

ST. MARY'S COUNTY HEALTH DEPARTMENT

Youth Mentoring Organizations (YMOs)

REQUEST FOR PROPOSALS (RFP)

FISCAL YEAR 2025

SMCHD RFP 25-05

OVERVIEW

The St. Mary's County Health Department (SMCHD) seeks proposals from qualified youth mentoring organizations (YMOs) to support our mission of empowering youth and families through mentorship and guidance. We aim to promote positive youth development within our community by offering structured mentoring programs encouraging personal growth, academic achievement, and social skill development. This RFP seeks to identify and establish partnerships with organizations that have demonstrated success in youth mentoring.

ELIGIBILITY REQUIREMENTS

To apply for this RFP, an organization must:

- Demonstrate experience providing structured youth mentoring programs, ideally centered on at-risk youth within underserved communities.
- Utilize evidence-based or promising practices in youth mentorship, focusing on areas such as adverse childhood experiences (ACEs), homelessness, adolescent pregnancy prevention, substance abuse, academic support, and social skills development.
- Demonstrate a commitment to serving diverse populations, including racial and ethnic minorities, and implement inclusive practices that address the cultural and social needs of the youth served.
- Serve youth within the St. Mary's County community.
- Demonstrate a history of or commitment to collaboration with other community-based organizations, schools, and social services to enhance program effectiveness and provide comprehensive support for youth.
- Comply with all local, state, and federal regulations relevant to youth mentoring; all staff and mentors must undergo state and federal background checks.
- Possess the resources, training, and staffing required to adhere to the established timelines and fulfill all requirements.
- Demonstrate strong financial management and adhere to financial best practices, ensuring full compliance with applicable state and federal regulations and guidelines.
- Provide the organization's most recent financial statement.
- Complete the performance metrics monthly and provide data reports as outlined in Attachment A.

PROGRAM EMPHASIS

SMCHD aims to deliver structured, evidence-based mentoring services that address the complex needs of at-risk youth, ages 7-17, in underserved communities across St. Mary's County. The program emphasizes comprehensive support, fostering resilience, social connections, and the development of academic and life skills. Key areas of emphasis include fostering safe, trauma-informed relationships between youth and trained mentors, engaging families, and building strategic partnerships to enhance reach and program effectiveness. Mentors will guide youth in developing healthy coping mechanisms, setting and achieving

personal and academic goals, and avoiding risky behaviors. Additionally, the program will incorporate targeted approaches to reduce the impact of adverse childhood experiences (ACEs), prevent substance abuse, address adolescent pregnancy, and support academic and social skill growth. Organizations are encouraged to integrate evidence-based practices, such as the Botvin Life Skills curriculum and peer mentoring, to reinforce positive youth outcomes and ensure program sustainability. Proposals should detail methods for continuous program evaluation, including metrics for success and regular reporting on participant progress and program impact.

For questions or more information, please contact:

Michelle Pottinger, Director
Violence Injury and Trauma Unit
St. Mary's County Health Department
21580 Peabody Street, PO Box 316
Leonardtown, Maryland 20650
michelle.pottinger@maryland.gov
301-475-4330 Main Number

PROGRAM BACKGROUND

Located in St. Mary's County, Maryland, the SMCHD is responsible for protecting and promoting the health of everyone who lives and works in the community. The department has seven divisions that offer a wide variety of services to the community, including Behavioral Health, Clinical Services, Community Engagement and Health Policy, Environmental Health, Health Promotions and Community Services, Operations, and Emergency Preparedness and Response.

SMCHD is committed to ensuring community members have access to public health services to help them achieve their best health and wellness. Through this RFP, the SMCHD seeks proposals to support youth and families through local mentoring organizations within St. Mary's County. Supporting youth and mentoring organizations is vital, as they play a crucial role in fostering personal development, resilience, and social skills among young people. These programs empower individuals and, in doing so, create a ripple effect of positive change throughout the community. By investing in mentorship, we cultivate a stronger, more connected society where youth are guided toward healthier choices and successful futures, ultimately enhancing the overall well-being of our community.

PROPOSAL PROCESS

All responding proposals will be reviewed and graded by the SMCHD Youth Mentoring RFP review team based on organizational capacity and experience related to the project's goals, a projected timeline of completing deliverables, and proposed costs. This RFP will offer multiple awards to organizations serving the St. Mary's County community. **Awards will not exceed \$9,000 per organization**, with a preference for cost-effective proposals that meet all requirements. Youth Mentoring organizations may apply for additional funding for up to four years, contingent upon the continuation of grant funding.

