Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 • Fax 410.651.5680 • TDD 1-800-735-2258

Health Officer Danielle Weber, MS, RN

REQUEST FOR PROPOSAL # 2027-005

PROJECT: Somerset County Opioid United Team - Overdose Prevention Team (SCOUT-OPT)

LOCATION: SOMERSET COUNTY, MARYLAND

Proposal Submission Deadline: July 24, 2026
4:00 p.m. EST

Submit To:
Kimberly Mason,
Procurement Officer
Somerset County Health Dept.
8928 Sign Post Road
Westover, MD 21871
via: Smartsheet Link

The Somerset County Health Department (SCHD) is pleased to announce a Request for Proposals (RFP) soliciting community-based organizations interested in leading the Somerset Rains Purple awareness campaign under the guidance of the Somerset County Opioid United Team - Overdose Prevention Team (SCOUT-OPT) within Somerset County.

I. BACKGROUND

The Somerset County Overdose United Team (SCOUT) was established in 2017 as a collaborative response from the Somerset County Health Department (SCHD) and local stakeholders to the opioid overdose epidemic. As a grassroots, community-wide initiative, SCOUT brings together individuals and agencies from diverse backgrounds—including those directly impacted by opioid use and those who are not—to collectively oppose the crisis. Somerset Rains Purple is a substance misuse awareness campaign that focuses on prevention, treatment, and recovery resources available in our community.

II. PURPOSE

Throughout the FY 27 grant year, the selected organization(s) will collaborate with the Somerset County Health Department and SCOUT members to offer continuous education and support to Somerset County residents throughout the award period. Of the total amount of the award, $2,003 is expected to support SCHD's annual Tri-County Go Purple event for tickets and incentives, which is scheduled for August 29, 2026. We collaborate with the Worcester and Wicomico Health Departments at Shorebirds stadium for this initiative, which focuses on providing education and raising public awareness regarding behavioral health resources. Somerset Rains Purple campaign under SCOUT guidance's main mission is to educate the public on opioid-related risks, showcase available support systems, and collaborate to dismantle the shame often linked to addiction. We are dedicated to reducing the stigma that impacts individuals and families throughout the tri-county area struggling with substance use disorders.

III. PERFORMANCE MEASURES

Performance Measure	Estimate for Award Period
# of individuals reached through events, presentations, or outreach	2,000
# of materials distributed	2,000
# of social media posts	24
# of community outreach events attended	4

IV. EXPENSES

The allowable and unallowable expenses for this funding opportunity will be determined by the terms and conditions of the grant. These terms, including eligible and ineligible cost categories, are subject to change.

Allowable Expenses

- All purchases should be preapproved by the SCHD to ensure the purchase is an allowable expense

Unallowable Expenses

- Food

V. GENERAL INFORMATION:

- One to two awards will be granted, with total funding amounting to **$10,000**.
- Proposals must be submitted to Kimberly Mason, Somerset County Health Department via Smartsheet link.
- All proposals must be received by **4pm EST on July 24, 2026.** 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 **July 31, 2026.**

VII. 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:

- Attend a Vendor Kick-Off meeting within two weeks of signing the agreement
- Vendors must submit Monthly Vendor Monitoring Reports via Smartsheet by the 5th of each month, unless stipulated otherwise in the agreement. Monthly reports must include performance measure data and expenditure data.
- Attend quarterly monitoring meetings with Program Staff and the Grant Monitor to review program progress, performance measures, and expenditure data.

Failure to provide this information will result in a delay or denial of reimbursement.

VIII. 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) with legible date, description, and total
- Timesheet(s) to include employee name, dates, and numbers of hours worked
- Copy of signed W-9

Failure to provide this information will result in a delay or denial of reimbursement.

IX. TIMELINE

RFP Release Date: **July 13, 2026**
Pre-Proposal Conference Date: **July 17, 2026 at 11:00 a.m.**

Click to register for the pre-proposal conference.
We highly encourage you to attend the pre-proposal conference. This is an opportunity to clarify requirements, explain the scope of work, and ensure a fair and transparent bidding process. Please note that questions are highly encouraged.

