os**b**pd

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

Health Careers Training Program Mini-Grants

Request for Application

(RFA 13-4161)

January 2014

Application Due: February 21, 2014 (2:00 p.m.)

Table of Contents

Background/Mission

Chapter 434, Statutes of 1981 (Health and Safety Code Section 127885 et seq.) and the 1985-86 Budget authorized the Office of Statewide Health Planning and Development (OSHPD) 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).

OSHPD, 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) reinforces skill sets needed to successfully complete health professional education preparation through a continuum of health workforce development, education, and training programs.

Available Funding and Award Categories

To develop a more culturally and linguistically-competent healthcare workforce for Californians, HCTP funds programs that encourage economically/educationally disadvantaged and/or underrepresented groups to pursue health careers. The HCTP awards Mini-Grants to programs that encourage diversity in the health professions through the annual Request for Application (RFA) process.

Awarded contracts are limited to the availability of funds from Fiscal Year 2013-14 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 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 be responsive to the components outlined in the evaluation and scoring criteria outlined in this RFA and demonstrate the principals of educational partnership, community support, and workforce preparation in their application.

A minimum of $201,000.00 has been made available to award a minimum of twelve (12) HCTP Mini-Grants between two award categories.

The program period is defined as the period of time all activities related to the funded project must take place. The program period for this opportunity can be found in the Key Dates Section of this RFA. Applications requesting funding for activities which begin prior to the program period start date will not be reviewed by the Evaluation and Selection Committee.

The Two Award Categories are as follows:

Award Category A: Health Career Conferences and/or Workshops
A minimum of eight (8) awards of up to $12,000.00 each are available ($96,000.00 in total awards given).

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:

- Provide presentations by a variety of primary care and other health professionals (examples could include: dental, mental health and counseling, public health, and health information technology).

- Incorporate a participant pre and post awareness survey identifying health career opportunities and/or trends.

Award Category B: Health Career Exploration

Seven (7) awards of up to $15,000.00 each are available ($105,000.00 in total awards given).

This award category focuses on direct engagement of participants in one or more health careers through hands on experiences that include direct interaction with health care professionals in real or simulated health care settings. Programs will support a minimum of 50 participants and:

- Develop and use comprehensive curriculum to engage participants.

- Incorporate a participant pre and post awareness survey identifying health career opportunities and/or trends.

- 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.

Additional Components and Definitions for Categories A and B

Applicants for both categories are expected to create and/or strengthen educational partnerships, community support, and workforce preparation efforts between entities, where applicable. Partnerships may include middle school, high school, higher education, community organizations, government, funding organizations, and employers.

Applicants must integrate additional components including:

- Making health career resource materials available to participants which include providing funding opportunities (scholarships, grants, loan repayments and stipends), pipeline programs, internships, educational programs, and employment resources.

- Promoting primary care careers (as defined in the Affordable Care Act) which includes promoting careers as nurse practitioners; clinical nurse specialists; physician assistants; and physicians specializing in family medicine, internal medicine, geriatric medicine, pediatric medicine, and obstetrics and gynecology in medically underserved areas/populations and in a variety of health care settings.

- Supporting cultural and linguistic responsive care which is the ability of providers to understand and respond effectively to the cultural and linguistic needs brought to the health care encounter by the clients, providers, and the organization. Cultural and linguistic responsive care requires recognizing and addressing clients' behaviors, values, practices, attitudes, and beliefs as they affect their health care. Being culturally and linguistically responsive will lead to improved communication between providers and clients who may be from different ethnic and cultural backgrounds.

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.

Target Participants

The HCTP Mini-Grants funded activities are open to all participants regardless of age, gender, race or ethnicity. However, due to the large percentage of African American, Latino/Hispanic, Native American, and 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 conduct outreach and recruitment in rural and other medically underserved areas and populations (i.e. persons with disabilities) whenever possible.

Initiating an Application

You are invited to submit one or more applications in response to this RFA. To submit an application, you must comply with the instructions contained in this 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.

All applications will be received through our web-based application **CalREACH** (Responsive Electronic Application for California's Healthcare). All applicant organizations and their designees must **register** in CalREACH and submit all application materials through this system.

Access to CalREACH can be found on our website at: **http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html** or go directly to **www.CalREACH.oshpd.ca.gov**. Once you have accessed CalREACH, you will be required to register as a new user or enter your existing username and password* in order to access the application materials. Detailed information regarding CalREACH, including how to register and how to complete and submit your application, can be found in the Technical Guide Section of this RFA.

*If you have already registered in CalREACH and do not remember your password, access the Forgot Your Password link to reset your password.

