



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

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**REQUEST FOR PROPOSAL # 2026-017**

**PROJECT:** SCHD HEALTH Program

**LOCATION:** SOMERSET COUNTY, MARYLAND

**Proposal Submission Deadline:** January 23, 2026  
4:00 p.m. EST

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

## **I. INTRODUCTION**

The Somerset County Health Department (SCHD) is seeking proposals for an individual to fill an in-person role focused on education within the HEALTH (Helping Everyone Achieve Long Term Health) program. This position requires planning, developing, and implementing educational initiatives for the Somerset Community, specifically in the areas of nutrition, hypertension, and diabetes. This role is funded by a grant provided through the Maryland Community Health Resources Commission (MCHRC) and the Maryland Department of Health (MDH).

## **II. BACKGROUND**

The Somerset County Health Department (SCHD) has secured grant funding from Maryland Community Health Resources Commission (MCHRC). This funding is designated to hire an individual whose main role will be to strengthen the existing HEALTH program. This enhancement involves delivering comprehensive education to participants on health subjects such as nutrition, hypertension, and diabetes. In addition to direct participant education the individual will become an instructor for two vital programs: Diabetes Self -management program and Diabetes prevention program. By integrating these programs, SCHD aims to significantly strengthen its community health initiatives providing vital education and support to its residents.

## **III. PERFORMANCE REQUIREMENTS**

### **Program Development & Education**

- Nutrition: Guiding participants on healthy eating habits, balanced diets and the importance of nutritional choices for overall well being
- Hypertension: Educating participants about high blood pressure, its risk management strategies and the benefits of regular monitoring.
- Creates a menu substitution list to accommodate specific dietary needs or restrictions, such as for diabetes or hypertension.
- Diabetes: Providing in depth information on diabetes including types, symptoms, complications and effective self management techniques.
- Delivers public presentations on various nutrition topics.
- Provides in-service training and education materials to public health professionals and staff.
- Acts as a resource for other SCHD programs regarding HEALTH and nutritional matters.

### **Direct Client Services**

- Focuses on educating diabetic and hypertensive populations as per grant funding specifications.
- Complete curriculum needed to facilitate and instruct our Diabetes self management program - This program empowers individuals to take an active role in managing their condition developing coping strategies and improving quality of life
- Complete curriculum needed to facilitate and instruct our Diabetes prevention program - The evidence based program focuses on helping individuals at high risk for type 2 diabetes make sustainable lifestyle changes to prevent or delay the onset of the diseases

### **Record Keeping & Reporting**

- Analyzes data on diabetic and hypertensive participants for grant reporting.
- Prepares reports for professional and other uses.

### **Community Engagement & Collaboration**

- Promotes client involvement in prevention programs and SCHD meetings through "HEALTH (Helping Everyone Achieve Long Term Health)."
- Establishes and maintains cooperative working relationships with employees, community groups, and others interested in HEALTH or SCHD programs.

### **Program Evaluation**

- Participates in developing and reviewing client satisfaction assessments.

## **IV. EVALUATION OF GOALS**

- A. Hired individual's knowledge, skills and abilities will be evaluated for effectiveness in meeting its intended goals and objectives. Objectives for this position:
  - Knowledge of health care programs and community.
  - Knowledge of diabetes risk, prevention and management.
  - Knowledge of hypertension risk, prevention and management.
  - Skill in interviewing and counseling of participants.
  - Skill in public presentations using a variety of media.
  - Ability to plan, organize and evaluate public health services.
  - Ability to evaluate the suitability and effectiveness of educational materials.
  - Ability to communicate effectively.

- B. Evaluated comparing the assigned duties and responsibilities of the position to the criteria found in the grant and monitored for acceptable services rendered throughout the contract term.
- C. Performs duties under close supervision at times and general supervision at other times depending on the complexity of the specific duty being performed.

## **V. APPLICATION - REQUIRED COMPONENTS**

To be considered, application proposals must include the following:

1. **Experience:** A minimum of one year of relevant experience.
2. **Profile Letter:** A detailed letter outlining how services will be provided, monitored, and reported, addressing each task in the performance requirements. This letter should also describe the capacity to meet our needs and serve clients, as well as the policy for ensuring client satisfaction.
3. **Qualifications:** Submit qualifications, relevant experience, and training pertinent to the position, along with a resume.
4. **References:** Three references from similar work. For each reference, provide the organization or client's name, contact length, scope of services provided, and the telephone number of a responsible contact person.
5. **Cover Sheet:** A completed and signed cover sheet.

## **VI. GRANT FUNDED:**

The individual awarded with the HEALTH program grant will have a contractual position. A five year grant from (MCHRC) provides the funding with optional yearly renewal. A maximum total of **\$17,500** funded yearly. The annual funding is based on ten working hours per week. The contractor will be expected to sign a SCHD Contract for Consultant Services form reviewed yearly.

- A. Contractor shall not be entitled to any payment for holidays or leave, retirement or health insurance benefits, salary adjustment, workman's compensation, unemployment insurance, ect. normally associated with permanent State employment, and is responsible for any Social Security (FICA) taxes, state and federal withholding taxes and liability insurance.
- B. Contractor shall be required to submit an accurate and complete invoice to SCHD utilizing the invoice-consultant form provided: including dates and time of service rendered, number of hours, type of service, location of service. Invoices are to be submitted weekly (preferred) or no more than biweekly for reimbursement.

## **VII. TIMELINE**

**RFP release date:** **December 30, 2025**  
**Pre-proposal meeting date:** **January 12, 2026 @ 10:30 AM**

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

**Join by computer:** [meet.google.com/izs-oxxi-dpc](https://meet.google.com/izs-oxxi-dpc)

**Join by phone:**  [\(US\) +1 256-502-5146](tel:(US)+12565025146) PIN: 674 635 014#

**Proposal deadline:** **January 23, 2026**  
**Tentative award date:** **January 27, 2026**

## **VIII. SUBMISSION OF PROPOSAL**

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

- Completed proposal form.
- Attach a copy of any professional licenses, registrations, certifications or documentation relevant to the position.
- Completed and signed cover sheet. *Attachment I*
- Completed and signed pre-proposal conference response form. *Attachment II*

The deadline for submission of proposals is **by 4:00 p.m. on January 23, 2026.**

**Proposals must be submitted to Kimberly Mason, Somerset County Health**

**Department via email at kimberly.a.mason@maryland.gov.** Questions related to this application are permissible by email. Late proposals will not be accepted.

## **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:* Christopher Osment

### **Questions:**

Contact Christopher Osment at Somerset County Health Department at 443-523-1700 or [Christopher.Osment@maryland.gov](mailto:Christopher.Osment@maryland.gov)

*Attachment I:Cover Sheet*

**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 HEALTH Program

**Solicitation (RFP) Number:** 2026-017

A web based; remote pre-proposal conference will be held on **January 12, 2026**.

Please return this form by **4:00 pm on January 11, 2026**, 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.a.mason@maryland.gov](mailto:kimberly.a.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)