



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

## Health Careers Training Program Mini-Grants



Request for Application  
(RFA) 09-9557

March 4, 2010



## Table of Contents

|   |    |
|---|----|
| <b>You are Invited</b> .....  | 3  |
| <b>Department Contact</b> .....   | 3  |
| <b>Background/Mission</b> .....   | 4  |
| <b>Available Funding and Award Categories</b> .....                         | 4  |
| • Category A: Health Career Conferences and/or Workshops .....              | 4  |
| • Category B: Health Career Exploration .....                               | 5  |
| <b>Who Can Apply</b> .....  | 5  |
| • Eligible Applicants .....   | 5  |
| • Target Participants .....   | 5  |
| <b>Key Dates</b> .....  | 6  |
| <b>Technical Assistance Conference Call</b> .....                           | 6  |
| <b>RFA Questions and Answers</b> .....                                      | 6  |
| <b>RFA Application Submission Requirements</b> .....                        | 7  |
| • Application Format/Content .....  | 7  |
| <b>Budget Restrictions</b> .....  | 7  |
| <b>Contract Deliverables</b> .....  | 8  |
| • Award Category A & B .....  | 8  |
| • Contract Stipulations and Responsibilities for Award All Categories ..... |    |
| • Post-Award Technical Assistance Call .....                                | 10 |
| <b>Evaluation/Scoring Procedures</b> .....                                  | 10 |
| • Evaluation and Selection Committee .....                                  | 10 |
| • Review Process .....  | 10 |
| • Final Selections .....  | 11 |
| • Protests .....  | 11 |
| • Evaluation/Scoring Criteria for Award Category A & B .....                | 12 |
| <b>Forms/Templates</b> .....  | 13 |
| • Attachment A: Final Checklist Form .....                                  | 14 |
| • Instructions for Application Form .....                                   | 15 |
| • Attachment B: Application Form .....                                      | 16 |
| • Instructions for Budget Template .....                                    | 20 |
| • Attachment C: Budget Template .....                                       | 22 |
| • Instructions for Technical Approach Template .....                        | 25 |
| • Attachment D: Technical Approach Template .....                           | 26 |

## 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: Thursday, April 15, 2010 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 09-9557  
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: [mvoss1@oshpd.ca.gov](mailto:mvoss1@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 (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) 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 \$138,000 available to award multiple contracts to programs that encourage diversity in the health professions.

## Available Funding and Award Categories

A total of \$138,000 has been made available to award ten (10) HCTP Mini-Grants between two award categories.

Through direct and indirect program support, 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**

(Four (4) 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. Programs will support a minimum of 100 or more participants and include presentations by a variety of health professionals as well as incorporate a participant pre- and post-awareness survey of health career options.

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

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

(Six (6) 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 or more participants; develops and use comprehensive curriculum, include pre- and post-testing methodologies, and offer hands-on experiences in a camp-like setting that includes direct interaction with health professionals in real/simulated healthcare settings. (A camp-like setting refers to the duration of the project and is considered longer than one day and may carry over into several Saturday sessions or into one week.)

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

## **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   | March 4, 2010                               |
| <b>Technical Assistance Conference Call</b>                                      | <b>March 25, 2010 at 10:00 – 11:00 a.m.</b> |
| Last date to submit written questions to HCTP (via e-mail)                       | March 25, 2010                              |
| Last date for HCTP to post responses to written questions on HWDD website        | April 5, 2010                               |
| <b>RFA Application Deadline</b>  | <b>April 15, 2010 at 5:00 p.m.</b>          |
| RFA Opening/Evaluations  | April 19 - 28, 2010                         |
| Notice of Intent to Award Released   | April 29 2010                               |
| Last Date to Protest Intent to Award   | May 6, 2010                                 |
| Protest Resolution   | May 13, 2010                                |
| Contract Starts  | June 17, 2010                               |
| Post-Award Technical Assistance Conference Call to Discuss Contract Deliverables | July 1, 2010                                |
| Final Report Due From Contractor*  | June 30, 2011                               |

\*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 Thursday, March 25, 2010 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 March 25, 2010. All questions must be received in writing no later than March 25, 2010. 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 April 15, 2010 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*)
- Budget Template (*Attachment C*)
- Technical Approach Template, not to exceed 6 pages in length (*Attachment D*)
- Support letters/references from partnering entities and project staff resumes detailing level and duration of program support.
- Experience demonstrated is applicable to the award category for which funding is being requested and discusses plans for sustainability beyond HCTP mini-grant funding.
- Samples of similar materials such as program agendas, brochures, and articles, etc.