Application Format and Content

Each application consists of 14 forms:

1. Applicant and Program General Information
2. Organizational Background
3. Program Proposal
4. Program Objectives and Work plan Activities

5. Program Elements
6. Marketing and Outreach
7. Partnerships
8. Letters of Recommendation
9. Data Plan and Evaluation
10. Program Sustainability
11. Budget
12. Contract Information
13. Organizational Assurances
14. Statement of Compliance

For information about how each form will be evaluated see the Evaluation and Scoring Criteria Procedures section of this RFA.

Budget Restrictions

The applicant's budget in response to this RFA shall not exceed $12,000.00 (Category A) or $15,000.00 (Category B) which is the maximum assistance available for any single award. Funds allocated to indirect costs shall not exceed eight percent (8%) of the total project budget funded by this RFA. (Note: OSHPD reserves the right to modify/reduce any/all portions of applicant's submitted budget and/or increase number of awards if additional funding becomes available)

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 limited to raffles, games, contest prizes, gambling, bingo, etc.
- To construct or renovate facilities or to purchase equipment
- To supplement the salaries of existing full-time staff of the contracting organization
- For SWAG (i.e., promotional items, conferences giveaways)
- For gifts (such as gift cards)

However, funds CAN be used:

- To hire consultants or sub-contractors for the delivery of contract services
- For in-state travel (in accordance with OSHPD travel policies), advertising, meals, supplies and facility costs
- For release time 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.

Application Submission Process

All application materials, including two letters of recommendation must be submitted in CalREACH no later than the due date listed in this RFA. Detailed information regarding

CalREACH, including how to register and how to complete and submit your application, can be found in the Technical Guide Section of this RFA. We will accept more than one application per organization, but a separate CalREACH application must be submitted for each award by the due date.

NOTE: All application materials become the property of the State and are subject to the Public Records Act. Information received may be used for outreach, publicity, and marketing purposes.

Evaluation and Scoring Procedures

Evaluation and Selection Committee

OSHPD's Evaluation and Selection Committee (ESC) will review applications for the determination of award recommendations. The ESC includes OSHPD team members whose backgrounds 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 this RFA. Applications will be accepted and scored using only the established evaluation/scoring criteria contained in this RFA. Applications that are most consistent with the intent of this 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.

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 the goals and expectations related to the funding that OSHPD receives, including 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 this 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 this 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 this RFA.

Evaluation and Scoring Criteria

Health Career Training Program Mini-Grants Evaluation/Scoring Criteria Award Category A & B	Maximum Points = 80 Maximum points for each identified criteria.	Score Guidelines
Applicant Proposal • Does the applicant conform to the RFA requirements for respective award category? • Does the applicant target economically/educationally disadvantaged and/or underrepresented individuals? • Does the budget conform to RFA requirements?	**Pass/Fail**	*Evaluation Criteria:* ***Pass / Fail***
Numbers Served • Number of students/participants to be served by program meets and/or exceeds award category expectations.	**Points = 0 - 5**	*Evaluation Criteria:* ***Meets but Does Not Exceed: 0*** ***Exceeds by 1% - 25%: 1*** ***Exceeds by 26% – 50%: 2*** ***Exceeds by 51% - 75%: 3*** ***Exceeds by 76% - 100%: 4*** ***Exceeds by > than 100%: 5***
Organization Background • Does the applicant's experience and background/history demonstrate support of the objectives of the HCTP Mini-Grants?	**Points = 0 - 5**	*Evaluation Criteria:* ***Does Not Meet: 0*** ***Poor: 1*** ***Meets: 2-3*** ***Exceeds: 4-5***
Program Proposal • Does the applicant's utilization of mini-grant funds support the aim to resolve the challenges and problems specific to the target population/demographics described?	**Points= 0 - 10**	*Evaluation Criteria:* ***Does Not Meet: 0*** ***Poor: 1-4*** ***Meets: 5-8*** ***Exceeds: 9-10***
Personnel • Are the backgrounds, experiences, and duties of the personnel, consultants, volunteers, and/or others working on the program appropriate to perform the program activities proposed?	**Points = 0 - 5**	*Evaluation Criteria:* ***Does Not Meet: 0*** ***Poor: 1*** ***Meets: 2-3*** ***Exceeds: 4-5***
Program Objectives and Work plan Activities • Does the applicant's objectives and work plan align with the proposal, intent, and contract deliverables of HCTP Mini-Grants RFA?	**Points = 0 - 10**	*Evaluation Criteria:* ***Does Not Meet: 0*** ***Poor: 1-4*** ***Meets: 5-8*** ***Exceeds: 9-10***
Promotion of Health Career Resources (program element) • Does the applicant include presentations and/or materials on resources available to participants?	**Points = 0 – 5**	*Evaluation Criteria:* ***Does Not Meet: 0*** ***Poor: 1*** ***Meets: 2-3*** ***Exceeds: 4-5***