Contracts for this RFP will cover the period from January 29, 2025, to June 30, 2025, with the option for renewal based on performance and funding availability.

AUDITING/MONITORING

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.

Auditing/monitoring ensures compliance with applicable regulations, laws, and contract requirements. The selected awardee agrees, as per the State of Maryland Department of Health Local Health Department Funding Systems Manual section 2180.04, that it is to be audited upon request by the MDH Chief, Audit Division, or the SMCHD Fiscal Chief.

SMCHD reserves the right to modify data reporting requirements as the project progresses and/or as dictated by Maryland Department of Health (MDH) guidelines.

The Awardee must comply with the guidelines outlined in the Human Service Agreements Manual, which outlines the standards for fiscal reporting, compliance, and other requirements. The vendor is expected to review and follow the applicable sections of the manual.

INVOICING

Invoices for work, services, and items not on the project timeline and/or not approved by SMCHD may result in denial of further funding. The awardee must provide receipts and/or other documentation of expenditures. Receipts and proof of payment will be required for reimbursement.

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:

Michelle Pottinger, Director of Violence, Injury, Trauma Unit
michelle.pottinger@maryland.gov

Courtesy Copy:
Thomas Berger, Chief Fiscal Officer
thomas.berger2@maryland.gov
and
Ashley Dudley, HPCS Division Grants Specialist
ashley.dudley@maryland.gov
and
Fiscal Department
smchd.ap@maryland.gov

Each YMO will be responsible for submitting program reports by the end of each month to reflect on their activities and progress. These reports should provide an overview of key achievements, challenges, and any adjustments made to the program. For detailed information on performance metrics for program reporting, please refer to Attachment A.

AGREEMENT

The Awardee shall enter into a Service Contract with SMCHD.

TERMINATION FOR NON-PERFORMANCE

Any Agreement resulting from this RFP may be terminated by either SMCHD or the Awardee by giving the other party thirty (30) day's written notice. If the Awardee fails to fulfill its obligations under the Agreement promptly and properly, or if the Awardee violates 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 Youth Mentoring Organizations (YMOs) must be submitted by **5:00 PM Eastern Standard Time on February 14, 2025**. 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 #25-05 to smchd.contracts@maryland.gov, michelle.pottinger@maryland.gov, and CC ashley.dudley@maryland.gov.

Proposals received after **5:00 PM Eastern Standard Time on February 14, 2025**, 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.

APPLICATION EVALUATION CRITERIA

Category	Points Possible
Organization Experience & Capacity	20
Scope Of Work	35
Data Security Strategies	20
Project Timeline	10
Budget	15
Total Points Possible:	100

APPLICATION PROCESS TIMELINE

Steps to Completion	Completion Date
Advertise RFP	January 29, 2025
Application Submission Deadline	February 14, 2025
Review Submitted RFPs	February 17-18, 2025
Letter(s) of Award Sent Out via Email	February 21, 2025

Attachment A

**ST. MARY'S COUNTY HEALTH DEPARTMENT
Youth Mentoring Organizations (YMOs)
PERFORMANCE METRICS**

Metric	Description
Number of Youth Served	The total number of youth enrolled in the mentoring program during the reporting period.
Demographics of Participants	A breakdown of participants by age, gender, race/ethnicity, geographic location, and school or community affiliation.
Engagement Rates	The percentage of youth actively participating in mentoring sessions compared to the total number enrolled.
Number of Mentoring Sessions Held	The total number of formal mentoring sessions or interactions conducted during the reporting period.
Types of Activities Offered	A breakdown of mentoring activities, including one-on-one meetings, group workshops, skills-building sessions, field trips, and community service projects.
Frequency of Engagement	The number of mentoring sessions or interactions per month, quarter, or year.
Life Skills Development	The number of mentees reporting improvements in essential life skills, such as communication, goal-setting, or time
Success Stories	Qualitative data, including testimonials, success stories, or case studies, highlighting significant achievements by mentees.

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Volunteer or Community Service Participation	The number of youth or mentors participating in community service or volunteer projects as part of the program.
Budget Adherence	Overview of the program's financial management, ensuring that spending aligns with the approved budget and financial projections.