**NOTE:** The forms/templates provided (starting on page 13) 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 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 2009-2010 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 Thursday, July 1, 2010, 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):

**Workplan 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, health professional, etc., interacting with participants.
- Outreach and recruitment plan, including samples of materials used.
- Participant eligibility criteria, methods, and verification procedures used.
- Course syllabus, 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 and participant responses.
- 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 participant evaluations of the event(s)/program year.
  - 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 collected with total broken down for each data element. For example, A program has 50 participants - the 50 participants represent the following racial/ethnic category:*

*(10) Caucasian  
(10) African American  
(20) Latino  
(10) Asian American*

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

## **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 June 30, 2011. The final report will include, but is not be limited to:

- Executive Summary (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, healthcare professionals, etc., interacting with participants.

## **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 page 12 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 of awards when making final selections. 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  | Maximum Points = 80   |
|--|---|
| <p><b>STATEMENT OF PROBLEM</b></p> <p>A. Application conforms to RFA requirements, identifies the number and types of participants served, and is consistent with the needs of economically/ educationally disadvantaged and/or underrepresented individuals.</p> <p>B. Number of participants to be served by project(s) exceeds award category expectations.</p> | <p><b>Possible Points for this section: 10</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, C=0-10)</b></p>        |
| <p><b>TECHNICAL APPROACH</b></p> <p>A. Outreach efforts to targeted groups are described and examples are provided.</p> <p>B. Describes project activities, timeline, and how program will meet all contract deliverables.</p> <p>C. Overall technical approach exceeds award category expectations.</p>   | <p><b>Possible Points for this section: 25</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, B=0-20, C=0-5)</b></p> |
| <p><b>PARTNERSHIPS</b></p> <p>A. Describes method for creating and/or strengthening educational partnerships, community support, and workforce preparation between middle/high school, higher education, community organizations, government, funders, industry/employers, etc.</p>  | <p><b>Possible Points for this section: 10</b></p> <p><b>Maximum points for each identified criteria (A=0-10)</b></p>                     |
| <p><b>BUDGET PLAN</b></p> <p>A. Budget plan conforms to RFA requirements and describes how funding requested will be used to ensure program success.</p>   | <p><b>Possible Points for this section: 10</b></p> <p><b>Maximum points for each identified criteria (A=0-10)</b></p>                     |
| <p><b>EVALUATION PLAN</b></p> <p>A. Evaluation plan and data collection efforts conform to RFA requirements.</p> <p>B. Describes methods for collecting, evaluating, and reporting data.</p>   | <p><b>Possible Points for this section: 10</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, B=0-10)</b></p>        |
| <p><b>EXPERIENCE and SUSTAINABILITY</b></p> <p>A. Support letters/references from partnering entities and project staff resumes are included..</p> <p>B. Experience demonstrated is applicable to the award category for which funds are being requested.</p> <p>C. Discusses plans for sustainability beyond HCTP mini-grant funding.</p>                         | <p><b>Possible Points for this section: 15</b></p> <p><b>Maximum points for each identified criteria (A=0-5, B=0-5, C=0-5)</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:**

- Cover Letter
- Completed Final Checklist Form
- Table of Contents
- Completed Application Form – signed by appropriate personnel  
(Executive Summary portion of form not to exceed 2 pages)
- Completed Budget Template
- Completed Technical Approach Template (not to exceed 6 pages)
- Support letters/references from partnering organizations and project staff  
resumes detailing level and duration of program support (all categories)
- Samples of similar materials such as program agendas, brochures, and  
articles, etc.