Promotion of Primary Care Careers (program element) • Does the applicant include activities that promote and/or convey a compelling case for primary care health careers in program?	**Points = 0 – 5**	*Evaluation Criteria:* *Does Not Meet: 0* *Poor: 1* *Meets: 2-3* *Exceeds: 4-5*
Promotion of Cultural and Linguistic Responsiveness (program element) • Does the applicant incorporate elements of cultural and linguistic responsiveness into the program?	**Points = 0 - 5**	*Evaluation Criteria:* *Does Not Meet: 0* *Poor: 1* *Meets: 2-3* *Exceeds: 4-5*
Marketing and Outreach • Does the applicant use outreach and marketing strategies that effectively attract target populations?	**Points = 0 - 5**	*Evaluation Criteria:* *Does Not Meet: 0* *Poor: 1* *Meets: 2-3* *Exceeds: 4-5*
Partnerships • Does the applicant partner with education institutions, community organizations, private/non-profit institutions, employers, and/or governmental institutions to carry out program activities and continue ongoing participant engagement (including but not limited to letters of recommendation)?	**Points = 0 – 10**	*Evaluation Criteria:* *Does Not Meet: 0* *Poor: 1-4* *Meets: 5-8* *Exceeds: 9-10*
Evaluation and Data Plan • Does the applicant have a plan to collect and report data that conforms to RFA requirements? • Does the applicant have measures to evaluate and report challenges, successes and lessons learned from the event?	**Points = 0 - 10**	*Evaluation Criteria:* *Does Not Meet: 0* *Poor: 1-4* *Meets: 5-8* *Exceeds: 9-10*
Program Sustainability • Does the applicant demonstrate the ability to sustain the program beyond HCTP Mini-Grants funding?	**Points = 0 - 5**	*Evaluation Criteria:* *Does Not Meet: 0* *Poor: 1* *Meets: 2-3* *Exceeds: 4-5*

Award Process

Following the evaluation and selection process, the contract will be prepared by OSHPD for signature by the contractor, based upon the contractor's application and the criteria contained in this RFA. A sample contract is available on the HCTP Mini-Grants webpage: www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html.

Contract Deliverables

Awarded contractors contract deliverables as outlined below:

- Register and participate in the Post-Award Technical Assistance Webinar as scheduled in the Key Dates section. Registration instructions for this webinar will be provide to awarded applicants.

- Submit a revised detailed work plan by the date shown in the Key Dates section.

  - The work plan includes detailed program schedule(s) with date(s) and exact location(s) for all planning meetings and event(s). Contractors will also specify if any health career resource materials are needed from OSHPD and highlight a key program event that OSHPD staff should attend. OSHPD reserves the right to attend any/all planning meetings and/or events.

  - The work plan will be submitted in CalREACH. A template will be available to awarded applicants when they access the system.

- Support the minimum number of participants under the applicable award category or the number outlined in the contractor's application, whichever is greater.

  - Category A: 50 or the number outlined in the contractor's application
  - Category B: 100 or the number outlined in the contractor's application

- Introduce participants to health careers in the manner outlined in the applicable award category.

  - Category A: Introducing participants to a wide variety of health career options by offering health "career fair" type experiences and workshops.
  - Category B: Direct engagement of participants in one of more health careers through hands on experience that include direct interaction with health care professional in real or simulated health care settings.

- Demonstrate new and/or strengthened educational partnerships, community support and workforce preparation efforts between entities, such as middle school, high school, higher education, community organizations, government funders, and employers.

- Make health career resource materials available to participants regarding funding opportunities (scholarships, grants, loan repayments and stipends), pipeline programs, internships, education programs, and employment resources.

- Promote of primary care careers (as defined in the Affordable Care Act): nurse practitioners; clinical nurse specialists; physician assistants; and physicians specialized in family medicine, internal medicine, geriatric medicine, pediatric medicine, and obstetrics and gynecology.

- Provide activities that support the understanding and delivery of cultural and linguistic responsive care. Cultural and linguistic responsive care is the ability of providers to

understand and respond effectively to the cultural and linguistic needs brought to the health care encounter by the clients, providers and the organization. Requires recognizing and addressing clients' behaviors, values, practices, attitudes, and belief as they affect their health care.

- Provide final report information and materials to OSHPD within 45 days of the conclusion of the program's activities or the due date listed in the Key Dates section. Contractors will be alerted via email when the final report template and instructions are available in CalREACH. The final report includes, but is not limited to, the following:

    o Program Information Summary and Implementation Details – Highlights data summation, program successes, challenges and lessons learned
    o Cultural and Linguistic Responsive Care – Highlights activities and impact
    o Marketing and Outreach – Highlights methods for outreach and impact
    o Partnerships – Highlights successes, challenges and lessons learned
    o Evaluation and Data Collection – Provides data summation on all program participants attending all events, including, race and/or ethnicity; qualitative and quantitative response/outcome summary of pre and post surveys and workshop/presentation highlights
        ▪ Pre and post participant surveys must include but are not limited to, the following 5 questions:

            1. On a scale of 1-5 (1 being not very confident and 5 being very confident), how confident are you in your ability to complete the application process for entry into college or a health career technical school? Mark 0 if you do not plan to attend college or a health career technical school.

            2. If you were to attend college or health career technical school, would you be the first person in your immediate family to attend? Yes or No

            3. On a scale of 1-5 (1 being not interested and 5 being very interested), how would you rate your interest in becoming a primary health care provider? Mark 0 if you don't know what a primary health care provider is.

            4. On a scale of 1-5 (1 being not very interested and 5 being very interested), how interested are you in serving in a medically underserved area? Mark 0 if you do not know what a medically underserved area is.

            5. On a scale of 1-5 (1 being unaware and 5 being very aware), how aware are you of the financial aid programs available to Californians interested in primary health care careers in medically underserved areas? Mark 0 if you do not know what a financial aid program is.
    o Budget Accountability – Describes how contract funds have been spent and plans for program sustainability beyond HCTP Mini-Grants

o Upload sample Program Materials and Photos of events(s) including a release to use the photos.

- Register and participate in a contract completion conference call at the conclusion of the contract period (date and time to be scheduled).

Additional Contract Terms and Conditions

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

- The contractor will submit required deliverables as specified and adhere to the deadlines as specified in this contract. 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 and the supporting documentation and data collected during the funding period which are embodied in those reports, shall become subject to the Public Records Act.

- When the contracting party is a county, city, school district, or other local public body, the contract shall be accompanied by a copy of the resolution, order, motion, ordinance or other similar document from the local governing body authorizing execution of the agreement.

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

- An accounting of how the funds were expended will be submitted with the final report.

- Source of funding may impact final contract language (i.e. increase or modify required contract deliverables).

- Contracts must be signed and submitted by the due date listed in the Key Dates section of this RFA. Failure to sign and return the contract by the due date may result in loss of award.

- Any edits to the contract will be considered a counter-proposal and will not be entertained.

Payment Provisions

- An initial payment of 90% will be made upon execution of the contract (including the resolution, if applicable) and submission and acceptance of the revised work plan.

- OSHPD will pay the remaining 10% of the full contract amount upon satisfactory completion by the contractor of all the terms and conditions required by the contract, including OSHPD approval of the contractor's final report submission and acceptance.

- Additional information may be requested by OSHPD upon reviewing the final report and contract deliverables. In this instance, the final 10% will not be disbursed until all contract deliverables have been met.

Additional Disclosures

- By submitting an application, you/your organization agree(s) to the RFA terms and conditions.

- 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 grant. Your application will be treated as a first time applicant.

- 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.

- If upon reviewing the final report, OSHPD finds that all contract deliverables have not been met and/or funds have not been expended, OSHPD will request the remittance of those funds from the contractor.

RFA Questions and Answers

Read the RFA it in its entirety. Answers to most questions can be found in this RFA and/or in the CalREACH system.

To allow for timely and consistent responses to questions that potential applicants may have, HCTP has implemented an electronic question and answer process for this RFA. All questions related to the intent or interpretation of RFA language must be submitted in writing. Submit questions by email to: HCTP@oshpd.ca.gov.

All questions must be received in writing no later than the date listed in the Key Dates Section. 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**. Answers will be posted through the date listed in the Key Dates Section.

If you have questions related only to the application electronic technology and have not found your answers in the Training Guide, refer to the CalREACH User Guide at: www.CalREACH.oshpd.ca.gov (you must be logged in to CalREACH to access the guide) or call 1-800-820-1890.

Technical Assistance Webinars

In addition to providing a list of FAQs and responses, we will offer two identical webinars to help facilitate questions regarding the application process.

Each webinar will include an overview of the information contained in this RFA including the objectives of this opportunity, what a successful application should contain, as well as a demonstration of CalREACH to assist you in completing and submitting an application in the system. Please refer to the RFA including the Technical Guide to assist you during the webinars.

HCTP staff invites potential applicants to participate in at least one webinar (see schedule in Key Dates below). To register please visit:
http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html

Key Dates

The key dates for the program year are as follows:

RFA Released and Application opened in CalREACH System	January 21, 2014
Technical Assistance Webinar	January 27, 2014 at 10:00am
Technical Assistance Webinar (repeat)	February 13, 2014 at 10:00am
Last date to submit written questions to HCTP regarding this RFA	February 13, 2014
Last date written responses to RFA questions will be posted on HWDD website	February 14, 2014
RFA Application Submission Deadline	**February 21, 2014 by 2:00p.m.**
RFA Opening/Evaluations	February 24 – March 14, 2014
Notice of Intent to Award Released	March 28, 2014
Last Date to Protest Intent to Award	April 4, 2014
Protest Resolution	April 11, 2014
Post-Award Technical Assistance Webinar to Discuss Contract Deliverables	April 24, 2014
Contract Starts	June 27, 2014
Signed Contract Due	June 16, 2014

Standing Orders Due from K-12, School Districts and Community College contractors	June 16, 2014
Work Plan Due Date	June 16, 2014
Final Report Due From Contractor*	June 26, 2015
Program Period (*Contract activities must take place during the program period)*	June 27, 2014 – June 26, 2015

*If applicant's program activities end sooner, final report will be due within 45 days of the conclusion of the program activities.

Technical Guide

Accessing the Application System

A web-based application system, CalREACH (Responsive Electronic Application for California's Healthcare) is being utilized to submit applications in response this RFA. The information contained in this guide has been provided for your instruction and contains all the *basic* technical information needed to complete an application in the system. For a more comprehensive manual related to CalREACH, please log in and review the CalREACH User Guide located at www.CalREACH.oshpd.ca.gov found under the "My Training Materials" tab in the brown bar at the top of the screen.

Access to the CalREACH portal can be found on our website at: www.CalREACH.oshpd.ca.gov

Registration and Log In

All applicant organizations and their designees must register in CalREACH. To register for the first time, **click** the **New User?** Link on the Login Page and follow the instructions.
Once you have registered you will log-in using your created **Username** and **Password**. You will then be directed to the Welcome Page. From the Welcome page you have the option to View Available Opportunities, Open My Inbox or Open My Tasks.

Initiating an Application

Once you have successfully logged in to CalREACH, you will be able to View Available Opportunities from the Welcome Page and apply for an HCTP Mini-Grant by selecting "**HCTP Mini-Grant 2012/13**" and clicking on the blue "**APPLY NOW**" now button.

Application Format and Content

Once you have agreed to apply in CalREACH, you will have the ability to **View, Edit and Complete Forms** on the Mini-Grants Menu page.   Clicking on the blue "**VIEW FORMS**" button will allow you to access the main Forms of your electronic application*.

*The system will time-out after two (2) hours from the start of the application. To continue in the system, save your work, log-out and log back in.

IMPORTANT! To access your application after it is started, see the "CalREACH How To" section of this RFA.

Each title that follows constitutes a **Form** (**click** to access) in CalREACH and is required application information. Each Form contains **Instructions** (top of the page) **character limits, formatting and informational notes** + (see notes by hovering over the box with your mouse).

Enter the appropriate information into each Form and click the blue "**SAVE**" button on your screen anytime you leave a form or the system to save your work.

Each application consists of 14 forms identified below.
1. Applicant and Program General Information
2. Organizational Background
3. Program Proposal
4. Program Objectives and Work Plan Activities
5. Program Elements
6. Marketing and Outreach
7. Partnerships
8. Letters of Support
9. Data Plan and Evaluation
10. Program Sustainability
11. Budget
12. Contract and Verification of Information
13. Organizational Assurances
14. Statement of Compliance

Asterisk (*)

Any question marked with an asterisk is required and must be completed prior to moving to the next Form.

FORM 1 – Applicant and Program General Information

Award Category: Select Award Category (A or B) organization is applying for

Organization: Provide the applicant organization's name

Program Name: Specify the name of the Health Career Conferences and/or Workshops or Health Career Exploration program to be funded

Brief Program Description: Provide a 1-2 sentence summary of the program. This section may be used by OSHPD verbatim for marketing or other purposes. Be as clear and succinct as possible.

For example:

Category A example:
"The program's career fair will increase awareness, student engagement and participation in the Career Academy and strengthen connections between parents, the private sector, and higher education partners."

Category B example:
"The program will serve selected students in an intensive college preparation course and additional students in health professions-related workshop activities planned throughout the year."

County: Provide the county or counties where contracted services are to be held. List all counties that apply.

Target Audience: Identify the types of participants/ target audience to be served by the grant, please specify.
(options provided: Middle School, High School, Undergraduate, Graduate, Economically/Educationally Disadvantaged)

Other Target Audience: Please identify any other target audience not listed above.

