

Wicomico County Health Department
TRUE YOU MARYLAND GRANT APPLICATION – FY 2023

Request for Proposal: 1017-2022

Issue Date: **Wednesday, October 19, 2022**

Adolescents receive information about sexuality from sources, such as media and peers, that often includes myths and misinformation. Youth-serving organizations can promote adolescent sexual health by providing accurate information to those they serve. By the end of high school, nearly 60 percent of Wicomico County teens have had sex. Of those students, only half reported that they used a condom the last time they had sex. Adolescents in Wicomico County experience higher than average rates of sexually transmitted infections and unintended pregnancy. In 2018, there were 300 cases of chlamydia, 109 cases of gonorrhea, and 79 births among Wicomico County teens. True You Maryland, a Wicomico County Health Department program, helps adolescents reach their optimal health by giving them the skills to prevent sexually transmitted infections and pregnancy, develop healthy relationships, and set life goals. The Wicomico County Health Department is accepting proposals for projects that will conduct True You Maryland's program with youth ages 13-19. Project funds are made possible through the Maryland Department of Health.

PURPOSE

True You Maryland aims to empower community groups to take on the issues of teen pregnancy and sexually transmitted infections and to promote adolescent sexual health within their own communities. Funded projects are intended to implement the evidence-based program model - *Positive Prevention Plus*. This program provides youth with information about healthy relationships, pregnancy prevention, HIV and sexually transmitted infections (STIs), communication, and peer pressure, and more.

All grantees must use the *Positive Prevention Plus* curriculum that will be provided. The curriculum must be implemented with fidelity. For details about *Positive Prevention Plus*, go to <https://positivepreventionplus.com/>. Grant funds are intended for use in existing youth programs. The project's target audience is high school-aged youth. All projects must have measurable outcomes. All grantees must participate in evaluation activities (e.g. brief surveys, observation) during implementation.

Grantees will be required to attend a *Positive Prevention Plus* training to ensure the project is implemented with fidelity.

ELIGIBILITY

Any Wicomico County community groups, including civic organizations, youth groups, counseling centers, human service organizations, foster care agencies, faith-based organizations, non-profit agencies, etc. are invited to apply.

FUNDS AVAILABLE

This is a competitive process. Awards of up to \$4,500 each will be issued. The term of these contracts is from approximately November 21, 2022 to June 9, 2023.

TIMELINE

Newspaper Advertisement **Wednesday, October 19, 2022**

RFP release date: **Thursday, October 20, 2022**

Pre-proposal meeting: **Tuesday, November 1, 2022 at 12:00 p.m., EST**

This meeting will be held virtually via Google Meet. Clarification of the application process will be made during this meeting. Attendance is strongly encouraged, but not mandatory. Interested parties should contact Alicia Miller at aliciam.miller@maryland.gov.

Proposal deadline: **Monday, November 14 at 4:00 p.m., EST**

Tentative award date: **Monday, November 21, 2022**

PROPOSAL GUIDELINES & FORMAT

Applications will be disqualified if the following format is not followed. Number all pages and clearly note any attachments. Proposals must include the following items in the stated order. All text should be in 12 point font with one inch margins.

- A. **Cover Sheet** (Attachment I)
- B. **Project Abstract** – Describe in one page or less:
 1. What is the project purpose?
 2. Who is the target audience?
 3. How will the project be conducted?
 4. Who will conduct the project and what is their experience working with teens and sexual health?
 5. What is the expected outcome and how will it be measured?
- C. **Technical Proposal** – Describe in three (3) pages or less:
 1. **Statement of Need.** Why is the project needed? (Support with relevant data)
 2. **Organizational capability and designated staff.** Discuss your agency, type of services currently providing, and previous experience working with the targeted audience. Include names and experience of program facilitators who will be implementing the curriculum.
 3. **Project Plan.** Discuss the following:
 - a. Primary Objective of the proposal.
 - b. How services will be delivered (i.e.: type of program)
 - c. Population/audience to be served. Identify by age, race/ethnicity, etc. Estimate proposed number of program participants.
 - d. Planned activities. Include a timeline of project planning and activities.
 - e. Expected benefits of the project.