## Instructions for Application Form

*Please complete Application form in its entirety using 12 point font. The Executive Summary portion of the Application Form (see page 19) is limited to two (2) pages. Please refer to the requirements outlined in the RFA for additional information needed to complete this form (see page 7). The Executive Summary highlights the overall proposed program activities.*

*NOTE: The Executive Summary portion of the Application Form is separate from the Technical Approach (Attachment D).*

## Attachment B: Application Form

(Page 1 of 4)

### 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/Students 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"/> 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"/> Urban/Inner City                  |
| <input type="checkbox"/> Medical       | <input type="checkbox"/> Other:                            |
| <input type="checkbox"/> Mental Health |  |

## Attachment B: Application Form

(Page 2 of 4)

### 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 4)

### Please fill in the information below:

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

|                  |
|------------------|
| <br><br><br><br> |
|------------------|

### 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:

|                  |
|------------------|
| <br><br><br><br> |
| <br><br><br><br> |
| <br><br><br><br> |
| <br><br><br><br> |

### 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:

|                  |                  |
|------------------|------------------|
| <br><br><br><br> | <br><br><br><br> |
|------------------|------------------|

### 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:

|                  |                  |
|------------------|------------------|
| <br><br><br><br> | <br><br><br><br> |
|------------------|------------------|

## Attachment B: Application Form

(Page 4 of 4)

### **Executive Summary**

*Executive Summary is limited to two (2) pages.*

*For additional information, please refer to Instructions found on page 15 and Requirements found on page 7 of the RFA.*

**Statement of Problem:** *(Describes number and types of participants to be served and describes program objectives.)*

**Technical Approach:** *(Describes outreach efforts to targeted groups, project activities, timelines, and how program will meet all contract deliverables.)*

**Partnerships:** *(Describes method for creating and/or strengthening educational partnerships, community support, and workforce preparation between middle/high school, higher education, community organizations, government, funders, industry/employers, etc.)*

**Budget Plan:** *(Describes how funding requested will be used to ensure program success.)*

**Evaluation/Data Plan:** *(Describes methods for collecting, evaluating, and reporting data.)*

**Experience and Sustainability:** *(Experience demonstrated is applicable to the award category for which is being requested. Discusses plans for sustainability beyond HCTP mini-grant funding.)*

## Instructions for Budget Template

Please modify Budget Template (on the following page) as needed to provide fully itemized budget as part of the application package. Please refer to the budget restrictions (see page 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 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 C: Budget Template

(Page 1 of 2)

**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 | 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 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 | 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 C: Budget Template

(Page 2 of 2)

**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:

**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 |
|--|--------------|
| <b>Grand Total Budget Amount Needed for Entire Program/ Project:</b> | \$           |
| <b>Grand Total Dollar Amount of Funds Requested from OSHPD:</b>      | \$           |

## Instructions for Technical Approach Template

Please complete the Technical Approach Template in its entirety using 12 point font. The response is limited to six (6) 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. 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:

- Provide brief background, history, and problem to be resolved.
- 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.
- Provide the methodology, number and types of individuals to be selected and aided by the proposed approach, (for example, age, gender, race or ethnicity, educational level, targeted health profession, and specify whether they are from an economically/educationally disadvantaged and/or underrepresented background).
- Describe the implementation schedule, detailing timing of events in relation to long range plans.
- Describe use of personnel (faculty, institutional affiliation of each consultant, health professionals, etc.) and specify whether the program staff/consultants represent the population to be served by the proposed approach.
- Include proposed and/or existing partnerships that will result in increased student enrollment and decreased student attrition.
- Describe your plans for evaluating the proposed program activity. For example, explain what tools will be used to identify successes, challenges, and future opportunities.
- Provide specific indicators to the extent and means by which your program plans to become self-sufficient after HCTP mini-grant support ends. This should include sources and nature of income, future funding initiatives and strategies, and timetables for becoming self-sufficient.

*NOTE: The Technical Approach is separate from the Executive Summary portion of the Application Form (Attachment B).*

## Attachment D: Technical Approach Template

### Technical Approach

*Technical Approach is limited to six (6) pages.*

*For additional information, please refer to Instructions found on page 25 of the RFA.*

---

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

---

(Print) Name of Project to be Funded:

---

(Print) Name of Applicant's Organization: