



Worcester County's Initiative to Preserve Families

The Local Management Board
FY 2027 Request for Proposals for
The Children's Cabinet Interagency Funds

Release Date: February 3, 2026
Deadline for Submission: March 31, 2026 at 2:00pm

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Introduction

Worcester County's Initiative to Preserve Families, also known as the Local Management Board (LMB), is dedicated to improving outcomes for the county's children, youth, and families. The LMB Board of Directors is composed of five ex officio and four at-large members, seeks to establish a comprehensive system of education, health, and human services through public and private collaboration. It envisions a caring, inclusive community where all families are empowered to thrive.

Purpose

Worcester County's Initiative to Preserve Families, through the Governor's Office for Children (GOC) and the Children's Cabinet is soliciting proposals for Fiscal Year 2027. These proposals should address the needs of children, youth and families in Worcester County. Proposals should address one or more of the ENOUGH Pillars and/or local indicators.

Proposal Specifics

The Worcester County LMB is seeking proposals from qualified community partners to provide high quality, comprehensive and supportive services in Worcester County for children, youth and families. These services should address the ENOUGH Pillars and local indicators in which the LMB has identified as areas for consideration via the LMB's Needs Assessment.

- 1. High Quality Childcare and Education
 - a. Chronic Absenteeism/Truancy
 - b. Kindergarten Readiness
 - c. Graduation Rates
 - d. Reading Proficiency
- 2. Healthy Families
 - a. Behavioral Health
 - b. Bullying
 - c. Food Insecurities
 - d. Obesity
- e. Suicide Ideation
- 3. Economically Secure Families
 - a. Child Poverty
 - b. Homelessness and Disconnection
- 4. Safe and Thriving Communities
 - a. Afterschool Programs
- 5. Juvenile Crime Complaints
 - a. Childcare Programs

Applicants should base their proposed program on an evidence based model that specifically addresses one or more of the above areas for consideration. Applicants are encouraged to utilize evidence based models that are or can be tailored to rural jurisdiction. Applicants are required to demonstrate how their proposed program will "turn the curve" or ensure that data trends "continue to head in the right direction" based on local needs and priorities (Results Based Accountability, n.d.). Applicants should use Needs Assessments and other data to justify their programming. The most recent Needs Assessment completed for the Local Management Board can be found [HERE](#).

Funding is available to local 501-(c) not-for-profit organizations, for profits, faith-based organizations, the local school system and government agencies who are in good standing. Applicants may request up to \$500,000. ***Funding is subject to the availability of funds, which may be modified based on the final budget appropriation by the General Assembly and/or adjusted according to the funds appropriated to the Worcester LMB.***

Timeline

Request for Proposals (RFP) Release: February 3, 2026

Pre-Proposal Meeting:

LMB Pre-Bid Meeting CCIF

Thursday, February 19 · 10:30 – 11:30am

Time zone: America/New_York

Google Meet joining info

Video call link: <https://meet.google.com/jcs-vgcr-eqx>

Or dial: (US) +1 650-560-4335 PIN: 472 948 706#

More phone numbers: <https://tel.meet/jcs-vgcr-eqx?pin=8833064518305>

Proposals Due: March 31, 2026 at 2pm to the Worcester County Commissioner's Office

Interested parties must submit one (1) original and five (5) copies of their proposal to the Worcester County Government by the established deadline. All copies of the Proposal Documents and any other documents required to be submitted with the Proposal Documents should be UNBOUND (do not staple or bind in any way other than a binder clip) and enclosed in a sealed envelope/ package. They should be identified with the project name: **WORCESTER COUNTY'S LOCAL MANAGEMENT BOARD FY2027 CHILDREN'S CABINET INTERAGENCY FUNDS REQUEST FOR PROPOSALS**. The Worcester County Government will ensure that all proposals received by the deadline are given to the LMB. Proposals should be addressed and mailed or hand carried to:

Office of the County Commissioners

Edward Welch

Worcester County Government Center

One West Market Street, Room 1103

Snow Hill, MD 21863

Evaluation Meeting:

April 10, 2026

This is a closed meeting for the purpose of reviewing applications with the Evaluation Committee.

