



State of California  
Office of Statewide Health Planning and Development  
Healthcare Workforce Development Division

## Health Careers Training Program Mini-Grants



Request for Application  
(RFA) 10-1494

March 7, 2011



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## You are Invited...

You are invited to review and submit one or more applications in response to this Request for Application (RFA). To submit an application, you must comply with the instructions contained in this RFA. By submitting an application, you/your organization agree(s) to the RFA terms and conditions.

**The RFA application due date is: Friday, April 15, 2011 at 5:00 p.m.**

Your application must be submitted by mail or hand delivered to the Department Contact (below) in a sealed envelope and clearly labeled as follows:

HWDD/HCTP RFA 10-1494  
Office of Statewide Health Planning and Development  
400 R Street, Room 330  
Sacramento, CA 95811  
Attention: Monique Voss, Program Coordinator

“MAILROOM DO NOT OPEN”

NOTE: All application materials become property of the State and subject to the Public Records Act.

***Late and/or incomplete applications will not be considered.***

***Postmarked applications will not be accepted.***

***Electronic and faxed applications will not be accepted.***

## Department Contact

Monique Voss, Program Coordinator

Office of Statewide Health Planning and Development  
Healthcare Workforce Development Division  
Health Careers Training Program  
400 R Street, Room 330  
Sacramento, CA 95811

Telephone: (916) 326-3769

Fax: (916) 322-2588

Email Address: [monique.voss@oshpd.ca.gov](mailto:monique.voss@oshpd.ca.gov)

## Background/Mission

Chapter 434, Statutes of 1981 (Health and Safety Code Section 127885 et seq.) and the 1985-86 Governor's Budget authorized the Office of Statewide Health Planning and Development (OSHDP) to begin a contracting program to facilitate the training of underrepresented individuals for health professions needed in underserved areas of the State of California (State).

OSHDP, through the administration of the Healthcare Workforce Development Division (HWDD), works toward increasing and diversifying California's health workforce. HWDD's Health Careers Training Program (HCTP) works to reinforce skill sets needed to successfully complete health professional education preparation through a continuum of health workforce development, education, and training programs.

In an effort to develop a more culturally and linguistically-competent healthcare workforce for Californians, HCTP seeks to fund programs that encourage economically/educationally disadvantaged and/or underrepresented groups to pursue health careers. The HCTP has \$120,000 available to award multiple contracts to programs that encourage diversity in the health professions.

## Available Funding and Award Categories

A total of \$120,000 has been made available to award (9) HCTP Mini-Grants between two award categories.

The intent of each award category is to strengthen the educational and social foundations for economically/educationally disadvantaged and/or underrepresented students pursuing careers in health. Successful applicants will demonstrate the principals of educational partnership, community support, and workforce preparation in their application.

### **The Two Award Categories are as follows:**

#### **Award Category A: Health Career Conferences and/or Workshops**

Five (5) awards of up to \$12,000 each are available.

This award category focuses on introducing participants to a wide variety of health career options by offering health "career fair" type experiences and/or workshops. Programs will support a minimum of 100 participants and include the following:

- Presentations by a variety of health professionals (examples could include: mental health and counseling resources, public health and Health Information Technology).
- Incorporate a participant pre- and post-awareness survey identifying health career options, trends.

Programs will also create and/or strengthen educational partnerships, community support, and workforce preparation efforts between entities such as middle school, high school, higher education, community organizations, government, funders, and employers.

## **Award Category B: Health Career Exploration**

Four (4) awards of up to \$15,000 each are available.

This award category focuses on direct engagement of participants in one or more health career options. Programs will support a minimum of 50 participants and include the following:

- Develop and use comprehensive curriculum to engage participants.
- Identify pre- and post-testing surveys and methodologies.
- Offer hands-on experiences over a period of time (days or weeks) that includes direct interaction with health professionals in real or simulated healthcare settings.

Programs will also create or strengthen entities such as educational partnerships, community support, and workforce preparation efforts between middle school, high school, higher education, community organizations, government, funders, and employers.

