

**St. Mary's County Health Department**  
**Strengthening Public Health Infrastructure in St. Mary's County: Mini-Grants**  
**Request for Proposals**  
**Fiscal Year 2025**  
**RFP # 25-04**

**Overview**

The St. Mary's County Health Department (SMCHD) is issuing this Request for Proposal (RFP) to award funding to organizations focused on reducing impacts on the social determinants of health through implementing targeted, culturally competent, and evidence-based initiatives and health education programs for disparately impacted populations. Through the RFP process, SMCHD will offer to provide funding utilizing mini-grants to multiple local businesses, educational institutions, nonprofits, faith-based organizations, and other community-based organizations. Funding will be allocated to organizations depending on the amounts requested in response to the RFP. Awardees must implement new initiatives or innovate upon existing initiatives targeting vulnerable community members that increase health education or support access to healthcare services and other health-related social needs.

**Eligibility**

Businesses, educational institutions, nonprofits, faith-based organizations, and community-based organizations that serve residents of St. Mary's County are eligible for the mini-grants. The agency or organization must directly serve those residents and be available to provide services beginning January 1<sup>st</sup>, 2025, and completed by June 30<sup>th</sup>, 2025.

**Contact**

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## **Background**

Due to systemic and institutional barriers, health disparities remain a pressing challenge for local, state, and national public health professionals and stakeholders. In St. Mary's County, communities of color and other marginalized populations are disproportionately burdened by health disparities that adversely impact health outcomes. The Social Determinants of Health, which include community-level factors such as housing, food and nutrition, transportation, social and economic mobility, education, and environmental conditions, must be considered to alleviate health disparities among vulnerable communities. In addition, an individual's health-related social needs (HSRNs) must also be considered and applied when implementing targeted, culturally competent, evidence-based initiatives and health education programs.

Analysis of existing data reveals health disparities unique to St. Mary's County residents' health-related social needs and social determinants of health. The Southern Part of St. Mary's County has historically been identified as a Health Professional Shortage Area; such a disparity results in a lack of access to crucial healthcare services. In addition, the food environment in St. Mary's County also reveals significant inequities: According to the CDC, the population in St. Mary's County with low or no healthy food access was 56.3%, with some disparities among different races – White, 54.3%, Black, 64.6%, Asian, 62.6%, Native American, 58.3%, and Hispanic-Latino, 64%. Disparities relating to any/all of the Social Determinants of Health, in addition to unique Health-Related Social Needs, play a significant role in the health outcomes of community members and are, therefore, the primary objective for these mini-grants.

Grantees will develop culturally competent and evidence-based initiatives addressing the HRSNs of vulnerable communities and health education programs for disparately impacted populations that address community members' Social Determinants of Health and Health Related Social Needs (HRSNs). In addition, grantees can utilize funding to enhance and innovate upon existing initiatives to maximize the services offered. Mini-grant funding must be directly incurred solely to advance the work or performance of the award. Generally, recipients may not use funds to purchase furniture or equipment; however, any such proposed spending must be identified in the budget narrative (see Attachment 1) and approved by SMCHD.

## **Award Amount**

By January 1<sup>st</sup>, 2025, SMCHD will award mini-grants totaling \$80,000 to multiple organizations in St. Mary's County.

## **Mandatory Requirements**

To apply, an organization must:

- Apply (Instructions - attachment 1) with a cover page (attachment 2)
- Commit to meeting with SMCHD staff monthly throughout the grant period. During these monthly meetings, mini-grantees will provide a status update on the planned activities or interventions that address the needs of disparately impacted populations and identify any support required from SMCHD staff.
- Commit to offering a monthly schedule of specific interventions/health education programs for disparately impacted St. Mary's County community members.
- Commit to gathering information from program/intervention participants, including the number of people participating in the intervention/health education program, participant demographics, and baseline data on each participant's healthcare needs and health-related social needs
- After the mini-grant period ends on June 30<sup>th</sup>, 2025, participating organizations must commit to reporting the number of community members who responded that they had increased knowledge or uptake of healthcare/social services due to their participation in the intervention in the final interview.
- Demonstrate program sustainability beyond the life of this grant

## **Data and Reporting**

The Grantee will make all documents and records available for audit/evaluation to entitled Federal, State, and County officials upon request. SMCHD will establish and conduct monthly program monitoring calls, including assessing compliance with all Federal, State, and Local conditions of award, health and safety reviews, fiscal and data information, and quality management of service processes.