Attachment 1
ST. MARY'S COUNTY HEALTH DEPARTMENT
Youth Mentoring Organizations
APPLICATION INSTRUCTIONS

Fiscal Year 2025 Youth Mentoring Organizations proposals must not exceed 10 pages. Please use headings that correspond to the outline below. Please provide detailed information in your narrative to address all the elements in the evaluation criteria.

Organizations submitting proposals must demonstrate the ability to deliver structured, evidence-based mentoring services to at-risk youth in St. Mary's County. The scope of services should include:

1. **Provider Expertise and Organizational Capacity:** Description of provider expertise and organizational capacity to provide youth mentoring services as described.
2. **Program Development:**
 - a. Design and implement a mentoring program tailored to the needs of the target youth population.
 - b. Establish clear goals and measurable outcomes.
3. **Program Structure:** Proposals must include a detailed description of the program's structure, including the frequency of mentoring sessions, group or one-on-one mentoring approaches, and any additional services provided (e.g., tutoring, mental health counseling, or family engagement).
4. **Recruitment and Training:**
 - a. Recruit, train, and support volunteer mentors.
 - b. Develop training materials and workshops for mentors.
5. **Target Population:** Programs should specifically serve at-risk youth aged 7-17 in underserved communities within St. Mary's County. Proposals should outline how the organization will identify, engage, and retain these youth.
6. **Mentorship:**
 - a. Programs should pair youth with trained mentors who provide consistent guidance, support, and positive reinforcement. Mentors should help youth build resilience, set and achieve personal and academic goals, and develop healthy coping strategies for life challenges.
7. **Monitoring and Evaluation:**
 - a. Develop methods for ongoing assessment of program effectiveness and participant progress.
 - b. Provide regular reports on program outcomes.
8. **Evidence-Based Practices:** Proposals should clearly describe the evidence-based practices to be utilized. These may include approaches such as Botvin LifeSkills, Cognitive Behavioral Therapy (CBT), trauma-informed care, or peer mentoring models that have been proven effective in improving youth outcomes.
9. **Community Engagement:**

- a. Foster partnerships with local schools, community organizations, and stakeholders to enhance program reach and impact.
- b. Participate in community family engagement events sponsored by the SMCHD to enhance community engagement efforts with the targeted population.

10. Focus Areas:

- a. **Adverse Childhood Experiences (ACEs):** Programs should provide trauma-informed mentoring to help youth navigate and heal from adverse experiences.
- b. **Adolescent Pregnancy:** Mentoring programs that offer guidance on healthy relationships, reproductive health, and support for pregnant or parenting teens.
- c. **Substance Use and Abuse:** Prevention and intervention strategies to help youth avoid or recover from drug and alcohol abuse.
- d. **Academic Support and Social Skills:** Structured programs that promote academic success, school engagement, and the development of social and interpersonal skills.

11. Deliverables:

- a. Provide quarterly reports detailing program activities, youth served, and progress toward measurable outcomes (e.g., improvements in academic performance, social-emotional skills, or reductions in risky behavior).
- b. Provide demographic information about the youth served, such as age, gender, race, school attended, and the zip code of residence.
- c. Collect and report data on protective factors and any observed secondary effects from the mentoring services, such as increased school engagement or participation in positive activities.
- d. Participate in regular meetings with SMCHD to review program progress and make necessary adjustments to ensure alignment with the health department's goals.

12. Project Timeline: Clear and concise timeline with descriptions for the implementation of project milestones.

13. Line Item Budget and Budget Narrative: *(may submit as an attachment and does not count towards page count)*

- a. **Line Item Budget:** FY2025 (January 29, 2025- June 30, 2025) budget should align with the proposed activities. Funding may not exceed **\$9,000** per organization.
- b. Youth Mentoring organizations may apply for additional funding for up to four years, contingent upon the continuation of grant funding.
- c. **Budget Narrative:** Describe the funding needed to support the proposed project.

Attachment 2
ST. MARY'S COUNTY HEALTH DEPARTMENT
Youth Mentoring Organizations
APPLICATION COVER PAGE

Title: _____

Organization: _____

Amount of Funds Requested: _____

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

Address: _____	Email: _____
Address 2: _____	Phone: _____
City, State, Zip _____	Fax: _____
Email: _____	Phone: _____

Contact Person 1: _____	Title: _____
Email: _____	Phone: _____

Contact Person 2: _____	Title: _____
Email: _____	Phone: _____

Is Your Organization Community-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.

_____	_____
Printed Name	Title

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Signature

Date