## **Who Can Apply?**

### **Eligible Applicants:**

Proposals will be accepted from public, private non-profit, and private for-profit organizations located within the State of California. *Individuals are not eligible to apply.* Applicants must clearly describe their ability to conduct and administer the funded project, including the ability to collect and report data and produce other contract deliverables as required. Applicants must be aware of the State and federal disability laws and procedures for ensuring universal access. If you have been a previous awardee you may reapply for another grant. However, you are not guaranteed that you will receive an additional award. Your application will be treated as a first time applicant.

Applicants can submit more than one application per organization but must submit a separate application package for each award category for which an applicant is applying. The applicant must submit one (1) original and four (4) copies of the complete application package. Refer to page 7 for additional information.

*Applications that need funding prior to the contract beginning date will not be reviewed by the selection committee.* Funds are not available until after the contract period starts. Refer to key dates on page 6 of the application for additional information.

### **Target Participants:**

The HCTP activities are open to all students regardless of age, gender, race or ethnicity. However, due to the large percentage of African American, Latino/Hispanic, Native American, or Southeast Asian individuals who are underrepresented in the health professions, outreach and recruitment efforts for these populations should be included. Applicants are also encouraged to do outreach and recruitment in rural and other medically underserved areas whenever possible.

## Key Dates

The key dates for the program year are as follows:

RFA Released	Monday, March 7, 2011
<b>Technical Assistance Conference Call</b>	<b>Friday, March 25, 2011 at 10:00 – 11:00 a.m.</b>
Last date to submit written questions to HCTP (via e-mail)	Friday, March 25, 2011
Last date to post responses on HWDD website	Tuesday, April 5, 2011
<b>RFA Application Deadline</b>	<b>Friday, April 15, 2011 at 5:00 p.m.</b>
RFA Opening/Evaluations	April 19 - 28, 2011
Notice of Intent to Award Released	Friday, April 29, 2011
Last Date to Protest Intent to Award	Friday, May 6, 2011
Protest Resolution	Friday, May 13, 2011
Contract Starts	Tuesday, June 17, 2011
Assistance Conference Call to Discuss Contract Deliverables	Wednesday, June 29, 2011
Final Report Due From Contractor*	Monday, June 18, 2012

\*If project/program year ends sooner, final report will be due within 45 days of the project/program year completion date.

## Technical Assistance Conference Call

HCTP staff invites you to participate in a **Technical Assistance Conference Call** scheduled for Friday, March 25, 2011 between 10:00 a.m. – 11:00 a.m. Please use the following toll-free number **(888) 808-8526** to connect to the conference call. You will be asked to dial-in a **Participant Passcode 233068** which will allow you to join in the conference call.

## RFA Questions and Answers

In order to allow for timely and consistent responses to questions that potential applicants may have, HCTP has implemented an electronic question and answer process for the RFA. Please submit by email to: [HCTPRFAQuestions@oshpd.ca.gov](mailto:HCTPRFAQuestions@oshpd.ca.gov)

This email account will be used strictly for receiving questions for the RFA and will be disabled after Friday, March 25, 2011. All questions must be received in writing no later than March 25, 2011. All questions and answers will be posted regularly (as they become available) on the following web page: [http://www.oshpd.ca.gov/HWDD/HCTP\\_mini\\_grants.html](http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html).

## RFA Application Submission Requirements

Applications must contain all information and conform to the format described in the RFA. It is the applicant's responsibility to provide all necessary information for OSHPD to evaluate the application, verify information contained in the application, and determine the applicant's ability to perform the tasks and activities as described in the application and adhere to the proposed budget.

**The application must be received by the Department Contact by no later than Friday, April 15, 2011 at 5:00 p.m.**

***Late and/or incomplete applications will not be considered.***

***Electronic and faxed applications will not be accepted.***

***Postmarks will not be accepted.***

### **Application Format/Content:**

The applicant must submit one (1) original and four (4) copies of the complete application package. A separate application package must be submitted for each award category for which an applicant is applying.

Each application must include the following:

- Cover letter
- Final Checklist Form (*Attachment A*)
- Table of Contents
- Application Form (*Attachment B*)
- Technical Approach Template, not to exceed eight pages in length (*Attachment C*)
- Budget Template (*Attachment D*)
- At least two (2) support letters/references from partnering entities.
- Project staff resumes, detailing level and duration of program experience.
- Demonstration of experience applicable to the award category for which funding is being requested (sample program agendas, fact sheet, brochures, and articles).
- Plans for sustainability beyond HCTP mini-grant funding.

