Request for Proposals

Healthcare Education and Outreach Consultant

Down Syndrome Network of Montgomery County, MD

Project: Strengthening Healthcare Engagement and Lifespan Support for Individuals with Down Syndrome
Proposal deadline: November 28, 2026, at 11:59 p.m. Eastern Time
Anticipated engagement: December 2026–December 2027
Location: Hybrid, with selected in-person meetings and training activities in Montgomery County, Maryland

About DSNMC and the Opportunity

Down Syndrome Network of Montgomery County, MD (DSNMC) empowers and supports individuals with Down syndrome, their families, and the broader community through education, partnerships, resources, and advocacy.

DSNMC is seeking an experienced consultant to help build a sustainable healthcare education and outreach initiative. The project will connect community knowledge with clinical expertise to strengthen the information, resources, and support available to healthcare professionals serving people with Down syndrome across the lifespan.

The consultant will help DSNMC identify its most useful opportunities for healthcare outreach, develop a phased strategy, pilot provider education, and prepare staff to continue the work. This is an opportunity to shape a new initiative with practical benefits for individuals with Down syndrome, their families, and the professionals who care for them.

DSNMC brings established family and healthcare relationships, community knowledge, and staff support. Recruitment of a multidisciplinary Healthcare Advisory Team is underway. We seek a consultant who can contribute healthcare education expertise, exercise sound judgment, and independently move agreed work from planning through completion.

This project is supported by the Foundation for Children with Intellectual and Developmental Disabilities (FCIDD).

Scope of Work

1. Focused Needs and Resource Review

Conduct a focused review of healthcare education and outreach needs in Montgomery County, MD using existing DSNMC information, relevant evidence and resources, and targeted input from staff, the Healthcare Advisory Team, individuals with Down syndrome, and family members.

Consider prenatal and diagnosis-related care, pediatric and adolescent care, adult care and aging, and mental health. Identify priority provider audiences, gaps in information or referral pathways, potential partners, and cultural and linguistic considerations, including Spanish-language access.

Review existing educational resources before recommending new materials. Assess their accuracy, currency, intended audience, practical usefulness, and permissions for reuse or adaptation.

Deliverable: A concise findings summary and resource inventory identifying recommended initial priorities. This is a focused planning exercise, rather than a comprehensive countywide healthcare assessment.

2. Phased Healthcare Outreach Strategy

Work with DSNMC and the Healthcare Advisory Team to establish and document outreach-prioritization criteria by January 2027. Criteria may include provider specialization, care setting, geographic reach, patient volume, and identified community needs.

Apply the criteria to recommend initial focus areas. Develop a strategy that considers the full lifespan while selecting a manageable set of priorities for the pilot.

Deliverable: A written phased Healthcare Outreach Strategy, completed by April 2027, identifying:

- Priority audiences and the rationale for their selection.
- Near-term outreach activities and recommended partnerships.
- Responsibilities and measures of progress.
- Longer-term goals and recommendations for sustaining and expanding the initiative.

3. Provider Resources and Pilot Training

Develop or adapt the priority educational resources agreed upon with DSNMC. Use reliable clinical sources and incorporate Healthcare Advisory Team review.

Coordinate translation of at least one DSNMC resource into Spanish, including review by a qualified translator or reviewer familiar with healthcare terminology.

Design and lead or co-lead one pilot training for healthcare professionals during May–August 2027. Select the topic and audience based on the agreed outreach priorities. Training should be practical for healthcare settings and incorporate respectful communication, relevant healthcare needs, and appropriate resources and referral connections.

Develop a brief evaluation addressing knowledge gained, confidence in providing care, and likelihood of referring families to DSNMC. Review participant feedback and revise the training accordingly.

Deliverables:

- Agreed priority resources, including at least one Spanish-language DSNMC resource.
- One pilot provider training, with a project attendance target of at least 10 participants.
- A reusable training package containing learning objectives, slides, facilitator notes, participant resources, and an evaluation tool.
- A brief summary of pilot feedback and resulting improvements.

DSNMC will lead participant recruitment and event logistics.

4. Advisory Team Facilitation and Staff Preparation

Support planning and facilitation of the Healthcare Advisory Team meetings remaining during the engagement. The project calls for a multidisciplinary team of at least six healthcare professionals and four meetings overall. Build on work already completed and use the team's expertise to inform priorities and review clinical content.

Prepare designated DSNMC staff to co-lead future provider education through a walkthrough of the training package, practice delivery, and feedback. Explain how to maintain the materials and when additional clinical review is needed.

Deliverable: Staff preparation and a final handoff of editable materials, supporting resources, and practical instructions for future delivery and updates.

Working Relationship and DSNMC Support

The consultant will manage their own work plan, methods, and day-to-day delivery within agreed milestones. We expect proactive recommendations, concise progress updates, and early identification of decisions, dependencies, or risks requiring DSNMC input.

DSNMC will designate a primary project contact and provide existing materials, relevant project information, and introductions to established partners. DSNMC will manage:

- Grant administration and reporting.
- Meeting and training scheduling, logistics, invitations, and registration.
- Routine provider follow-up and maintenance of the Healthcare Contact Tracker.
- Graphic design and printing arrangements.
- Collection of family feedback and narrative examples for grant evaluation.