- f. 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. **Letter(s) of Support.** Submit two (2) 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.** Attached at the end of the application packet.
 - a. DHMH 432B – Program Budget
 - b. DHMH 432C - Program Budget – Estimated Performance Measures
 - c. DHMH 432D – Salary Costs
 - d. DHMH 432E – Consultant Costs (if applicable)
 - e. DHMH 432F – Equipment Costs (if applicable)
 - f. DHMH 432G – Purchase of Service (if applicable)
 - g. DHMH 432H - Anticipated Sources of Funding
 1. Complete DHMH Award amount and Total Funding amount.

SUBMISSION OF PROPOSAL

One proposal packet bearing original signature and (4) copies are to be submitted in a sealed envelope.

ON THE ENVELOPE CLEARLY IDENTIFY: “True You Maryland Grant Proposal.”

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

- A. Completed and signed Cover Sheet
- B. Project Abstract
- C. Technical Proposal including (2) Letters of Support
- D. Budget Proposal including all necessary DHMH forms

DELIVERY OF PROPOSAL

Proposals are due **on or before Monday, November 14 at 4:00 p.m., EST.** They should be mailed or hand delivered to **Rodney Dawson, 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 failure of a public carrier to promptly deliver proposal documents.

EVALUATION PROCESS

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

Total possible scoring is 100 points. The Evaluation Committee will evaluate proposals using the

following criteria:

**Project Abstract
& Technical
Proposal (65 points)**

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 target audience, and adhere to the primary objective. Evaluation tools to be used are specified.

**Budget
(35 points)**

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 **Monday, November 21, 2022.**

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:

1. Utilize the *Positive Prevention Plus* curriculum that will be provided at the signing of the contract. Ensure any staff involved in the implementation attend curriculum training at the health department.
2. Schedule at least one on-site review with the Health Department program monitor.
3. 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. 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:

Procurement Office II: Rodney Dawson

Grant Project Coordinator/Monitor: Alicia Miller, Community Health Educator II, True You Maryland Coordinator

QUESTIONS:

Contact Alicia Miller at the Health Department by calling (443) 614-7726 or emailing aliciam.miller@maryland.gov.

CURRICULUM RESOURCE:

"Positive Prevention Plus"

<https://positivepreventionplus.com/>

**Wicomico County Health Department
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RFP#

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, repeat 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 1 original application and (4) copies to: **Rodney Dawson, 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, November 14 at 4:00 p.m., EST. LATE PROPOSALS WILL NOT BE ACCEPTED.**

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 youth participating (include age, gender and ethnicity)
- Number of adults trained on curriculum
- Number of sessions held
- Number of program hours held

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 contact True You Maryland Coordinator, Alicia Miller, at (443) 614-7726 or aliciam.miller@maryland.gov.

BUDGET ITEMS	SPECIFICS
<i>Salaries</i>	Employee wages
<i>Fringe</i>	All fringe benefits and employer payroll taxes (Soc. 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 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 project activity
<i>Food</i>	Choices must be healthy choices and reasonable
<i>Office Supplies</i>	Paper, printer ink, etc. to be used with project
<i>Transportation/Travel</i>	Mileage reimbursed at .555 cents per mile
<i>Postage</i>	Mailing costs
<i>Printing/Duplication</i>	Includes copier supplies, paper; costs for duplication services
<i>Client Activities</i>	Client services, general supplies, meetings, incentives, etc.
<i>Educational Materials</i>	Materials and models to conduct educational sessions
<i>Other (attach detail)</i>	Line items not listed above – insert into this form or attach separate sheet
<i>Total Budget Request</i>	Total

* The following line items may not be used for grant projects:

- | | | |
|-------------------|--------------|------------------------|
| Renovation | Construction | Real Property Purchase |
| Medicines & Drugs | Insurance | Legal/Accounting/Audit |
| Professional Dues | | |