



**Somerset County Health Department**  
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Health Officer Danielle Weber, MS, RN

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**SOMERSET COUNTY HEALTH DEPARTMENT  
PURCHASING DIVISION**

**REQUEST FOR PROPOSAL # 2026-21**

**PROJECT:** **SCHD Intimate Partner Violence TV Campaign**

**LOCATION:** **SOMERSET COUNTY, MARYLAND**

**Proposal Submission Deadline:** **January 16, 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 announcing a request for proposal (RFP) for qualified advertising companies responsible for the development and distribution of compelling television advertisements. The advertisement is to significantly enhance public awareness and participation and to promote SCHD's Intimate Partner Violence (IPV) Campaign. This initiative underscores SCHD's commitment to increasing education and awareness of IPV resources. This funding is supported from The Public Health Infrastructure Grant.

## **I. BACKGROUND**

The SCHD is soliciting proposals from qualified organizations to design, produce, and implement a culturally responsive public awareness and prevention TV campaign addressing Intimate Partner Violence in Somerset County, Maryland.

IPV is a significant public health issue that impacts individuals, families, and communities. SCHD seeks a strategic communications partner to develop a campaign that increases awareness, promotes prevention, reduces stigma, and connects residents to local resources and support services.

## **II. PURPOSE**

The advertisement campaign will be developed and distributed by the qualifying organization. It is important that the organization demonstrates experience in:

- Public health or social issue marketing
- Trauma-informed messaging
- Community-based or rural health campaigns
- Media production and placement

The selected organization will collaborate with SCHD to create an effective, inclusive, and evidence-informed IPV awareness campaign.

## **III. GENERAL INFORMATION:**

Funding in the amount of **\$7,000.00** will be available until **June 30, 2026**. **Proposals must be submitted to Kimberly Mason, Somerset County Health Department via email at [kimberly.a.mason@maryland.gov](mailto:kimberly.a.mason@maryland.gov).** Questions related to this application are permissible by email. All proposals must be received by **January 16, 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 23, 2026**.

## **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:** **January 2, 2026**

**Proposal deadline:** **January 16, 2026**

**Tentative award date:** **January 23, 2026**

## **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*

## **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:* Mindy Hood

### **Questions:**

Contact Mindy Hood at Somerset County Health Department at 443-523-1700 or [mindy.hood@maryland.gov](mailto:mindy.hood@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>	