Proposal Deadline: **July 24, 2026**
Tentative Award Date: **July 31, 2026**
Tentative Funding Period: **August 01, 2026- June 15, 2027**

X. INSTRUCTIONS

Please submit your proposal as one complete document for items #1-7 in PDF format through the designated submission link noted above. The letters of support and a signed copy of your organization's W-9 must be attached separately. Proposals must be complete at the time of submission. Failure to include all required components will result in the proposal being disqualified from further consideration. Applicants are encouraged to refer to the Sample Proposal for guidance on formatting and preparing the proposal submission.

Proposals must contain the following components:

1. **Background**: In no more than two paragraphs, describe your organization's qualifications and experience performing projects of similar scope and nature.
2. **Objective**: Provide a one sentence objective statement that clearly explains what will be done, for whom, where, by when, and within what limits.

3. **Description of the Program**: Describe the proposed program, services, or activities in greater detail in no more than three paragraphs. This section should include:
    a. Brief description of the program including:
        i. Materials or resources to be used
        ii. Evaluation methods for performance measures
        iii. Plans for implementation
        iv. Sustainability plan
4. **Milestones**: Provide the key project benchmarks with target dates used to measure progress through completion.
5. **Timeline**: Provide a clear schedule of major project activities, milestones, and deliverables from project start through completion.
6. **Organizational Chart**: Include a copy of your organization's current organizational chart.
7. **Line-Item Budget**: Provide a detailed line-item budget and justification using the provided template (Attachment I) for all required funding requested in the proposal. Include the specific costs of proposed materials and other eligible expenses.
8. **Letters of Support**: Include a minimum of two and a maximum of three letters of support from external partners, collaborators, or community stakeholders who are familiar with your organization's work and can speak to its ability to carry out the proposed project.
9. **Signed Copy of Organization's W-9:** Include a signed copy of the organization's W-9 form for tax identification and payment processing purposes.

➢ *Attachment I is the budget justification template that must be used and submitted with your proposal.*

XI. ADDITIONAL INSTRUCTIONS TO CONTRACTOR

DAT Status:

Before entering into an agreement with a vendor, the vendor's status with the Department of Assessment and Taxation (DAT) must be verified to ensure that they are in "good standing" with the DAT. As an entity of the State of Maryland, SCHD cannot conduct business with a business entity/vendor that is not in "good standing".

Organizational Standing:

Applicants must be in good standing with the Somerset County Health Department and the State of Maryland. Past performance, including compliance with reporting, fiscal, and program requirements, will be considered during the review process.

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.

Solicitation Information:
Issuing Officer: Danielle Weber, Health Officer
Grant Project Coordinator: Shannon Frey

XII. CONTACT INFORMATION

For questions related to this Request for Proposals, please contact the appropriate staff member below:

Proposal/Program Questions
For questions regarding proposal format, required attachments, submission procedures, deadlines, programming scope, or grant expectations:
Kim Mason
Administrative Officer II
kimberlya.mason@maryland.gov

Reporting Requirements Questions
For questions regarding performance measures, fiscal reporting, programmatic reporting, reimbursement documentation, or reporting timelines:
Carly Nascimbeni
Grant Monitor
carly.nascimbeni1@maryland.gov

ATTACHMENT I: Budget Justification Template

Please visit our Procurement Page for an editable version of the Budget Justification Template located within the "Forms and Templates" dropdown. You may modify the line-items, if appropriate.

BUDGET JUSTIFICATION			
Budget Category	**Description**		**Cost**
Personnel	**Name**	**Contribution to Project**	**$0.00**
Salary			
Fringe Costs			
Operating	**Description (include quantity, if applicable)**		**$0.00**
Communications			
Postage			
Utilities			
Equipment			
Office Supplies			
Insurance			
Rent/Mortgage			
Travel	**Location**	**Purpose**	**$0.00**
Mileage			
Contractual Services	**Description**		**$0.00**
Direct Services			
Administrative/Support Services			
Other	**Description (include quantity, if applicable)**		**$0.00**
Medical Supplies			
Educational Supplies			
Food			
Outreach Materials			
Stipend			
Client Transportation			
Total			**$0.00**