Notification of Inclusion in Children's Cabinet Interagency Funds Notice for Funding Application (NOFA)

The vendor(s) chosen to be included in the LMB's NOFA application will be notified by LMB staff by close of business day on April 13, 2026.

Notification of Award

While the LMB is hopeful to notify selected vendor(s) of the final award by May, this is subject to change based on the Governor's Office for Children's funding and timeline. Once a final award is made to the LMB, a follow up meeting will then be scheduled with vendors. Vendors are expected to be ready for implementation by July 1, 2026.

Questions and Requests for RFP Documents

Agencies may submit questions and requests for an electronic copy of the RFP to Edward Welch at purchasing@worcestermd.gov

Evaluation Meeting Specifics

The LMB will utilize an Evaluation Committee to review and evaluate each proposal submitted by the guidelines established on the provided evaluation criteria. A total of five members will serve on the RFP panel. The panel will be assigned a facilitator who will assist the group through the process but will not have a vote. Members of the RFP panel will receive and review the proposals once they have been collected from the County Administrator. Agencies that are submitting a proposal cannot be part of the panel that reviews the proposals. The Evaluation Committee will include staff of the Worcester County Local Management Board and Worcester County Local Behavioral Health Authority, both of which are housed within the Worcester County Health Department but maintain firewalls from other Health Department programs. *Examples* of persons/agencies who also may be a part of the Evaluation Committee include:

- Local Education Agencies/Board of Education
- LMB Directors or staff from other counties
- LBHA Directors or staff from other counties
- Representatives from civic groups and local community activists
- Representatives from Salisbury University (SU) School of Social Work or professor(s) from WorWic Community College and/or University of Maryland Eastern Shore (UMES)
- Pediatricians

The LMB staff will present the proposals to the Board of Directors for final discussion and considerations. Board members can call a motion to recommend changes for the program vendor to consider, but any such change would require a unanimous vote of support by the full Board.

After the LMB Board of Directors has voted to support the selected program vendor, the LMB will then move forward with including the selected vendors in their own application to the Governor's Office for Children.

Agencies wanting to appeal a decision reached for this RFP may do so in writing to the LMB Executive Committee within one week of the Committee's evaluation outcomes being announced. The Executive Committee will either deny the appeal and inform the petitioner or forward the appeal for consideration by the full Board. To reverse an earlier decision concerning the RFP made by the panel it will require a unanimous vote by the full Board.

The LMB does not discriminate on the basis of race, color, sex, age, national origin, religion, marital status, military status, disability, gender identity, genetic information or sexual orientation in matters affecting employment or in providing access to programs.

Submission Details

The LMB Board of Directors is asking that interested parties develop a robust, succinct and concise proposal for programs to services to Worcester County's children, youth and/or families that impact that outlined needs outlined in the LMB's Needs Assessment and aligned with the Governor's Office for Children's priority/initiatives. These may be new programs or existing programs looking to expand. For convenience, please use the following outline to develop an appropriate response to this request.

Project proposals should be clear and concise, single spaced, in 11 or 12 point font. Proposals should be no more than 12 pages (approximately 5000 words or less), excluding table of contents, executive summary, prior grant performance, budget, and appendices. Brevity is encouraged. All pages of the proposal must be numbered. Please ensure that the final submission is UNBOUND (binder clip and/or paper clips are acceptable).