**NOTE:** The forms/templates provided (starting on page 14) or exact computer generated copies, must be used. An electronic version of each of the required forms/templates can be found on our website at: [http://www.oshpd.ca.gov/HWDD/HCTP\\_mini\\_grants.html](http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html).

## Budget Restrictions

The applicant's budget in response to this RFA shall not exceed \$12,000 (Category A) or \$15,000 (Category B) which is the maximum assistance available for any single award. Funds allocated to indirect/administrative costs shall not exceed eight percent (8%) of the total project budget funded by RFA. (*Note: OSHPD reserves the right to modify/reduce any/all portions of applicant's submitted budget.*)

Additionally, the following budget requirements shall apply to all submitted applications:

**Funds CANNOT be used:**

- For out-of-state travel.
- For entertainment purposes including but not limit to raffles, games, contest prizes, gambling, and bingo, etc.
- To construct or renovate facilities or to purchase or lease equipment.
- To supplement the salaries of existing full-time staff of the contracting organization, although release time may be used to free full-time staff for participation in the program. If release time is being used for staff, it must be noted in the application justification.

**However, funds CAN be used:**

- To hire consultants or sub-contractors for the delivery of contract services.

## Contract Deliverables

Awarded contracts are limited to the availability of funds from Fiscal Year 2010-2011 with specific approval for the budgetary line items to fund these contracts. This is a one-time contract opportunity. There is no implied or expressed guarantee of subsequent funding after the initial contract award as a result of this RFA.

The winning applicants (contractors) must submit deliverables as outlined in the RFA and subsequent contract. Contract deliverables include, but are not limited to the following:

**Post-Award Technical Assistance Conference Call:**

A Post-Award Technical Assistance Conference Call has been scheduled for Wednesday, June 29, 2011, between 10:00 a.m. – 11:00 a.m. This call will be an overview of the contract deliverables. If awarded, notification will be sent identifying the toll-free number and participant passcode for the technical assistance conference call.

**Throughout the Program Year:**

The contractor MUST provide the following to OSHPD as information and materials become available (applicable templates and required language to be used will be provided in the contract):

**Work plan Due 30 days after Post-Award Technical Assistant Conference Call:**

A work plan is due within 30 days from the Post-Award Technical Assistant Conference Call with specific goals and measurable objectives to include, but not limited to, timely and detailed project schedule(s) with dates and exact location(s) for all planning meetings and event(s).

*NOTE: OSHPD reserves the right to attend any/all planning meetings and/or events.*

## Contract Deliverables:

The following contract deliverables can be submitted throughout the year or with the final report:

- Detailed outline of event(s).
- Complete data, including, but not limited to names, age, gender, race or ethnicity, and credentials, as well as a resume for each faculty member, consultant and health professional interacting with participants.
- Outreach and recruitment plan, including samples of materials used.
- Students/participants eligibility criteria, methods, and verification procedures used.
- Course syllabus, learning and course objectives, planning materials, curriculum, presentations, and/or any materials prepared for or given to participants.
- Pre-and post-test methodology and/or pre- and post-awareness survey of health career options, trends and participant responses.
- Plans for sustainability beyond HCTP mini-grant funding.
- Photos(s) of events(s) and release(s) to use photo(s) via electronic versions or CD.
- Attendance records for all events (identifies participants).
- All participants' evaluations of the event(s)/program year.
- Include any learning materials distributed to participants.
- Program's self-evaluation and analysis of the event(s)/program year.
- An accounting/budget of how contract funds have been spent. In addition to the above, the contractor **MUST** provide complete data on program participants, including, but not limited to, names, age, gender, race and ethnicity, and date of birth or last four digits of social security number. If the social security number is not available, list school ID number.

*Note: Contractors will be required to provide a summary of the data on each data element collected. For example: A program has 50 participants - the 50 participants represent the following racial/ethnic categories:*

*(10) Caucasian  
(10) African American  
(20) Latino/Hispanic  
(10) Asian  
(5) Native American*

*Similar breakdowns would be provided for participant's gender, age, grade, etc.*

- Category A to include in final data collection:
  - Recruitment of underrepresented community health professionals as presenters needs to be identified and included in the final data collection.
- Category B to include in final data collection:
  - Provide pre- and post-test methodology & pre- and post- awareness surveys regarding student participation.
  - Include any learning materials distributed to students/participants.