Careers that will be promoted: Identify the types of careers that will be promoted by your program. Check all that apply.
(options provided: dental, mental health/counseling, public health, health information technology, medical assistant, nurse practitioner, clinical nurse specialist, nursing, physician assistant, physician specializing in family, internal, geriatric and/or pediatric medicine or OB/Gyn)

Other Careers Promoted: Identify any other careers promoted not listed above

Target Area: Identify the type of area from which the majority of your participants reside.
(options provided: Health Professional Shortage Area, Medically Underserved Area, Rural Area, Urban/Inner City)

Participants: Identify the total number of eligible participants to be served by this grant (Category A minimum 100, Category B Minimum 50). This number reflects the targeted participants as described in the RFA. (For eligible participants, refer to the Who Can Apply Section of this RFA. Note: this does not include parents or staff.)

FORM 2 – Organization Background

Organizations Background/History: Describe your organization's background/history and demonstrate how those experiences support the goals of the HCTP Mini-Grants. Limit your response to 4000 characters.

FORM 3 – Program Proposal

Challenges: Describe the challenges/problems specific to your target population/demographic and how this meets the intent of the RFA. Limit your response to 4000 characters.

Resolution: Describe how the HCTP Mini-Grant funds will be utilized to resolve the challenges and problems specific to the target population/demographics described. Limit your response to 4000 characters.

FORM 4 – Program Objectives and Work Plan Activities

Program Start Date: Provide approximate start date of program

Program End Date: Provide approximate end date of program

Objectives: State specific program objectives to be accomplished through support of the proposed approach and how they will fulfill the award categories intent and contract deliverables. Limit your response to 4000 characters.

Work Plan Activities: Describe the activities that will be undertaken to achieve the objectives including all meetings with dates and locations. Limit your response to 4000 characters.

Note: Contract activities must take place during the program period noted in the Key Dates section of this RFA and thus program start and end dates must be between that time period.

FORM 5 – Program Elements

Promotion of Health Career Resource Materials: Describe how you plan to provide participants with information on resources available to students (i.e. handing out resource flyers, directing participants to resource websites, resource workshops, etc.). Resources available to students can include information on: funding opportunities (scholarships, grants, loan repayments, and stipends), pipeline programs, internships, educational programs, and employment resources. Limit your response to 3000 characters.

Promotion of Primary Care: Describe how the program activities aim to promote and/or convey a compelling case for primary care health careers (i.e. primary care career workshops, guest speakers that promote primary care, inclusion of primary care in program curriculum, etc.). primary care careers, as defined in the Affordable Care Act include: nurse practitioners; clinical nurse specialists; physician assistants; and physicians specialized in family medicine, internal medicine, geriatric medicine, pediatric medicine, and obstetrics and gynecology. Limit your response to 3000 characters.

Promotion of Cultural and Linguistic Responsiveness: Describe how the program aims to incorporate elements of cultural and linguistic responsiveness into the program (i.e. cultural and linguistic responsiveness workshops, integration of cultural and linguistic responsiveness elements into program curriculum, etc.). Cultural and linguistic responsive care is the ability of providers to understand and respond effectively to the cultural and linguistic needs brought to the health care encounter by the clients, providers, and the organization. Cultural and linguistic responsive care requires recognizing and addressing clients' behaviors, values, practices, attitudes, and beliefs as they affect their health care. Being culturally and linguistically responsive will lead to improved communication between providers and clients who may be from different ethnic and cultural backgrounds. Limit your response to 3000 characters.

FORM 6 – Marketing and Outreach

Attracting Target Populations: Describe your outreach methods (i.e. email, Facebook, radio, special invitation, teachers, Twitter, websites) and materials (i.e. agenda, brochure, conference packets, flyers, letters, posters, public service announcements, special invitations) and how they will effectively attract target populations. Limit your response to 3000 characters.

FORM 7 – Partnerships

Organization: Provide the name of the partner organization

Existing/Proposed: Identify if this is an existing or proposed partnership

Method: Describe how this partner will help increase participant enrollment, decrease participant attrition, advance your program objectives, provide funding and/or support your program sustainability. Limit your response to 2000 characters.

FORM 8 – Letters of Recommendation

Two letters of recommendation should be scanned and uploaded into this form by clicking on the **"BROWSE"** button.

FORM 9 – Data Plan and Evaluation

Data Collection: Describe your plans/methodology for collecting and reporting data for the proposed program activity. Limit your response to 3000 characters.

Program Evaluation: Describe the measures/tools that will be used to identify and report successes, challenges, lessons learned from the event. Limit your response to 3000 characters.

FORM 10 – Program Sustainability

Sustainability: Provide specific indicators to the extent and means by which your program plans to become self-sufficient beyond the HCTP Mini-Grants funding. Include sources of current funding, potential future funding, and strategies and timetables for becoming self-sufficient. Limit your response to 2000 characters.