The project proposal should be structured using these topic headings:

Table of contents (not included in page/word limit)

- Executive Summary (300-500 words, not included in page/word limit)
- Current LMB Children's Cabinet Interagency Funds Grantees Only: Prior grant performance (300-800 words, not included in page/word limit)
- Proposal Body:
 1. Background and Justification
 2. Organizational Capacity
 3. Financial Capacity
 4. Project Plan and Obtainable Timeline
 5. Measurable Outcomes
 6. Project Budget and Budget Justification (not included in page/word limit)
- Mandatory Appendices
 - a. Appendix A
 - b. Resumés of key staff;
 - c. Current grantees only: copy of final Performance Measure Submission for FY25 (July 1, 2024 - June 30, 2025) and first half of FY26 Performance Measure Submission
 - d. Applicant Legal and Financial Disclosure;
 - e. Contractual Obligations, Assurances, and Certifications;
 - f. IRS Form W-9;
 - g. Audited financial statements and/or IRS Form 990 or other applicable IRS tax filing (prefer both financial statements and tax return); and
 - h. Behavioral health license, if the applicant is licensed.
- Optional Appendices
 - a. Letters of support from partner organizations

Proposal Guidance

Cover Sheet:

- **Grant Application Cover Sheet:** Cover sheets should include the following:

Date of submission
Organization Name
Federal Tax ID Number (EIN)
Street Address, City, State ZIP
Total Budget request

Name, Official Authorized to Execute Contract
Email, Official Authorized to Execute Contract
Phone, Official Authorized to Execute Contract

Name, Project Director
Email, Project Director
Phone, Project Director

Name, Primary Point of Contact (if different from the Project Director)
Email, Primary Point of Contact (if different from the Project Director)
Phone, Primary Point of Contact (if different from the Project Director)

Name, Fiscal Contact
Email, Fiscal Contact
Phone, Fiscal Contact

Any additional contact information (optional)
Attestation and electronic signature

Executive Summary (300-500 words, not included in page/word limit)

- a. Briefly describe which ENOUGH Pillars and/or Local Indicators will be addressed by the program.
- b. Briefly describe the target population and the area (zip code, neighborhood, school, etc.) that will be served.
- c. What is the program's overall focus/key services that will be provided?
- d. What key Evidence-Based Program will be implemented?
- e. Funding amount requested, and brief description of other sources of funding.

Prior grant performance (current MCHRC/Consortium grantees only, 300-800 words, not included in page/word limit)

- a. Describe accomplishments under the current grant, qualitative and quantitative.
- b. Describe any proposed changes to the current grant-funded program.
- c. Describe any lessons learned during the current grant and how those lessons would be applied in a future grant.

1. Background and Justification

- a. Briefly describe the population(s) to be served (i.e., demographics, income levels, etc.).
- b. Provide evidence that the proposed program responds to the ENOUGH Pillars and/or a Local Indicator.
 - i. Applicants are encouraged to use the LMB's Needs Assessment as well as other community health data. Quantitative and/or qualitative data is strongly encouraged.
- c. How will the proposed services address health equity and/or the social determinants of health.

2. Organizational Capacity

- a. Describe the organization's history of supporting children, youth and families in Worcester.
- b. Describe the organization's history of working with the target community.
- c. Describe the organization's staff. Include information about staff training and cultural and linguistic competency. Describe the extent to which the staff reflects the community served.

3. Financial Capacity

- a. Briefly describe the organization's history of financial management.
- b. What *other* funding sources support existing and new services (e.g., local support, insurance billing/Medicaid reimbursement, grants, etc.)? If funded, how will the program blend other sources? Detail any in-kind or matching funds provided.

4. Project Plan and Obtainable Timeline

- a. Clearly and concisely define the services to be provided. Note: Overly complex proposals may not be funded.
- b. What date will services begin? To what extent is the program “shovel-ready?”
- c. Provide the total estimated unduplicated youth, families, and others to receive grant-supported services. Describe your estimation methodology and how you will prevent double-counting.
- d. Where will services be provided? If applicable, describe means to facilitate access to services (e.g., transportation, etc.). What times during the day will services be provided?
- e. What evidence-based program/strategy will be used? How is the organization planning for staff training and on-going implementation support in the EBP(s)? How will the EBP(s) be utilized in programming and implemented with fidelity? Be specific. Budgets and staffing plans should reflect this commitment.
- f. What other strategies will be used, and how are they justified?
- g. How will the program address challenges in hiring and retaining staff?
- h. How will referrals be made to the program?
- i. How will staff recruit children, youth and/or families to participate in the program?