## **Conclusion of Program:**

Additionally, within 45 days of the conclusion of the program's activities/project or whichever is sooner, the contractor will provide a year-end report to OSHPD by Monday, June 18, 2012. The final report will include, but is not limited to (refer to the contract deliverables on page 9):

- Final Report (to include findings, conclusions and recommendations for the future).
- Program overview and program background (highlighting all of the contract deliverables).
- Program challenges, successes, and lessons learned.
- Complete and summarized data on all program participants, faculty members, consultants, volunteers, and healthcare professionals interacting with students/participants.
- Provide additional materials, fliers, brochures, agenda, updated work plans, time lines, etc.
- Sustainability for future.
- Budget accountability.

## **Contract Stipulations:**

Following the evaluation and selection process, the contract will be prepared between the contractor and OSHPD, based upon the contractor's application and criteria contained in the RFA.

## **Contractor:**

The contractor will be responsible for all tasks required to conduct contracted activities, including, but not limited to, locating and securing facilities for events, speakers, etc.

The contractor will submit required deliverables as specified and adhere to the schedule, regardless of the number of Mini-Grants awarded. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the contract, is the sole responsibility of the contractor.

All contract deliverables, including reports, supporting documentation, and data collected during the funding period, shall become the property of the State. Use of the findings and recommendations or conclusions of the report shall be at the sole discretion of OSHPD. All contract deliverables will become the property of the State and subject to the Public Records Act.

The contractor will submit any requests to change or extend the contract or to change the budget in writing to the Department Contact.

Requests for a no-cost time extension must be made to OSHPD no later than thirty (30) calendar days prior to the expiration of the contract. There shall be no activity on a contract after its expiration date.

## **OSHPD:**

An initial payment will be made upon execution of the contract. OSHPD will have ten percent (10%) of the full contract amount withheld pending satisfactory completion by the contractor of all the terms and conditions required by the contract.

## Evaluation/Scoring Procedures

Each application will be evaluated in accordance with Federal Title V and VII policies, which states the following:

“No person shall, on the grounds of race, color, national origin, age, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving State financial assistance.”

### **Evaluation and Selection Committee:**

OSHPD’s Evaluation and Selection Committee (ESC) will review applications for the determination of award recommendations. The ESC includes OSHPD staffs whose backgrounds are related to healthcare, education, and/or workforce development and may include subject matter experts outside OSHPD.

### **Review Process:**

During the review process, the ESC will verify the presence of required information as specified in the RFA. Applications that are deemed complete will then be accepted and scored using only the established evaluation/scoring criteria contained in the RFA (see pages 12 and 13 for Award Category A and B). Applications must score at least 70% of the points available to be considered for funding. Applications that are most consistent with the intent of the RFA will be considered most competitive.

If, in the opinion of OSHPD, an application contains false or misleading statements, or provides references which do not support an attribute or condition claimed, the application shall be rejected and withdrawn from the review process.

OSHPD reserves the right to reject any or all applications or to reduce the amount funded to an applicant. All funds not awarded in a specific award category may be diverted to other award categories.

### **Final Selections:**

Final selections will be made by OSHPD program managers on the basis of which applications best meet OSHPD goals and expectations. OSHPD will also consider geographic distribution and if efforts are located in health professional shortage areas (HPSAs), medically underserved areas (MUAs), and/or serve medically underserved populations (MUPs). Once the final selections have been made, a Notice of Intent to Award will be released by the date listed in the RFA.

### **Protests:**

Protests stating the reason, law or rule, regulation, or practice violated in regard to the evaluation or awarding of contracts or other aspects of the review/award process must be sent in writing to the Department Contact by no later than the date listed in the RFA. Protests shall be limited to the following grounds: OSHPD failed to correctly apply the standards for reviewing format requirements or evaluating the application as specified in the RFA.

