

## **Wicomico County Health Department**

### **TOBACCO, DIABETES, AND CHRONIC DISEASES PREVENTION INITIATIVES -FY 26**

**Request for Proposal: 0908-2026**

**Issue Date: September 8, 2026**

The Wicomico County Health Department on behalf of the Office of Prevention and Health Communications is accepting proposals for the Tobacco, Diabetes, and Chronic Diseases Prevention Initiative. The purpose of this grant is to help Wicomico County reduce health disparities and increase health equity among the vulnerable populations.

#### **PURPOSE**

The Maryland Department of Health has issued funding to the Wicomico County Health Department through a grant called the Tobacco, Diabetes, and Chronic Disease Prevention Initiative. The fundamental goal of the grant is to help advance health equity by identifying and eliminating tobacco use, diabetes and chronic diseases related to inequities and disparities among vulnerable populations.

This grant initiative will provide the Wicomico County Health Department with increased capacity to integrate tobacco use, diabetes, and chronic diseases, while also incorporating youth engagement and community partnership strategies. The Wicomico County Health Department will be able to collaborate and implement partnership development, outreach/health communications and youth engagement strategies, and an evidence-based program to educate and empower youth, adults, and community leaders to reduce the prevalence of tobacco/vape use and exposure to secondhand smoke and to identify and eliminate chronic diseases related to inequities and disparities.

#### **ELIGIBILITY**

All Wicomico County community-based organizations, churches, and non-profit organizations are encouraged to apply for grant funding. Priority will be given to programs that provide service to high risk and/or hard to reach segments of population such as youth, college students, women, African Americans, Hispanic/Latinos, Asians and Native Americans.

#### **FUNDS AVAILABLE**

Awards of up to \$ 5,000.00 each

The terms of these contracts are set for Wednesday, October 1, 2025

#### **TIMELINE**

<b>RFP Release Date:</b>	<b>Monday, September 8, 2025</b>
<b>Pre-Proposal Meeting:</b>	<b>Tuesday, September 16, 2025, at 10:00 a.m.</b>
<b>Proposal Deadline:</b>	<b>Monday, September 29, 2025, at 3:00 p.m. EST (Adkins)</b>
<b>Tentative Award Date:</b>	<b>Wednesday, October 1, 2025</b>

## **PROPOSAL GUIDELINES & FORMAT**

**Applications will be disqualified if the following format is not followed:**

- Number all pages and clearly note any attachments.
- Must be typed with 1-inch margins.
- The proposal must include items A – D in the stated order.

### **A. Cover Sheet** (*Attachment I*)

#### **B. Project Abstract** – Describe in one page or less:

1. What is the project's purpose?
2. Who is the intended audience?
3. How will the project be conducted?
4. Who will conduct the project and what is their tobacco education experience?
5. What is the expected outcome and how will it be measured?

#### **C. Technical Proposal** – Describe in three pages or less:

1. **Statement of Need.** Why is the project needed (support with relevant data)?
2. **Organizational capability.** Discuss your agency, type of services currently providing, and previous experience working with the intended audience.
3. **Project Plan.** Discuss the following:
  - a. Primary Objective of the proposal.
  - b. Planned activities. Include a timeline of project planning and activities keeping.
  - c. How you will involve/utilize local media.
  - d. Expected benefits of the project.
  - e. Evaluation/Performance Measures. Include in detail how the results will be measured, and the project evaluated. Make sure the measures are consistent with the primary objective. Refer to “What are Performance Measures?” (*Attachment II*)
4. **Letters of Support.** Submit two letters of support that demonstrate your organization's past and current community involvement.