5. Measurable Outcomes

- a. Describe the organization’s capacity for data management and outcomes reporting.
- b. Comment on the organization’s ability to collect and report on standardized data measures. Optional: What additional, customized process and outcome measures could be collected to demonstrate the impact of this program?
- c. How will satisfaction be measured?
- d. How will the program ensure that the count of individuals/families served is unduplicated?

6. Project Budget and Budget Justification

- a. Please use the template provided.
- b. Please submit the Budget Template in Excel format and the Budget Narrative in PDF format.
- c. Note: The average award amount during the last round of service provider grants was approximately **\$150,000**. However, the LMB encourages applicants to request the amount that they feel that they will need in order to execute their proposed program; an upwards of \$500,000 is available.
- d. The LMB will examine budget requests closely and may request revisions on a case-by-case basis prior to making final awards.
- e. More information about the budget can be found in the next section of this RFP.

● Appendices and Additional Materials

- Appendices:
 - Mandatory Appendices:
 - Appendix A
 - Resumés of key staff;
 - Current grantees only: copy of final Performance Measure Submission for FY25 (July 1, 2024 - June 30, 2025) and first half of FY26 Performance Measure Submission
 - Applicant Legal and Financial Disclosure;
 - Contractual Obligations, Assurances, and Certifications;
 - IRS Form W-9;

- Audited financial statements and/or IRS Form 990 or other applicable IRS tax filing (prefer both financial statements and tax return); and
- Behavioral health license, if the applicant is licensed.
- Optional Appendices, however not required:
 - Letters of support from partners

Evaluation Criteria

Evaluation Criteria	Total Points Possible
Background and Justification <ul style="list-style-type: none"> ● Described the populations to be served and why. ● Provided evidence that the proposed program responds to the ENOUGH Pillars and/or a Local Indicator. ● Program addresses health equity and/or social determinants of health. 	6
Organization Capacity <ul style="list-style-type: none"> ● Organization has a history of supporting children, youth and families in Worcester. ● Organization has a history of working with the target community. ● Is the staff trained? If not, is there a plan for staff to be trained? ● Does the applicant describe how the staff reflects the community served? 	10
Financial Capacity <ul style="list-style-type: none"> ● History of financial management clearly articulated? ● Are there other funding sources that are going to support these services? ● Discussion on blending funding sources? And/or details about in-kind or matching funds? 	6
Project Plan and Obtainable Timeline <ul style="list-style-type: none"> ● Is the service to be provided clear and concisely defined? ● Timeline obtainable? ● Total number of estimated unduplicated youth, families, and others provided? ● Where will services be provided? Is this clearly defined? Discussion of transportation? ● Evidence-based program/strategy mentioned? Discussion on how the EBP(s) be utilized in programming and implemented with fidelity? ● Were other strategies discussed and how will they be used? ● Were staffing challenges (hiring and retention) addressed? ● Referral process is clearly articulated. ● Is there a clear outreach and recruitment plan? 	18
Ability to Demonstrate Measurable Outcomes <ul style="list-style-type: none"> ● Does the applicant describe the organization's capacity for data management and outcomes reporting? ● Is there a discussion about how satisfaction will be measured? ● Does the program ensure that the count of individuals/families served is unduplicated? 	6
Project Budget and Justification	6

<ul style="list-style-type: none"> ● Is the proposed budget request reasonable in relations to the work to be done and the outcomes to be met? ● Provided a clear and concise budget request. ● Provided thorough narration/justification of projected expenses. ● Took into consideration existing additional funding sources to leverage the proposed services. 	
Program provider is located in Worcester and/or has a foothold presence in the county. If not located in Worcester, does the applicant describe how they will meet the needs of the community?	5
All applicable additional appendices were included.	10
Project was received UNBOUND	3
Total Possible Points	70

Budget

Proposals must include projected expenses for a 12-month program beginning on July 1, 2026 running through June 30, 2027.