FORM 11 – Budget

Direct Expenses: Please identify the direct expenses that are needed to provide for the program's event. A justification of these expenses will need to be provided as part of this application. These items may include, but are not limited to: advertising (banners, flyers, poster, media etc.); meals; supplies (pens, rulers, notebooks, uniforms, printing, postage, general office supplies); transportation (bus, rental, light rail etc.); facility (room rentals and services). Budget line items to be identified in this section include the following:

Advertising: Provide a dollar amount spent on advertising (banners, flyers, posters, and media)

Meals: Provide the dollar amount spent on meals for students as appropriate to meet program objectives

Supplies: Provide the dollar amount spent on supplies (pens, rulers, notebooks, uniforms, printing, postage and general office supplies)

Transportation: Provide the dollar amount spent on transportation (bus, rental, light rail etc.)

Facility Costs: Provide the dollar amount spent on facility, room rentals and services

Other Expenses: Provide the description and dollar amount for all other additional direct expenses not listed in any of the direct expense categories

Direct Expense Justification: Provide an explanation of the direct expenses and materials. (Funds may not be used to purchase gifts or gift cards) Limit your response to 2000 characters.

Personnel Expenses: Describe the personnel, consultants, volunteers and others who will be working on the program. Each person named (maximum of three (3) individuals can be submitted) will need to include a description of their background, experience and duties as they relate to the funded program activity or event along with the salary, in-kind costs, and travel costs/per diem.

If salary, travel and in-kind costs have been identified, you will need to convert the total to a dollar amount that will be funded by this Grant (i.e. $1,000.00 or $50.00)

Name: Provide the first and last name

Title: Provide the professional title

Organization: Provide the name of the organization

Type: Provide the type (i.e. staff, advisors, healthcare professionals, volunteers, consultants, and student assistants)

Time and Salary: Identify a dollar amount for pay that will be funded by this grant for this individual by indicating the estimated time worked and rate of pay (i.e. 10 hours @ $10.00/hr. = $100.00). If no salary is being requested for individual, enter 0.

Travel: Provide a dollar amount for travel that will be funded by this grant in accordance with OSHPD travel policies (i.e. 100 miles X .565/mile = $56.50).

Total: This field will auto-calculate when the form is saved

Justification of Duties: Describe the duties or assignments that the individual will perform. Limit your response to 1000 characters.

Experience: Provide the experience that qualifies the individual to work on the program. Limit your response to 1000 characters.

Indirect Expenses: Provide the total amount and justification for indirect expenses requested as part of this application. Indirect expenses should not be included in any other expense category. Although indirect costs are acceptable expenses, they will not be provided over and above the total award amount, nor in excess of eight percent (8%) of the total dollars requested. Indicate the total dollar amount required for the entire program. Indicate the dollar amount you are requesting to assist in completion of the program.

Total Indirect Expenses: This field will auto-calculate when the form is saved

Indirect Expense Justification: Provide a brief description of how the funds will be used. Limit your response to 1000 characters.

Budget Totals: A grand total budget funding requested for the entire program which includes Personnel Budget expenses, Direct Expenses, Indirect Expenses, and the total dollar amount you are requesting from OSHPD will auto-calculate when the form is saved.

Direct Expenses Requested: This field will auto-calculate when the form is saved

Personnel Expenses Requested: This field will auto-calculate when the form is saved

Indirect Expenses Requested: This field will auto-calculate when the form is saved

Total Requested: This field will auto-calculate when the form is saved

Overall Cost and In-Kind Contribution: Provide a description of the total amount needed to carry out the program including the types of in-kind contribution. Limit your response to 300 characters.

FORM 12 – Contract Information

Provide the following contract and contact information for the individuals who will be named in the contract, if awarded.

FEIN: Provide Federal Employer Identification Number

Organization: Provide the applicant organization's name, department physical/street address, phone and email as it should appear in the contract

Mailing Address: Provide the applicant organization's mailing address if different than physical address

Program Director: Provide contact information as it should appear in the contract

Program Director's Mailing Address: Provide mailing address if different than organization's address

Program Coordinator: Provide contact information as it should appear in the contract

Program Coordinator's mailing address: Provide mailing address if different than organization's address

Contract Officer: Provide contact information as it should appear in the contract. If there is no Contract Officer, enter Program Director/Coordinator.

Contract Officer's Mailing Address: Provide mailing address if different than organization's address

Authorized Program Official: Provide contact information as it should appear in the contract

Authorized Program Official Mailing Address: Provide mailing address if different than organization's address

FORM 13 – Organizational Assurances

Organization's Assurance: Provide the name, phone number and email for individual designated and agrees to accept responsibility to ensure that the HCTP Mini-Grants RFA expectations and completion of the project and contract deliverables are met. This will serve as the signature for the official authorized to sign for the applicants organized and to whom a copy of this application will be sent via email.

Agree/Disagree: Indicate whether the individual who is listed under Organization's Assurance agrees or disagrees with the above statement.

