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 # 2027-006

PROJECT: School Dental Sealant Program

LOCATION: SOMERSET COUNTY, MARYLAND

Proposal Submission Deadline: August 11, 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) from qualified oral health providers. This RFP seeks impactful proposals for the implementation and support of SCHD School Dental Sealant Program, a critical oral health initiative within Somerset County. Emphasis will be placed on preventing oral diseases and injuries for underserved communities.

I. BACKGROUND

Although preventable, oral diseases are progressive conditions that deteriorate over time if left untreated. They can cause a wide range of medical, nutritional, psychological, educational, social, aesthetic, and speech difficulties. The adverse consequences of dental caries and other oral conditions include pain, infection, tooth loss, and, in rare instances, death. Research demonstrates a connection between oral diseases and various preventable systemic conditions, including a correlation between periodontal disease and cardiovascular disease. Consequently, poor oral health deeply influences almost every facet of daily life, diminishing overall quality of life, physical well-being, self-esteem, economic productivity, and academic readiness and attendance. For school-age children, tooth decay can lead to pain and associated challenges that hinder their ability to learn. To combat this, School Dental Sealant Programs serve as an important mechanism for the prevention and control of dental caries. Scientific research confirms that school-based dental sealant programs successfully halt tooth decay. Nevertheless, navigating access to oral healthcare remains a significant obstacle for underserved communities throughout Maryland. According to the 2015–2016 Survey of Oral Health Status of Maryland School Children conducted by the University of Maryland School of Dentistry, just 41.4% of third-grade students possessed at least one tooth with a dental sealant. This benchmark falls short of the Healthy People 2030 objective, which aims for 42.5% of children and adolescents to have sealants on one or more primary or permanent molars. Additionally, substantial regional disparities persist across the state; for instance, the Eastern Shore recorded the lowest prevalence in Maryland, with only 27.8% of children having dental sealants.

II. PURPOSE

The objective of this grant is to assist providers in developing and maintaining the capacity to deliver oral health education, prevention services, and treatment interventions to communities demonstrating a defined need. Through the implementation of efficient and effective interventions, the program aims to mitigate oral disease and improve oral health outcomes among underserved children. Although dental sealants are traditionally administered within dental clinics, alternative public health strategies are utilized to reach high-risk children who experience low utilization rates. These approaches provide sealants through school-based, school-linked, or mobile programs:

- School-based programs: Conducted within educational settings using fixed or portable equipment, these programs serve children who are otherwise unlikely to receive private dental care. They typically target Title I schools or those with a high percentage of students eligible for federal free or reduced-cost lunch programs.
- School-linked programs: Connected with schools to handle screenings, distribute consent forms, and present information, these programs deliver the sealants off-site at a clinic or private office. In Maryland, these programs must track and effectively link school activities to the final off-site sealant placement.
- Mobile programs: Utilize self-contained motorized vans or non-motorized mobile trailers stationed in close proximity to a school.

III. PERFORMANCE MEASURES

Performance Measure	Estimate for Award Period
Number of schools served	7
Number of Title 1 schools served	4
Grades Served	Early Start (age 3) - 12th grade
Number of children screened	1500
Number of children receiving sealants	500
Number of children receiving fluoride varnish	1500
Number of children referred for follow-up care	100
# of staff who Completed the CDC Foundations Building the Safest Dental Visit, Online Infection Control Training (certificates of completion must be submitted to OOH by January 15, 2027):	6
Number of Quarterly Water Line Submissions	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.

V. GENERAL INFORMATION:

- One award in the amount of **$25,798.00** is available.
- Proposals must be submitted to Kimberly Mason, Somerset County Health Department via Smartsheet link.
- All proposals must be received by **4pm EST on August 11,2026.** 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 **August 20, 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 17, 2026**
Pre-Proposal Conference Date: **July 23, 2026 at 2:30 p.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: **August 11, 2026**
Tentative Award Date: **August 20, 2026**
Tentative Funding Period: **September 01, 2026-June 30, 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. 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: Casey Custis

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**