The average awards to service providers in the last grant cycle managed by the LMB was approximately **\$150,000**. However, the LMB encourages applicants to request the amount that they feel that they will need in order to execute their proposed program. The LMB will examine budget requests closely and may request revisions on a case-by-case basis prior to making final awards. Maximizing and optimizing alternative funding sources and providing a thoughtful efficient budget is strongly encouraged.

The LMB reserves the right to negotiate the proposed budget with the chosen vendor. Additionally, the LMB reserves the right to award a lesser amount than requested. If a lesser amount is awarded, the applicant will have the opportunity to adjust the scope of the proposal and/or decline funding.

ALL FUNDING IS CONTINGENT UPON AVAILABILITY OF FUNDS AND MAY BE AMENDED TO REFLECT CHANGES IN THE FINAL BUDGET APPROPRIATION BY THE GENERAL ASSEMBLY.

Permissible Uses of Grant Funds

Examples of permissible uses of grant funding under this RFP include but are not limited to:

- Staff salaries and fringe benefits
- IT hardware and software, including software/platform for outcomes measurement and Measurement-Based Care
- Supplies
- Marketing materials
- Travel/mileage/parking related to grant activities
- Training and professional development.
- Other expenses such as Incentives for program participants, translation/interpretation services, etc.
- Indirect costs

Funding from the Children's Cabinet Interagency Funds may not be used for unallowable costs including, but not limited to:

1. Alcoholic beverages;
2. Bad debts;
3. Contributions and donations to charitable organizations not in support of a defined activity;
4. Defense and prosecution of criminal and civil proceedings, claims, appeals and patent infringement;
5. Entertainment costs;Personal use by employees of organization-furnished automobiles (including transportation to and from work) and other assets;
6. Fines and penalties and interest on fines and penalties;
7. Assets, goods or services for personal use;
8. Interest on borrowed capital/lines of credit;
9. Costs of organized fundraising events (galas, auctions, tournaments);
10. Costs of investment counsel/management;
11. Lobbying;
12. Losses on other awards;

13. Renovation/remodeling and capital projects;
14. Gifts for Board members and/or Board employees;
15. Costs of training/technical assistance offered by consultants that GOC and/or the Children's Cabinet or one of its member Agencies makes available at no cost. A list of offerings will be made available by GOC;
16. Any plaque or item presented to a speaker, official, legislator, vendor, or other person in recognition of service provided with a value in excess of \$50;
17. Any expenses relating to the establishment, maintenance or liquidation of foundation or other accounts used for the purpose of maintaining earned reinvestment and other State funds;
18. Investment fees and losses;
19. Flex fund expenditures;
20. For fee-for-service contracts, vendor staff vacation, sick leave and other leave time during which services were not provided.
21. Trinkets/promotional/giveaway items (e.g., pens, notepads, hats, mugs, portfolios, t-shirts, coins, gift bags, etc., whether or not they include the program/vendor name
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and/or logo).

For further information, please refer to the Policy and Procedure Manual found [HERE](#).

Budget

DESCRIPTION	FY27 Project Budget			
	LMB Budget	Non-LMB funds that Directly Support the Project	Total	Detailed Budget Narrative - Show Calculations that Support How Expenses Were Derived
Budget for FY26 Grant: Needs Assessment				
Salaries			\$0	
Fringe Costs			\$0	
Communications			\$0	
Postage			\$0	
Business Travel			\$0	
Training			\$0	
Conferences/Conventions			\$0	
Utilities			\$0	
Advertising			\$0	
Accounting/Auditing			\$0	
Legal			\$0	
Consultant (other than Legal & Accounting/Auditing)			\$0	
Supplies			\$0	

Equipment			\$0	
Insurance			\$0	
Rent/Mortgage			\$0	
Printing/Duplication			\$0	
Professional Dues/Publications/Subscriptions			\$0	
IT Systems/Repairs/Maintenance			\$0	
Vehicle Operating (other than Insurance)			\$0	
TOTAL Budget			\$0	