FORM 14 – Statement of Compliance

Provide the name, phone number and email for the individual who is authorized to agree to the following statement: "The contractor's signature affixed hereon shall constitute a certification, under the penalty of perjury under the laws of 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). This will serve as the signature for the organization's compliance assurance.

Agree/Disagree: Indicate whether the individual who is listed under the Statement of Compliance agrees or disagrees.

CalREACH How To:

Determine Space Availability

Some forms that make up the application have character limitations. Please limit your response when completing those forms. The character limit has been clearly noted at the bottom of the text box.

Copy and Paste into the System

Be cautious while utilizing the copy and paste function of most word processing programs to transfer text into text boxes within CalREACH. CalREACH will not recognize certain formatting, including tables, graphs, bullets, and certain tabs. Copying and pasting text into any standard "notepad" (or equivalent) program first will demonstrate similar formatting to the text boxes in CalREACH. Copied text may appear correct on the screen but still cause an error when trying to print the page.

Save Applications in the System

Before clicking on to the next Form or exiting the system click the blue **"SAVE"** button or you will lose your work. Saving an application is NOT submitting an application. To submit your application, please see the instructions under Submit an Application in this guide.

Access a Saved Application

If you stop before completing the application, you will be able to continue where you left off by simply logging into the system with your username and password, clicking the blue "**OPEN MY TASKS"** button from the Welcome page and selecting the application you would like to access by clicking on the name.

Add Individuals to your Organization

The Primary External Program Director has administrative rights to create log-ins for other individuals whom you would like to provide access to your application(s). To do so click on **My Organization's** link located in the brown bar at the top of the Welcome page. Click on the **Organization Members** link, then the **Add Member** link. On the next screen you can add an individual by clicking the blue "**NEW MEMBER**" button and enter all the required information. Be careful to enter "date active" consistent with your requirements and there will only be one "Role" option to select in the related drop down menu.

Provide Access to the Application to Others

The Primary External Program Director has administrative rights to add or remove other uses to/from applications.

Any External Program Director added to the application will also be automatically added to all corresponding related documents when each is created. Other new users to CalREACH will not be automatically added to existing applications.

To add users to an application, click on the application of choice in the **"My Tasks"** section on the Main Menu page. Click on the "VIEW MANAGEMENT TOOLS" button and choose the Add/Edit people link.

Type in the name of the individual in the search criteria box and click the "**SEARCH"** button. From the search results, select the individual's name, set the security role and fill-in the access date when you would like this individual to begin having access the application. Click on the blue **"SAVE**" button.

Print an Application for Your Records/Use

At any time you may print out a copy of your full application. From the Mini-Grants Menu page click the blue "**VIEW MANAGEMENT TOOLS**" button and then click the **Create Full Print Version** link.

Delete an Application

To delete an application that was started, Click the My Home link in the blue bar at the top of the page you are on. Click on the blue **"OPEN MY TASKS**" button. Click on the application name, click the blue **"VIEW STATUS OPTIONS**" button and click the **"APPLY STATUS"** button **underneath** "APPLICATION CANCELLED." It will no longer appear in My Tasks.

Submit an Application

A saved application is NOT a submitted application. The application is considered submitted when the application status is changed to **submitted** in CalREACH. This is done on the main screen under **Change the Status** on the Mini-Grants Menu page and clicking the blue "**VIEW STATUS OPTIONS**" button. On the Status Options page see APPLICATION SUBMITTED and click the blue "APPLY STATUS" button located **underneath**.

- By submitting the application, you/your organization agrees to the RFA terms and conditions. Late or incomplete applications will not be considered. Refer to the Key dates in the RFA for more detailed information.
- Once you click the submit button, you **WILL NOT** be able to go back to revise the application.
- Applications will not submit if there are any errors found in the system. An error is denoted by a **read hand** icon next to the FORM link. Go to that page and make changes to clear the error.
- CalREACH will send a confirmation of receipt via email to the designated Program Director and Program Coordinator.
- A completed application includes all completed FORMS including the two letters of recommendation which were uploaded into the **Letters of Support** Form. The application and supporting documents must be submitted by the application deadline noted in the Key Dates section of this RFA.

Submit Multiple Proposals

A **separate application** must be submitted for each proposal if the applicant is submitting multiple proposals. An applicant may submit a proposal in each category or more than one

proposal in the same category. All applications must be submitted individually by the deadline to be eligible for consideration.

Department Contact

Jalaunda Munroe, Program Coordinator

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

Telephone: (916) 326-3711
Technical Help Desk: 1-800-820-1890
Fax: (916) 322-2588
Email Address: HCTP@oshpd.ca.gov

Thank you!

We want to thank you for your interest in applying to the HCTP Mini-Grants RFA and for your continued efforts in supporting those who are interested in pursuing health careers.