

**ST. MARY'S COUNTY HEALTH DEPARTMENT  
MARKETING AND GRAPHIC DESIGN SERVICES  
REQUEST FOR PROPOSALS (RFP)  
FISCAL YEAR 2025  
RFP #25-03**

The St. Mary's County Health Department (SMCHD) is issuing RFP #25-03 to identify marketing organizations and graphic designers to provide graphic design and marketing campaign services and support for the Department. Ideal organizations will have experience working with government and public health organizations.

**ELIGIBILITY**

To apply for this RFP, an organization must:

- Possess expert knowledge on reaching targeted audiences in the St. Mary's County market and/or experience in developing public health prevention media campaign materials

**PROGRAM EMPHASIS**

SMCHD seeks marketing organizations and graphic designers to utilize when a need arises for developing digital and print materials and running comprehensive marketing campaigns to promote health education and SMCHD's services/programs. The selected firm(s) will be contracted "as needed" and remain uncompensated until they are activated for a design or campaign. Predicted campaigns for FY25 include, but are not limited to, emergency preparedness & response, healthcare access, vaccine confidence, and health equity.

**CONTACT**

For more information, contact:

Jacqueline Wells, Director  
Division of Community Engagement & Policy  
St. Mary's County Health Department  
21580 Peabody Street, PO Box 316  
Leonardtown, Maryland 20650  
smchd.pr@maryland.gov  
301-452-4807

**BACKGROUND**

The St. Mary's County Health Department (SMCHD) is the local health department for St. Mary's County, Maryland. SMCHD is responsible for protecting and promoting the health of all St. Mary's County residents. Within its resources, the health department delivers various services to our community based on local health needs and federal, state, and county regulations. As the county's leader in public health, the agency is committed to ensuring that community members have access to personal and environmental health services and information.

SMCHD is committed to ensuring community members can access public health services to help them achieve their best lives. Given the diversity of services provided, SMCHD has many diverse communications needs. SMCHD is committed to a culture of openness with the media and public that values the free exchange of ideas, data, and information and doing so in a manner that is equitable, timely, responsive, and accurate.

**PROPOSAL PROCESS**

The SMCHD Marketing and Graphic Design Services RFP review team will review and grade all responding proposals based on organizational capacity, experience, and proposed costs.

**AUDITING**

Auditing/monitoring ensures compliance with applicable regulations, laws, and contract requirements. Selected Awardee agrees, as per State of Maryland Department of Health Local Health Department Funding Systems Manual section 2180.04, to be audited upon request by the MDH Chief, Audit Division, or the St. Mary's County Health Department Fiscal Chief.

The Awardee will make documents and records related to the proposed work available for audit/evaluation to entitled Federal, State, and County officials upon request.

**INVOICING**

Invoices for work, services, and items not on the project timeline and/or not approved by SMCHD may result in the denial of further funding.

Invoices are to be submitted monthly as agreed upon in the service contract by the 15th of the month following the end of the invoicing period to:

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Division of Community Engagement & Policy  
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21580 Peabody Street, PO Box 316  
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**AGREEMENT**

The Awardee shall enter into a Service Contract with SMCHD.

**AWARD OF CONTRACT**

SMCHD intends to award one or multiple Contracts to the lowest responsive and responsible bidder(s) for the Services specified in this Solicitation.

Funds have not been awarded for this contract but are expected to be granted to individual programs throughout the fiscal year. No contract award will be made until appropriate funds are granted. Awardees will be informed of their selection for this solicitation, and contracts will be activated as specific project funding is identified.

**PERIOD OF PERFORMANCE**

The Base Year Period of Performance for this Contract is one (1) year from the date of Contract award. This Contract is subject to renewal by mutual agreement of both parties for Four (4) one-year (1-year) options on the anniversary date in subsequent years.

**TERMINATION FOR NON-PERFORMANCE**

Either SMCHD or the Awardee may terminate any Agreement resulting from this RFP by giving the other party thirty (30) days' written notice.

If the Awardee fails to fulfill in a timely and proper manner its obligations under the Agreement, or if the Awardee shall violate any terms of the Agreement, the SMCHD, at its sole discretion, may immediately terminate the Agreement by giving written notice to the Awardee.