## Evaluation/Scoring Criteria

### Award Category A & B

Applications will be scored using the following evaluation criteria:

Evaluation Criteria Technical Approach	Maximum Points = 65 Maximum points for each identified criteria. Ten (10) being the highest and zero being the lowest.
<b>Application Proposal:</b> <ul style="list-style-type: none"> <li>Application proposal does/does not conform or meet the RFA requirements. Identifies types of students/ participants served, and is consistent with the needs of economically/educationally disadvantaged and/or underrepresented individuals.</li> </ul>	<b>Pass/Fail</b>
<b>Numbers Served:</b> <ul style="list-style-type: none"> <li>Number of students/participants to be served by project(s) exceeds award category expectations.</li> </ul>	<b>Points = 0 - 5</b>
<b>Narration:</b> <ul style="list-style-type: none"> <li>Describes organizations background, history, and identifies problem to be resolved and meets intent of RFA.</li> </ul>	<b>Points = 0 - 5</b>
<b>Program Activities:</b> <ul style="list-style-type: none"> <li>Describes program objectives and activities to be accomplished through support of the proposed approach.</li> </ul>	<b>Points = 0 - 10</b>
<b>Marketing and Outreach:</b> <ul style="list-style-type: none"> <li>Describes outreach efforts to targeted groups.</li> </ul>	<b>Points = 0 - 5</b>
<b>Implementation Details:</b> <ul style="list-style-type: none"> <li>Describes implementation schedule, work plan, timelines, and how program will meet contract deliverables.</li> </ul>	<b>Points = 0 - 5</b>
<b>Personnel:</b> <ul style="list-style-type: none"> <li>Describes use of personnel and specify whether program staff/consultants represent the population to be served by the proposed approach and includes project staff resumes.</li> </ul>	<b>Points = 0 - 5</b>
<b>Partnerships:</b> <ul style="list-style-type: none"> <li>Describes method for creating and/or strengthening educational partnerships, community support, and workforce preparation between middle/high school, higher education, community organizations, government, funders, and industry/employers. Includes at least 2 support letters/references from partnering entities.</li> </ul>	<b>Points = 0 - 10</b>

<p>Evaluation and Data Plan:</p> <ul style="list-style-type: none"><li>• Evaluation and data plan collection conforms to RFA requirements, describes methods for collecting, evaluating, and reporting data and identifies tools used to measure successes, challenges, lessons learned and future growth opportunities.</li></ul>	<p><b>Points = 0 - 10</b></p>
<p>Experience and Sustainability:</p> <ul style="list-style-type: none"><li>• Experience demonstrated is applicable to the award category for which funds are being requested (includes supporting documentation i.e., agenda, and /or details regarding conference packet, and flyers.</li><li>• Discusses plans for sustainability beyond HCTP Mini-Grant funding.</li></ul>	<p><b>Points = 0 - 10</b></p>
<p>Budget Plan:</p> <ul style="list-style-type: none"><li>• Budget plan does/does not conform to RFA requirements and describes how funding requested will be used to ensure program success.</li></ul>	<p><b>Pass/ Fail</b></p>

## Forms/Templates

The applicant must submit one (1) original and four (4) copies of the complete application package. A separate application package must be submitted for each award category for which an applicant is applying.

The forms/templates provided (see forms/templates starting on next page) or exact computer generated copies, must be used. An electronic version of each of the required forms/templates can be found on our website at: [http://www.oshpd.ca.gov/HWDD/HCTP\\_mini\\_grants.html](http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html)

## Attachment A: RFA Final Checklist Form

(Print) Name of Project to be Funded:

(Print) Name of Applicant's Organization:

**Application for Award Category:    A    B            (please circle one)**

### Each application must include the following:

<input type="checkbox"/>	Cover Letter
<input type="checkbox"/>	Final Checklist Form (Attachment A)
<input type="checkbox"/>	Table of Contents
<input type="checkbox"/>	Application Form – signed by appropriate personnel (Attachment B)
<input type="checkbox"/>	Technical Approach Template not to exceed 8 pages. (Attachment C)
<input type="checkbox"/>	Budget Template (Attachment D Template)
<input type="checkbox"/>	A minimum of 2 support letters/references from partnering organizations.
<input type="checkbox"/>	Project staff resumes detailing level and duration of program support.
<input type="checkbox"/>	Samples of similar materials such as program agendas, fact sheet, brochures, and articles.

