

**ST. MARY'S COUNTY HEALTH DEPARTMENT
Nutritionist II
REQUEST FOR PROPOSALS
FISCAL YEAR 2024
SMCHD RFP 24-02**

OVERVIEW

The St. Mary's County Health Department School-Based Health Centers is issuing RFP #24-02 to contract a Nutritionist licensed with the State of Maryland. The purpose of this contract would be to provide individual and group evaluation, counseling, and education services to clients of the school-based health centers. Clients of the SBHCs include students and staff of St. Mary's County Public Schools and general community members.

ELIGIBILITY REQUIREMENTS

To apply for this RFP, a clinician or organization must:

- Licensed by the Maryland State Board of Dietetic Practice
- Experience: Two years of experience providing professional nutrition or dietetic services.

CONTACT

For more information, contact:

Alicia Nelson
St. Mary's County Health Department
21580 Peabody Street, PO Box 316
Leonardtown, Maryland 20650
Alicia.Nelson@maryland.gov
301-475-4330 Main Number

PROGRAM BACKGROUND

St. Mary's County Health Department opened the first two school-based health centers in Southern Maryland during the 2022-2023 school year. These clinics are located in modular units at Margaret Brent Middle School and Spring Ridge Middle School. They are open Monday through Friday from 8-430 p.m. Each location is staffed with a full-time family nurse practitioner and clinical assistant. Services offered include sick care, preventative medical care, and management of chronic conditions.

SMCHD seeks to expand to offer nutrition services at each SBHC location. Primary conditions treated would include sports nutrition, weight management, eating disorders, and general healthy nutrition education. Services would be offered by contractors at both SBHC locations in both individual and group sessions. The contractor will provide the needed curriculum. While SMCHD can support contractors with community engagement, contractors should also be prepared to support efforts to increase awareness and utilization of services. The contractor will document services provided in SMCHD electronic medical records.

PROPOSAL PROCESS

The organization or service provider wishing to apply must:

- Meet the eligibility requirements listed in this document.
- Apply (Attachment 1)
- Designate one person (Program Director) to be the liaison with the SMCHD Director of Clinical Services to coordinate and report on the status of services provided.
- Commit to meet with the SMCHD Project Leads on an established schedule from the date of award to provide updates on project progress. The schedule may be modified based on performance.

All responding proposals will be reviewed and graded by the SMCHD RFP review team based on organizational capacity and experience with nutrition services, a projected timeline of completing deliverables, and proposed costs. The awarded amount will not exceed \$25,000 in total for services provided through June 30, 2024.

AUDITING

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 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:

Alicia Nelson (Alicia.Nelson@maryland.gov)

With a copy to:

Amber Grabowski (Amber.Grabowski@maryland.gov)

And

SMCHD.AP@maryland.gov

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 thirty (30) day's written notice to the other party.

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 School-Based Health Center Nutritionist must be submitted by **5:00 PM Eastern Standard Time on January 12, 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 SBHC Nutritionist RFP to Alicia Nelson at alicia.nelson@maryland.gov

Proposals received after 5:00 PM Eastern Standard Time on January 12, 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 merits of the application. Applications will be evaluated for:

Category	Points Possible
1 Organization Experience & Capacity	20
2 Scope of Work	35
3 Data Security Strategies	10
4 Project Timeline	15
5 Budget	20
Total Points Possible:	100

APPLICATION TIMELINE

Application Submission Deadline January 12, 2024
Deliver to:

Alicia.Nelson@maryland.gov

Review Committee: January 17, 2024
Letters of Award Emailed: January 19, 2024

Attachment 1
ST. MARY'S COUNTY HEALTH DEPARTMENT
School-Based Health Center Nutritionist Program
APPLICATION INSTRUCTIONS

Fiscal Year 2024 School-Based Health Center Nutritionist Program proposals may be submitted in Word, PowerPoint, Google Docs, Google Slides, or PDF and should include the information detailed below:

1. **Provider Expertise and Organizational Capacity:** Description of provider expertise and organizational capacity to provide nutrition services as described.
2. **Strategies:** Describe strategies to implement nutrition services in the School-Based Health Centers

Attachment 2
ST. MARY'S COUNTY HEALTH DEPARTMENT
School-Based Health Center Nutritionist Program
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

Signature

Date

For SMCHD Use Only
Attachment 3
ST. MARY'S COUNTY HEALTH DEPARTMENT
School-Based Health Center Nutritionist Program
RFP RATING SHEET

Organization/Facility Name: _____

<u>Category</u>	<u>Possible Points</u>	<u>Score Given</u>
1) Organization Experience & Capacity	20	_____
2) Scope of Work	35	_____
3) Data Security Strategies	20	_____
4) Project Timeline	10	_____
5) Budget & Budget Narrative	15	_____
Total:	100	_____

Notes

Reviewer Name

Date