**APPLICATION DEADLINE AND SUBMISSION**

Responding proposals for the Marketing and Graphic Design Services RFP must be submitted by **5:00 PM Eastern Standard Time** on October 17<sup>th</sup>, 2024. Application instructions are in Attachment 1.

Submit via email one copy of the cover page, proposal narrative, and any applicable supporting documents with the subject line "Response to RFP 25-03" to [smchd.pr@maryland.gov](mailto:smchd.pr@maryland.gov).

Proposals received after 5:00 PM Eastern Standard Time on October 17<sup>th</sup>, 2024, will not be considered for review. Faxed or mailed proposals will not be accepted.

**REVIEW PROCESS**

A panel of reviewers will conduct the application review using the rating scale below. The decision to contract funds of any amount will be final and based on the application's merits. Applications will be evaluated for:

- |   |             |
|---|-------------|
| 1. Provider Expertise & Organizational Capacity | (20 points) |
| 2. Project Description                          | (20 points) |
| 3. Performance & Outcome Indicators             | (20 points) |
| 4. Timeline                                     | (10 points) |
| 5. Plan for Sustainability                      | (10 points) |
| 6. Budget Narrative                             | (20 points) |

**Attachment 1**  
ST. MARY'S COUNTY HEALTH DEPARTMENT  
MARKETING AND GRAPHIC DESIGN SERVICES  
REQUEST FOR PROPOSALS (RFP)  
**APPLICATION INSTRUCTIONS**

Marketing and Graphic Design Services proposals should not exceed ten (10) pages. Please provide detailed information in your narrative to address all the elements in the evaluation criteria listed below

1. **Organization Experience and Capacity:** Description of expertise and organizational capacity to provide services as described.
2. **Scope of Work:** Describe the process and strategies to achieve marketing and graphic design goals. Provide examples from a portfolio of materials developed for previous projects.
3. **Line Item Budget and Budget Narrative:** *(may submit as an attachment and does not count towards page count)*
  - a. **Line Item Budget** if contract activated for graphic design services or a marketing campaign
  - b. **Budget Narrative** describing the funding needed to support the proposed work

**Attachment 2**  
ST. MARY'S COUNTY HEALTH DEPARTMENT  
MARKETING AND GRAPHIC DESIGN SERVICES  
REQUEST FOR PROPOSALS (RFP)  
**APPLICATION COVER PAGE**

**Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Amount of Funds Requested:** \_\_\_\_\_

*(Please indicate the amount for each year of contract, if applicable)*

<b>Address:</b> _____	<b>Email:</b> _____
<b>Address 2:</b> _____	<b>Phone:</b> _____
<b>City, State, Zip</b> _____	<b>Fax:</b> _____
<b>Email:</b> _____	<b>Phone:</b> _____

<b>Contact Person 1:</b> _____	<b>Title:</b> _____
<b>Email:</b> _____	<b>Phone:</b> _____

<b>Contact Person 2:</b> _____	<b>Title:</b> _____
<b>Email:</b> _____	<b>Phone:</b> _____

**Is Your Organization Maryland-Based? (Y/N)** \_\_\_\_\_

**Does Your Organization Have Nonprofit Status? (Y/N)** \_\_\_\_\_

**Date of Nonprofit Status:** \_\_\_\_\_ **Federal Identification No.:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For SMCHD Use Only  
Attachment 3**

**ST. MARY'S COUNTY HEALTH DEPARTMENT  
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RFP RATING SHEET**

Organization Name: \_\_\_\_\_

1) Provider Expertise & Organizational Capacity Score \_\_\_\_\_  
(0-20 TOTAL)

2) Project Description Score \_\_\_\_\_  
(0-20 TOTAL)

3) Performance & Outcome Indicators Score \_\_\_\_\_  
(0-20 TOTAL)

4) Timeline Score \_\_\_\_\_  
(0-10 TOTAL)

5) Plan for Sustainability Score \_\_\_\_\_  
(0-10 TOTAL)

6) Budget Narrative Score \_\_\_\_\_  
(0-20 TOTAL)

Total score \_\_\_\_\_

**Notes**

\_\_\_\_\_  
Reviewer Name

\_\_\_\_\_  
Date