### **D. Budget Proposal**

1. **Submit a detailed budget narrative.** Include an explanation for each budget line item. Refer to and follow the “Budget Line Reference List.” (*Attachment III*)
2. **Complete and submit the following DHMH Human Services Contract/Agreement forms.** Electronic copies of the following forms can be accessed on [www.wicomicohealth.org](http://www.wicomicohealth.org).
  - a. DHMH 432A (Parts A & B)
  - b. DHMH 432B – Program Budget
  - c. DHMH 432C – Program Budget – Estimated Performance Measures
  - d. DHMH 432D – Salary Costs
  - e. DHMH 432E – Consultant Costs (if applicable)
  - f. DHMH 432F – Equipment Costs (if applicable)
  - g. DHMH 432G – Purchase of Service (if applicable)
  - h. DHMH 432H – Anticipated Sources of Funding  
Complete DHMH Award amount and Total Funding amount.
  - i. DHMH 437 Form (Request for Payment – Vendor Services)  
Complete sections 1-8 and 10-11.

### **SUBMISSION OF PROPOSAL**

One proposal packet bearing the original signature in **blue ink** and four copies are to be submitted in a sealed envelope.

### **ON THE ENVELOPE CLEARLY IDENTIFY: “Tobacco, Diabetes, and Chronic Diseases Prevention Initiatives – FY26**

Each proposal must include the items discussed on Page 2 of this document:

- Completed and signed Cover Sheet
- Project Abstract
- Technical Proposal including two Letters of Support
- Budget Proposal including all necessary DHMH forms.

### **DELIVERY OF PROPOSAL**

Proposals are due **on or before Monday, September 29, 2025, at 3:00 p.m. EST**. They should be mailed or dropped off to **Hope Balam, Wicomico County Health Department, 108 East Main Street, Salisbury, MD** prior to the stated deadline. **PROPOSALS RECEIVED AFTER THAT TIME WILL BE RETURNED UNOPENED.** It is the full responsibility of the bidder to ensure that the proposal is received on time. No telegraphic or facsimile proposals will be accepted. The Wicomico County Health Department is not responsible for the failure of a public carrier to promptly deliver proposal documents.

### **EVALUATION PROCESS**

***Applications will automatically be disqualified if proposal format is not followed.***

The Evaluation Committee will evaluate proposals using the following criteria:

Total possible scoring is 100 points.

(65 points)	<u>Project Abstract &amp; Technical Proposal:</u>	All forms are complete with no missing information. Cover Sheet, Project Abstract and Technical Proposal are complete. Statement of need is clear and backed by relevant data. Project plan is clear, complete, includes all necessary components, and contains no contradictions. Evaluation/performance measures are measurable, specify the intended audience, and adhere to the primary objective. Evaluation tools to be used are specified.
(35 points)	<u>Budget:</u>	Budget corresponds to the project plan and is reasonable. Budget matches objectives and activities. Budget narrative clearly demonstrates plans for each line item and all funding. Human Service Contract Agreement forms (DHMH 432A-H and DHMH 437) are complete.

### **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 **Wednesday, October 1, 2025**.

Funds will be distributed in two cycles. The first half of the award will be distributed after signing the acceptance contract. The final installment of the award will be distributed only after the prior installment has been spent. Funding will be withheld at State if the applicant is behind with respect to the payment of any monies due and owing the State of Maryland, or any department or unit thereof, including but not limited to the payment of taxes and employee benefits, and does not have unpaid and overdue debt during the term of the contract.

Organizations selected for an award will be required to assume responsibility for all services offered in the awarded proposal. In addition, by signing a grant project contract, award recipients are required to:

Schedule two on-site reviews with the Health Department program monitor, one during the first half of the project between January and February and one during the second half of project between March and May.

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.

### **ADDITIONAL INSTRUCTIONS TO BIDDERS**

#### **BID AND PERFORMANCE BOND:**

No bid or performance bond is required unless specifically noted.

#### **RIGHT TO REJECT:**

The Wicomico 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.

#### **OWNERSHIP AND RIGHTS IN DATA:**

Work produced as a result of this solicitation is and shall remain the sole property of the Maryland Department of Health and Mental Hygiene. The Contractor agrees that at all times during the term of this contract and thereafter, the works created, and services performed shall be "works made for hire" as that term is interpreted under U.S. copyright law.