## Instructions for Application Form

*Please complete the Application Form in its entirety using 12 point font. The Application Form templates includes the Final Checklist (Attachment A) located on page 15 and the Application Forms (Attachment B) located on pages 17 - 19 and are limited to three (3) pages.*

*The Technical Approach templates highlights the background, history and problem to be solved and overall proposed program activities, marketing and outreach, implementation details, personnel, partnerships, evaluation and data plan, experience and sustainability, and budget plan and are located on pages 20 - 27 and are limited to eight (8) pages.*

*Please refer to the requirements outlined in the RFA for additional information needed to complete this form (see page 7).*

# Attachment B: Application Form

(Page 1 of 3)

## Program Information:

<b>Application for Award Category:    A    B            (please circle one)</b>
(Print) Name of Project to be Funded:
Short Description of Program (limited to space provided):
Type of Organization (Non-profit, Profit, Government, etc.):
Geographic Location (County or Counties where contracted services will take place):
Name of Organization/Department:
Physical/Street Address:
Phone Number and Extension:
Fax Number:
Email Address:
Mailing Address:

- **Number of participants to be served by this Grant:** \_\_\_\_\_
- **Number of parents to be served by this Grant:** \_\_\_\_\_
- **Number of staff to be served by this Grant:** \_\_\_\_\_

**Types of participants/target audience to be served:**  
*(Please check all that apply.)*

<input type="checkbox"/> Middle School	<input type="checkbox"/> Nursing
<input type="checkbox"/> High School	<input type="checkbox"/> Primary Care
<input type="checkbox"/> Economically/Educationally Disadvantaged	<input type="checkbox"/> Public Health
<input type="checkbox"/> Graduate	<input type="checkbox"/> Health Professional Shortage Area
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Medically Underserved Area
<input type="checkbox"/> Allied Health	<input type="checkbox"/> Rural Area
<input type="checkbox"/> Dental	<input type="checkbox"/> Socio Economically Disadvantaged
<input type="checkbox"/> Medical	<input type="checkbox"/> Urban/Inner City
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other: _____

## Attachment B: Application Form

(Page 2 of 3)

### Contract and Contact Information:

Please fill in the information below and check the box to the left to indicate which individual(s) and contact information should be named on the contract, if awarded:

Federal Employer Identification Number (FEIN):
Name of Organization and Address:

<input type="checkbox"/> <b>Program Director</b> Name and Title:
Phone Number and Extension and Fax Number:
Email Address:
Mailing Address:

<input type="checkbox"/> <b>Program Coordinator</b> Name and Title (if different from above):
Phone Number and Extension and Fax Number:
Email Address:
Mailing Address (if different from above):

<input type="checkbox"/> <b>Name/Title of Grants/Contracts Officer and/or Company Officer</b> Name and Title (if different from above)
Phone Number and Extension and Fax Number:
Email Address:
Mailing Address:

<input type="checkbox"/> <b>Contract Coordinator</b> Name and Title (if different from above):
Phone Number and Extension and Fax Number:
Email Address:
Mailing Address (if different from above)

## Attachment B: Application Form

(Page 3 of 3)

### Please fill in the information below:

Previous funding from OSHPD? (If so, please provide year(s), amount(s) funded, and contract number(s):

### Official Authorized to Sign for Applicant Organization:

Name and Title of Official Authorized to Sign for Applicant Organization:

Phone Number and Extension and Fax Number:

Email Address:

Mailing Address:

### Program Director Assurance:

I agree to accept responsibility for the completion of the project and to submit the required contract deliverables if an award is made as a result of this application.

Signature of official authorized to sign for applicant organization:

Date:

### Certification of Acceptance/Statement of Compliance:

The applicant's signature affixed hereon and dated shall constitute a certification, under the penalty of perjury under the laws of the State of California, that the applicant has, unless exempted, complied with the nondiscrimination program requirements of Government Code Section 12990 (a-f) and of Title 2, California Code of Regulations, Section 8113. See State Contracting Manual, Chapter 4.

Signature of official authorized to sign for applicant organization:

Date:

## Instructions for Technical Approach Template

Please complete the Technical Approach Template in its entirety using 12 point font. The response is limited to eight (8) pages. (Supportive documents such as agendas, brochures, and articles can be attached as separate documents and are not considered to be included part of the Technical Approach.)

Please refer to the requirements outlined in the RFA for additional information needed to complete this template located on page 7. The Technical Approach provides **specific details** of the proposal and should include the name of the organization, project name award category for which the organization is applying, and the following:

### **Narration**

- Provide a brief opening narrative describing the organizations background, history, and problem to be resolved.