The consultant will contribute relevant provider contacts, advise on priority engagement, and document their own outreach activities for the tracker.

For context, DSNMC's grant commitments include implementing the tracker by February 2027, recording at least 75 provider contacts and 25 engagement touchpoints within the required reporting period, targeting a training survey response rate of at least 60%, and collecting three narrative examples of improved healthcare connections. The consultant will support these

efforts through the work described above; DSNMC retains responsibility for monitoring and reporting the overall benchmarks.

At the start of the engagement, DSNMC and the consultant will agree on deliverable specifications, review points, and a proportionate check-in schedule. DSNMC will consolidate feedback and arrange appropriate clinical reviews. The Executive Director will approve final deliverables and changes to scope or fees.

Timeline

Period	Principal milestones
December 2026	Onboarding; review existing work; support Advisory Team engagement; document outreach-prioritization criteria.
January–April 2027	Complete the focused review and resource recommendations; deliver the phased outreach strategy by April.
May–August 2027	Complete priority materials and Spanish-language resources; deliver the pilot training; prepare staff to co-lead future sessions; review feedback.
September–December 2027	Complete agreed refinements, evaluation input, and final handoff.

The detailed work plan will be finalized with the selected consultant. Applicants should identify any concerns about the proposed sequence or deadlines. Changes must preserve applicable grant requirements unless DSNMC obtains necessary funder approval.

Consultant Qualifications

We seek a consultant with:

- Demonstrated success designing and delivering education for healthcare professionals.
- Relevant knowledge of Down syndrome or related intellectual and developmental disabilities and the ability to address healthcare needs across the lifespan.
- Experience translating community input and evidence into practical outreach strategies.
- Skill in evaluating resources and developing or adapting accurate, usable educational materials.
- Experience facilitating multidisciplinary groups and preparing staff to deliver training.
- A record of independently managing comparable projects, meeting deadlines, and working effectively with nonprofit staff.

Knowledge of Montgomery County healthcare systems and community resources is preferred. Experience with culturally responsive education and bilingual healthcare resources is also valued. Spanish fluency is helpful but is not required.

Fees and Expenses

The maximum funding available for consultant fees is **$19,000**. This is a ceiling, not a target expenditure. Proposals should reflect the time and cost reasonably needed to complete the scope.

Provide your proposed hourly rate, estimated hours by major activity, and total proposed fee. Include preparation, meetings, resource development, training delivery, staff coaching, revisions, and final handoff.

Identify anticipated travel and third-party expenses, including translation or licensing, separately. Clearly state whether these costs are included in the proposed total. DSNMC will coordinate graphic design and printing through separate project funding.

DSNMC will evaluate cost alongside qualifications, approach, and demonstrated ability to deliver the required work. Payment will be based on actual approved hours worked at the agreed rate, up to the contracted fee ceiling. Additional work or expenses require prior written approval.

Proposal Requirements

Submit a proposal of no more than five pages, excluding résumés, the work sample, and references. Include:

1. **Relevant experience:** Identify who will perform the work and describe comparable projects, their results, and your experience delivering independently.
2. **Approach:** Explain how you would address the scope, use existing resources, incorporate clinical and community input, and prepare DSNMC staff to sustain the work.
3. **Work plan:** Identify deliverables, milestones, availability, and anticipated in-person participation.
4. **Pricing:** Provide the rate, estimated hours, total fee ceiling, and expenses requested above.
5. **Assumptions:** Identify the DSNMC support you would need, material dependencies, and any scope or timeline concerns.
6. **Work sample:** Include one relevant example of provider education, curriculum, or outreach strategy work. Redacted samples are welcome.
7. **References:** Provide two references familiar with comparable work.
8. **Conflicts of interest:** Disclose relationships or commitments that could affect the engagement.

Identify any restrictions on DSNMC's future use of proposed materials. DSNMC requires editable deliverables that it can reuse and adapt; ownership and usage terms will be established in the consulting agreement.

Selection Considerations

DSNMC will assess proposals based on:

- Relevant expertise and demonstrated results.
- Quality and practicality of the proposed approach.
- Ability to deliver independently while collaborating effectively with staff and clinical advisers.
- Strength of the approach to staff preparation and long-term sustainability.
- Feasibility, cost-effectiveness, and clarity of the work plan and pricing.
- Quality of the work sample and references.

Local healthcare knowledge and experience with bilingual resources will be additional considerations. Selection will reflect overall fit and value, rather than price alone. Finalists may be invited to interview.

Submission

RFP issued: November 1, 2026
Questions due: November 25, 2026
Proposals due: November 28, 2026, at 11:59 p.m. Eastern Time
Anticipated selection: December 11, 2026
Anticipated start: At the earliest feasible date, but no later than January 1, 2027

Submit the proposal and supporting materials as a single PDF to **newfamilies@dsnmc.org**, with the subject line **“Healthcare Education and Outreach Consultant Proposal.”**

Direct questions to:

Kristi Maeng
New Family & Medical Outreach Coordinator
Down Syndrome Network of Montgomery County
newfamilies@dsnmc.org | 301-979-1112

DSNMC reserves the right to decline all proposals. Submission does not guarantee selection or a consulting agreement.