



Cecil County Health Department  
Request for Expression of Interest (REI)  
Informational Packet  
REI - CCHD #2025-3

**Underage Purchasers for Tobacco Retailer Sales Compliance Checks**

**Overview:**

The purpose of this position is to have an undercover-underage tobacco purchaser (decoy) attempt to purchase tobacco products. This will be during tobacco retailer sales compliance checks in Cecil County. Additionally, the decoy may be asked to coordinate with an assigned Law Enforcement Officer (LEO) and support the Cecil County Sheriff's Office in tobacco sales compliance checks.

Decoys will drive themselves to the retailer's site to meet the law enforcement officer (LEO). Expenses related to the tobacco retail sales compliance checks will be reimbursed as designated by the consultant contract.

**History:**

The Cecil County Health Department receives funds from the Maryland Department of Health (MDH) to help reduce the state's retailer violation rate by providing tobacco retailer sales compliance checks in Cecil County.

**Program Requirements:**

Applicants who submit an expression of interest must meet the standards established by the State of Maryland for tobacco retailer sales compliance checks in Cecil County.

1. The Applicant will provide services as an undercover-underage tobacco purchaser (decoy) during tobacco retailer sales compliance checks.
2. Important Requirements:
  - a. High School Diploma or GED
  - b. Age between 18 and 20 years old (must not turn age 21 before June 2025)
  - c. Possess a valid driver's license or state-issued ID
  - d. Successful completion of a background check
  - e. Provide three professional or personal references
  - f. Flexible availability for varying work schedules
  - g. Reliable transportation to reach designated tobacco retail locations
  - h. Ability to work independently with minimal supervision
  - i. Strong communication skills

3. The selected applicant will obtain payment for provided services by billing:

Cecil County Health Department  
Division of Health Promotion  
Attention – Jennifer Padgett  
401 Bow Street  
Elkton, MD 21921

[jennifer.padgett@maryland.gov](mailto:jennifer.padgett@maryland.gov) & [cchd.purchasing@maryland.gov](mailto:cchd.purchasing@maryland.gov)  
410-996-5168

4. The selected applicant will include on each invoice:
  - Applicant's name
  - Applicant's address
  - Applicant's phone number
  - Applicant's Federal Tax Identification (Social Security #)
  - Date/Time of Service
  - Length of Service
  - Log submitted as back-up to invoice
  - Purchase Order Number (to be determined)
  - Amount due and owing
5. The billing shall not reflect any services for which the Cecil County Health Department has not issued a Purchase Order to the Applicant.
6. The Applicant shall not be in arrears with respect to the payment of any monies due and owing the State of Maryland, and/or any department or unit thereof, including but not limited to the payment of taxes and employee benefits, and not become in arrears during the time the Applicant is participating in this agreement.

**Additional Information:**

1. Specific Duties/Tasks
  - Coordinate and participate in compliance checks with assigned law enforcement officer
  - Provide reports/ updates to Cecil County Tobacco Task Force (CCTTF) meetings
  - Participate in one annual compliance check of Cecil County tobacco retailers
  - Training time for compliance checks procedures
  - Provide reports/updates to Cecil County Health Department (CCHD) designated personnel/Health Promotion (HP) staff meetings
  - Maintain required paperwork to invoice for services
  - Train and partner with Cecil County Sheriff's Office as needed
  - Perform other related duties as assigned
2. Payment by the Cecil County Health Department for Vendor services will be \$20.00 per hour and will cease when funds are depleted or at the end of the funding cycle.
3. Payment for services will not occur until the Vendor has met all stipulations regarding billing standards.
4. Invoices submitted more than sixty (60) days from the date of service will not be reimbursed.
5. The Vendor is not covered by the Maryland Tort Claims Act unless the Vendor is a state employee and duly covered by the Maryland Tort Claims Act.

**Application Process:**

Applicants interested in providing these services should submit the attached "*Expression of Interest*" form to: [cchd.procurement@maryland.gov](mailto:cchd.procurement@maryland.gov)

**REI - CCHD #2025-3**  
Cecil County Health Department  
**UNDERAGE PURCHASERS FOR TOBACCO RETAILER**  
**SALES COMPLIANCE CHECKS**

**Expression of Interest**

Please complete the following information:

Yes, I am interested in working as an Underage Purchaser of tobacco products for the Tobacco Retailer Sales Compliance Checks for Cecil County Health Department.

Applicant's Name: \_\_\_\_\_

Applicant's Billing Address: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

References:	Name	Phone #	Email
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_