The Awardee will collect data and report on grant activities at monthly meetings with SMCHD staff.

SMCHD reserves the right to adjust and change data reporting requirements as the project evolves and as MDH guidelines dictate.

## **Grant Agreement and Termination for Non-Performance**

The Awardee shall enter into a Grant Agreement with the SMCHD. Any Grant Agreement resulting from this RFP may be terminated by either SMCHD or the Awardee by giving the other party fifteen (15) days written notice.

If the Awardee shall fail to fulfill in a timely and proper manner its obligations under the Grant Agreement, or if the Awardee shall violate any terms of the Grant Agreement, within the sole discretion of the SMCHD, the SMCHD may immediately terminate the Grant Agreement by giving written notice to the Awardee. The Awardee will be held accountable to return any unspent funds to SMCHD at that time.

## Invoicing

The Awardee must submit an invoice to SMCHD at the time of grant award for no more than the amount awarded. The invoice must include a completed form W-9. The Awardee must give monthly reports of work, services, and items approved by the SMCHD staff per the project timeline and budget at monthly meetings between the Awardee and SMCHD staff.

Awardee must provide receipts and other documentation of expenditures at the close of the grant period to:

Kelly Pruitt, Grants Specialist  
St. Mary's County Health Department  
PO Box 316, 21580 Peabody Street  
Leonardtown, MD  
kelly.pruitt@maryland.gov  
240-890-0065

## Application Deadline

One copy of the application for the mini-grant must be emailed to Andrea Hamilton, Kelly Pruitt, and Suha Ansari at [andrea.hamilton@maryland.gov](mailto:andrea.hamilton@maryland.gov), [kelly.pruitt@maryland.gov](mailto:kelly.pruitt@maryland.gov), and [suha.ansari@maryland.gov](mailto:suha.ansari@maryland.gov), with email receipt confirmation by 5:00 p.m. on December 16<sup>th</sup>, 2024. Applications received after 5:00 p.m. on December 16<sup>th</sup>, 2024, will not be considered for review. Faxed or mailed applications will not be accepted.

### Mini-grant Application Timeline

#### Steps to Completion

Release Request for Proposal (RFP)  
Application Submission Deadline & Review  
Notification of Awards or Non-Awards  
Monthly Meetings with Award Winners

#### Completion Date

Monday, November 25<sup>th</sup>, 2024  
December 16<sup>th</sup>, 2024, COB  
December 20<sup>th</sup>, 2024  
January 2025 - June 2025

**Attachment 1:  
St. Mary's County Health Department  
Strengthening Public Health Infrastructure in St. Mary's County: Mini-Grants**

Fiscal Year 2025 Strengthening Public Health Infrastructure Mini-Grant applications must not exceed four (4) double-spaced pages and should be double-spaced with one-inch margins and 12-point font. The narrative must address the following:

**Organizational and Community Capacity**

- Illustrate the capability of the organization to carry out the project, including relevant experience and staff training, description of key community partners and their proposed roles,
- Describe the capacity to manage and evaluate the implementation of the selected strategy activities.

**Scope of Work**

- Identify your approach to offering and implementing (or innovating upon existing practices) targeted, culturally competent, and evidence-based initiatives/health education programs for disparately impacted populations in St. Mary's County.

**Work Plan**

Provide a project work plan description of the services, including:

- A clear and concise timeline for the implementation of initiatives/health education programs or the innovation of existing programs/services
- Strategies and tasks that will be completed during the grant period

**Budget Narrative**

- Describe the funding needed to support the proposed interventions.

**Attachment 2:  
FY 2025 Strengthening Public Health Infrastructure in St. Mary's County  
Mini-Grant Application Cover Page**

PROJECT TITLE: \_\_\_\_\_

ORGANIZATION  
\_\_\_\_\_

CONTACT PERSON (1)

TITLE \_\_\_\_\_

CONTACT PERSON (2)

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

IS YOUR ORGANIZATION COMMUNITY-BASED?                      YES      NO

DOES YOUR ORGANIZATION HAVE NONPROFIT STATUS?      YES      NO

DATE OF NONPROFIT STATUS \_\_\_\_\_

FEDERAL IDENTIFICATION NUMBER \_\_\_\_\_

I DO SOLEMNLY DECLARE AND AFFIRM THAT THIS APPLICATION'S CONTENTS  
ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION,  
AND BELIEF.

PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_