#### **SOLICITATION INFORMATION:**

Issuing Officer: Matthew McConaughy, Health Officer

Procurement Officer: Hope Balam

Grant Project Coordinator/Monitor: Tammy Griffin, Director of Prevention & Health Communication.

Questions: Contact Tammy Griffin at 410-219-7483

ATTACHMENT I

**Wicomico County Health Department  
TOBACCO, DIABETES, AND CHRONIC DISEASES PREVENTION INITIATIVES – FY 26**

**RFP# 0908-2026**

**COVER SHEET**

*Please complete this page and submit with proposal.*

**Name of Organization:** \_\_\_\_\_

**Name of Project Director:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Tel. Number (daytime):** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_

**Title of Proposed Project:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**How did your organization become aware of this RFP?** *(i.e., legal advertisement, postal letter, repeats applicant, etc.):*

\_\_\_\_\_  
*I hereby declare that the information submitted on this proposal is accurate and correct to the best of my knowledge. If the application is approved, I will be responsible for keeping necessary records and completing a progress and final report of the program.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Submit one original application and four copies to:** **Hope Balam, Procurement Officer  
Wicomico County Health Department  
108 East Main Street  
Salisbury, MD 21801**

Applications can be mailed, or hand delivered. Application must be received no later than **Monday, September 29, 2025, no later than 3:00 p.m. EST.**

## ATTACHMENT II

### WHAT ARE PERFORMANCE MEASURES?

1. Performance measures are measurable outcomes of your project.
2. Estimate amounts or numbers of the particular measure on Form DHMH 432C and submit with your grant proposal. Examples of State DHMH approved Performance Measures are noted below.
3. Use measures that are applicable to your project. You may include additional measures as needed to fully reflect your project.

### PERFORMANCE MEASURE (Sample Listing)

- Number of community leaders trained.
- Number of faith-based programs
- Number of secondhand smoke education programs
- Number of awareness campaigns
- Number of peer programs organized.
- Number of people educated (youth, adults; break down by ethnicity)
- Number of peer education trainings held.
- Number of peer activities held.
- Number of college students reached in peer programs.
- Number of college students educated.

## ATTACHMENT III

### BUDGET LINE REFERENCE LIST

This list defines some of the DHMH budget line items and offers specific guidelines for some line items. Please pay particular attention to the line item allowances regarding the following line items: Equipment, Food, and Transportation/Travel. If you have any questions, please do not hesitate to call Grant Project Coordinator, Tammy Griffin

<b>BUDGET ITEMS</b>	<b>SPECIFICS</b>
<i>Salaries</i>	Employee wages
<i>Fringe</i>	All fringe benefits and employer payroll taxes (Social Security and unemployment) paid on behalf of employee(s)
<i>Equipment</i>	Not to exceed 5% of total grant amount; use should be specific to tobacco project
<i>Purchase of Service</i>	Paid to non-employee for a specific project task
<i>Rent</i>	Rental fees for site used only for tobacco project activity
<i>Food</i>	Not to exceed \$5 per person per activity; healthy choices (guidance to be provided)
<i>Office Supplies</i>	Paper, printer ink, etc. to be used for tobacco project
<i>Transportation/Travel</i>	Mileage reimbursed at .53.5 cents per mile
<i>Postage</i>	Mailing costs
<i>Printing/Duplication</i>	Cost for duplication services Including copier supplies, paper
<i>Client Activities</i>	Client services, general supplies, meetings, incentives, etc.
<i>Advertising</i>	Publicity: billboards, ads, signage
<i>Other (attach detail)</i>	Line items not listed above – insert into this form or attach separate sheet
<i>Total Direct Costs</i>	Total

The following items may not be paid for with grant funding:

Renovations

Construction

Real Property Purchase

Medicine & Drug Insurance

Legal, Accounting, Audit Services

Professional Dues