### **Program Activities**

- State specific objectives and activities to be accomplished through support of the proposed approach and how the objectives and activities will fulfill the award category intent.

### **Marketing and Outreach**

- Describe outreach efforts to targeted groups.

### **Implementation Details**

- Describe the implementation schedule, detailing work plan and timing of events in relation to long range plans and how the program will meet contract deliverables.

### **Personnel**

- Describe use of personnel (faculty, institutional affiliation of each consultant, and health professionals) and specify whether the program staff or consultants represent the population to be served by the proposed approach.

### **Partnerships**

- Describe method for creating or strengthening educational partnerships, community support, and workforce preparation between middle school, high school, higher education, community organizations, government, funders, and employers.
- Include proposed or existing partnerships that will result in increased student enrollment and decreased student attrition.

### **Evaluation and Data Plan**

- Describe your plans or methodology for collecting, evaluating and reporting data for the proposed program activity. For example, explain what tools will be used to identify successes, challenges, lessons learned and future opportunities.

### **Experience and Sustainability**

- Describes experience demonstrated as it applies to the award category for which is being requested.
- Provide specific indicators to the extent and means by which your program plans to become self-sufficient beyond the HCTP Mini-Grant funding.
- Include sources of income, future funding initiatives and strategies, and timetables for becoming self-sufficient.

## Attachment C: Technical Approach Template

1 of 1

### Technical Approach

*Technical Approach is limited to eight (8) pages.  
For additional information, please refer to Instructions found on page 20 of the RFA.*

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**Application for Award Category:**      **A**    **B**                      (please circle one)

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(Print) Name of Project to be Funded:

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(Print) Name of Applicant's Organization:

## Instructions for Budget Template

Please modify Budget Template (on page 25 as needed to provide fully itemized budget as part of the application package. Please refer to the budget restrictions (see pages 7 & 8 of the RFA) for additional information needed to complete this template. Please include a brief written justification for each section of the budget template. (Additional lines may be added as needed to the Budget Template). The budget should include the following:

### **Personnel Budget Costs:**

Identify the name and title of staff, advisors, student assistants and volunteers who will work on this project; the percentage of time and salary; in-kind costs; and the staff travel costs and per diem associated, with the project and justification as part of this application. If an individual named is not salaried, indicate \$0.00 for the total compensation and specify this in the justification area. Indicate the total dollar amount required for the entire project on the Proposed Personnel Budget Costs line item. Indicate the dollar amount you are requesting or need to assist in completion of the project on the line where it states Personnel Funds Requested from OSHPD.

### **Consultant Costs/Sub-Contractor:**

Provide the name and institutional affiliation of each consultant, if known, and percentage of time and compensation that the contractor shall receive as well as travel/per diem costs and in-kind costs and justification as part of this application. Indicate the total dollar amount required for the entire project on the Proposed Consultant Budget Costs line item. Indicate the dollar amount you are requesting or need to assist in completion of the project on the line where it states Consultant Funds Requested from OSHPD.

### **Expenses/Materials Costs:**

Provide the total amount of funds requested for project expenses and materials including printing, phones, postage, general office supplies, and students meals and transportation, etc. and justification as part of this application. Indicate the total dollar amount required for the entire project on the Proposed Expenses/ Materials Budget Costs line item and justification as part of this application. Indicate the dollar amount you are requesting to assist in completion of the project on the line where it states Personnel Funds Requested from OSHPD.

### **Indirect/Administrative Costs:**

Provide total amount and justification for Indirect/Administrative Costs requested as part of application. (Although indirect costs are acceptable expenses, they will not be provided over and above the total award amount, nor in excess of 8% of the total dollars requested.) Indicate the total dollar amount required for the entire project on the Proposed Indirect/Administrative Budget Costs Needed for Entire Project line item. Indicate the dollar amount you are requesting to assist in completion of the project on the line where it states Indirect/Administrative Costs Funds Requested from OSHPD.

## **Budget Total:**

Provide grand total amount of funds requested for entire project which includes personnel budget costs, consultant costs, expenses/materials costs and indirect/administrative costs. Indicate the total dollar amount required for the entire project on the Grand Total Budget Amount Needed for Entire Program/Project line item. Indicate the dollar amount of funds you are requesting to assist in completion of the project on the line where it states Grand Total Dollar Amount of Funds Requested from OSHPD.

