is a comprehensive, four-month, evidence-based initiative specifically designed to empower individuals with a diagnosis of hypertension to effectively manage their high blood pressure through self-measured blood pressure monitoring.

II. PURPOSE

The HHA program will include education, skill development, and personalized support. The main objective is to equip participants with the essential knowledge and practical tools necessary to successfully monitor their blood pressure at home, understand their readings, and adopt positive lifestyle changes that contribute to overall cardiovascular health.

- **Duration:** The program spans a period of four months, allowing participants to establish consistent self-monitoring habits and witness the impact of their new behaviors.
- **Self-Measuring Blood Pressure:** Participants are trained on the proper technique for using a home blood pressure monitor. This encourages personal accountability and provides actionable data for both the participant and their healthcare provider.
- **Personalized Coaching:** The HHA Program will personalize guidance providing a trained Healthy Heart Ambassador Coach.
 - **Frequency:** Participants will engage one-on-one with their HHA Coach twice a month.
 - **Role of the Coach:** The coach serves as a resource for information, motivation, and support. They assist participants in setting realistic blood pressure goals, interpreting readings, troubleshooting challenges, and help with lifestyle modifications, such as nutrition and physical activity.
- **Free Training:** The awarded organization will receive free comprehensive training. This training is designed to help their staff members and volunteers become official Healthy Heart Ambassador Coaches. The training provides all

necessary resources, protocols, and materials required to successfully launch and manage the HHA program.

Funding for the Cardiovascular Prevention Programming supports personnel costs, blood pressure cuffs, educational materials and more.

III. GENERAL INFORMATION:

- One **\$10,000.00** award is available.
- 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 January 02, 2026**. 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 **January 07, 2026**.

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, 2026	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: December 11, 2025
Pre-proposal meeting date: December 17, 2025 @ 11:30 AM

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

Join by computer: meet.google.com/ybg-zapf-wfm

Join by phone: (US) +1 601-909-0203 PIN: 940 580 268#

Proposal deadline: January 02, 2026

Tentative award date: January 07, 2026

VIII. 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.

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: Elizabeth Justice

Questions:

Contact Elizabeth Justice at Somerset County Health Department at 443-523-1700 or ElizabethL.Justice@maryland.gov

COVER SHEET

(Please complete this page and submit with proposal)

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: Cardiovascular Health: Healthy Heart Ambassador

Solicitation (RFP) Number: 2026 -018

A web based; remote pre-proposal conference will be held on **December 17, 2025**.

Please return this form by **4:00 pm on December 16, 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 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:

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 2026

07/01/2025 - 06/30/2026

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**