Appendix A

What is the Program/ Strategy Name	Is this a New or Continuing Program	Identify the ENOUGH Pillars and/or Local Indicator	Program/ Strategy Description	Target Population	Name of Evidence Based Program or Intervention	Research Citation or Clearinghouse Used	Clearinghouse Rating* (if applicable)
			<p><i>Provide a brief description of the program/strategy. This should be the same information from the RFP application.</i></p> <p><i>What is the intervention?</i></p>	<p><i>Describe the target population to be served. This cannot be the entire jurisdiction. Give the neighborhood/school/zipcode etc.</i></p> <p><i>Describe how the participants will be selected/recruited/identified for the intervention.</i></p>			

Applicant Legal and Financial Disclosure
FY 2027 LMB CCIF Program RFP

Applicant Organization Name: _____

Legal Disclosure

Applicants must disclose information about any outstanding and potential legal actions and claims. Please respond to each of the items below.

1. Describe any outstanding legal actions or potential claims against the applicant. Include a brief description of any action.

2. Describe any settled or closed legal actions or claims against the applicant over the past five (5) years.

3. Describe any judgments against the applicant within the past five (5) years, including the court, case name, complaint number, and a brief description of the final ruling or determination.

4. In instances where litigation is ongoing and the applicant has been directed not to disclose information by the court, provide the name of the judge and location of the court.

Debts and Liabilities Disclosure

Applicants must disclose any and all current outstanding debts and liabilities that may negatively impact the project. Please respond to each of the items below.

1. Describe any outstanding state or federal tax liabilities.

2. Verify the applicant is in good standing with the Maryland State Department of Assessments and Taxation (SDAT). <https://egov.maryland.gov/BusinessExpress/EntitySearch>. If the applicant is not in good standing, describe efforts to achieve good standing.

3. Describe any outstanding, overdue, or delinquent loans or other contractual debt.

4. Describe any other financial liability that could affect the outcome of the proposed project.

Signature: _____

Date: _____

Contractual Obligations, Assurances, and Certifications

STATEMENT OF OBLIGATIONS, ASSURANCES, AND CONDITIONS

In submitting its grant application to the Worcester's Initiative to Preserve Families also known as the Worcester County Local Management Board ("LMB") and by executing this Statement of Obligations, Assurances, and Conditions, the applicant agrees to and affirms the following:

1. All application materials, once submitted, become the property of the LMB.
2. All information contained within the application submitted to the LMB is true and correct and not reasonably likely to mislead or deceive.
3. The applicant acknowledges that all grant award decisions are preliminary and contingent upon the applicant's agreement to all terms and conditions of the grant award, as determined by the LMB, and upon execution of a written grant agreement that is signed by the LMB and the applicant. Prior to execution of the written grant agreement, the LMB may cancel or rescind an award for any reason, and the applicant may decline the award for any reason.
4. The applicant affirms that in relation to employment and personnel practices, it does not and shall not discriminate based on race, creed, color, sex, country of national origin, or upon any other basis that is prohibited by State and federal law.
5. The applicant agrees to comply with the requirements of the Americans with Disabilities Act of 1990, where applicable.
6. The applicant agrees to complete and submit the Certification Regarding Environmental Tobacco Smoke, P.L. 103-227, also known as the Pro-Children Act of 1994.
7. The applicant agrees that grant funds shall be used only in accordance with applicable State and federal law, regulations and policies, the LMB's Request for Applications, and the final proposal as accepted by the LMB, including LMB-agreed modifications (if any).
8. If the applicant is an entity organization under the laws of Maryland or any other state, that is in good standing and has compiled with all requirements applicable to entities organized under that law.
9. The applicant has no overdue debts or liabilities subject to or in collections (either by the grantor/lender/payor or a third-party), nor any claims, judgments or penalties pending or assessed against it – whether administrative, civil or criminal – in any local, state or federal forum or proceeding.

AGREED TO ON BEHALF OF, _____ (Applicant Name)

BY:

Legally Authorized Representative Name (PRINT Name) Title

Legally Authorized Representative Name (Signature)

Email of Authorized Representative