# Attachment D: Budget Template

(Page 1 of 3)

**Application for Award Category:**    **A**    **B**            (please circle one)

(Print) Name of Project to be Funded:

Name of Applicant's Organization

**Personnel Budget Costs:** *(Identify the name and title of staff, advisors, student assistants and volunteers who will work on this project; the percentage of time and salary; in-kind costs; and the staff travel costs and per diem associated, with the project and justification as part of this application. If an individual named is not salaried, indicate \$0.00 for the total compensation and specify this in the justification area. Indicate the total dollar amount required for the entire project on the Proposed Personnel Budget Costs line item. Indicate the dollar amount you are requesting or need to assist in completion of the project on the line where it states Personnel Funds Requested from OSHPD.)*

Name/Title of Position	% Time/Salary	%Staff Travel/Per Diem	% In-kind Costs	Total Compensation
<b>Total Amount of Proposed Personnel Budget Costs Needed for Entire Project:</b>				<b>\$</b>
<b>Total Amount of Personnel Funds Requested from OSHPD:</b>				<b>\$</b>

Justification:

**Consultant Costs:** *(Provide the name and institutional affiliation of each consultant, if known, and percentage of time and compensation that the contractor shall receive as well as travel/per diem costs, in-kind costs, and justification as part of this application. Indicate the total dollar amount required for the entire project on the Proposed Consultant Budget Costs line item. Indicate the dollar amount you are requesting or need to assist in completion of the project on the line where it states Consultant Funds Requested from OSHPD.)*

Name/Institutional Affiliation	%Time/Compensation	Consultant Travel/Per Diem	% In-Kind Costs	Total Compensation
<b>Total Amount of Proposed Consultant Budget Costs Needed for Entire Project:</b>				<b>\$</b>
<b>Total Amount Consultant Funds Requested from OSHPD:</b>				<b>\$</b>

Justification:

## Attachment D: Budget Template

(Page 2 of 3)

**Expenses/Materials Costs:** *(Provide the total amount of funds requested for project expenses and materials including printing, phones, postage, general office supplies, and students meals and transportation, etc. and justification as part of this application. Indicate the total dollar amount required for the entire project on the Proposed Expenses/ Materials Budget Costs line item and justification as part of this application. Indicate the dollar amount you are requesting to assist in completion of the project on the line where it states Personnel Funds Requested from OSHPD.)*

Description of Expenses	Total Compensation
<b>Total Amount for Proposed Expenses/Materials Budget Costs Needed for Entire Project:</b>	<b>\$</b>
<b>Total Amount for Proposed Expenses/Materials Funds Requested from OSHPD:</b>	<b>\$</b>

Justification:

**Indirect/Administrative Costs:** *(Provide total amount and justification for Indirect/Administrative Costs requested as part of application. Although indirect costs are acceptable expenses, they will not be provided over and above the total award amount, nor in excess of 8% of the total dollars requested.) Indicate the total dollar amount required for the entire project on the Proposed Indirect/Administrative Budget Costs Needed for Entire Project line item. Indicate the dollar amount you are requesting to assist in completion of the project on the line where it states Indirect/Administrative Costs Funds Requested from OSHPD.)*

Description of Indirect/Administrative Costs	Total Compensation
<b>Total Amount Proposed Indirect/Administrative Budget Costs Needed for Entire Project:</b>	<b>\$</b>
<b>Total Amount of Indirect/Administrative Costs Funds Requested from OSHPD:</b>	<b>\$</b>

Justification:

## Attachment D: Budget Template

(Page 3 of 3)

**Budget Total:** *(Provide grand total amount of funds requested for entire project which includes personnel budget costs, consultant costs, expenses/materials costs and indirect/administrative costs. Indicate the total dollar amount required for the entire project on the Grand Total Budget Amount Needed for Entire Program/Project line item. Indicate the dollar amount of funds you are requesting to assist in completion of the project on the line where it states Grand Total Dollar Amount of Funds Requested from OSHPD.)*

Combined Budget Categories	Budget Total
Grand Total Budget Amount Needed for Entire Program/ Project:	\$
Grand Total Dollar Amount of Funds Requested from OSHPD:	\$