



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

## Health Careers Training Program Mini-Grants



### Request for Application (RFA 12-4500)

February 2013

**Application Due: March 29, 2013 (2:00 pm, Pacific Standard Time)**



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## 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 process.

Awarded contracts are limited to the availability of funds from Fiscal Year 2012-13 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 demonstrate the principals of educational partnership, community support, and workforce preparation in their application.

A total of \$120,000 has been made available to award (9) 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 Selection Committee.

The Two Award Categories are as follows:

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

Five (5) awards of up to \$12,000 each are available (\$60,000 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 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.

Create and/or strengthen educational partnerships, community support, and workforce preparation efforts between entities, where applicable, such as middle school, high school, higher education, community organizations, government, funding organizations, and employers. Integrate additional components including: promoting primary care careers, making resources available to students, and support of cultural and linguistic responsive care. These components are defined below.

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

Six (4) awards of up to \$15,000 each are available (\$60,000 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.

Create and/or strengthen educational partnerships, community support, and workforce preparation efforts between entities, where applicable, such as middle school, high school, higher education, community organizations, government, funding organizations, and employers. Integrate additional components including: promoting primary care careers, making resources available to students, and supporting cultural and linguistic responsive care. These components are defined below.

### **Additional Component Definitions for Categories A and B**

**Making Resources Available to Students:** 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):** Nurse Practitioners; Clinical Nurse Specialists; Physician Assistants; and Physicians specialized in Family Medicine, Internal Medicine, Geriatric Medicine, Pediatric Medicine, and Obstetricians and Gynecologist.  
**Supporting 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. 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 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 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](http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html) or go directly to [www.CalREACH.oshpd.ca.gov](http://www.CalREACH.oshpd.ca.gov). Once you have accessed CalREACH you will be required to register as a new user 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.

The applicant must complete and submit the online electronic application through CalREACH by the deadline due date (see Key Dates).

## 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 Workplan 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 (Category A) or \$15,000 (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.)

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, 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.
- SWAG (i.e., promotional items, conferences giveaways)

However, funds CAN be used:

- To hire consultants or sub-contractors for the delivery of contract services.
- For in-state travel, 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 received for each submission 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 staff 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 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 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, 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
<b>Applicant Proposal</b> <ul style="list-style-type: none"> <li>Does the applicant conform to the RFA requirements for respective award category?</li> <li>Does the applicant target economically/educationally disadvantaged and/or underrepresented individuals?</li> <li>Does the budget conform to RFA requirements?</li> </ul>	<b>Pass/Fail</b>	<b><u>Evaluation Criteria:</u></b>  <b>Pass / Fail</b>
<b>Numbers Served</b> <ul style="list-style-type: none"> <li>Number of students/participants to be served by program and exceeds award category expectations.</li> </ul>	<b>Points = 0 - 5</b>	<b><u>Evaluation Criteria:</u></b>  <b>Meets but Does Not Exceed: 0</b> <b>Exceeds by 1% - 25%: 1</b> <b>Exceeds by 26% – 50%: 2</b> <b>Exceeds by 51% - 75%: 3</b> <b>Exceeds by 76% - 100%: 4</b> <b>Exceed more than 100%: 5</b>
<b>Organization Background</b> <ul style="list-style-type: none"> <li>Does the applicant's experience and background/history demonstrate support of the objectives of the HCTP Mini-Grants?</li> </ul>	<b>Points = 0 - 5</b>	<b><u>Evaluation Criteria:</u></b>  <b>Does Not Meet: 0</b> <b>Poor: 1</b> <b>Meets: 2-3</b> <b>Exceeds: 4-5</b>
<b>Program Proposal</b> <ul style="list-style-type: none"> <li>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?</li> </ul>	<b>Points= 0 - 10</b>	<b><u>Evaluation Criteria:</u></b>  <b>Does Not Meet: 0</b> <b>Poor: 1-4</b> <b>Meets: 5-8</b> <b>Exceeds: 9-10</b>
<b>Personnel</b> <ul style="list-style-type: none"> <li>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?</li> </ul>	<b>Points = 0 - 5</b>	<b><u>Evaluation Criteria:</u></b>  <b>Does Not Meet: 0</b> <b>Poor: 1</b> <b>Meets: 2-3</b> <b>Exceeds: 4-5</b>
<b>Program Objectives and Workplan Activities</b> <ul style="list-style-type: none"> <li>Does the applicant's objectives and work plan align with the proposal, intent, and contract deliverables of HCTP Mini-Grants RFA?</li> </ul>	<b>Points = 0 - 10</b>	<b><u>Evaluation Criteria:</u></b>  <b>Does Not Meet: 0</b> <b>Poor: 1-4</b> <b>Meets: 5-8</b> <b>Exceeds: 9-10</b>
<b>Promotion of Resources (program element)</b> <ul style="list-style-type: none"> <li>Does the applicant include presentations and/or materials on resources available to students/participants?</li> </ul>	<b>Points = 0 – 5</b>	<b><u>Evaluation Criteria:</u></b>  <b>Does Not Meet: 0</b> <b>Poor: 1</b> <b>Meets: 2-3</b> <b>Exceeds: 4-5</b>

(continued on next page)

<p><b>Promotion of Primary Care Careers (program element)</b></p> <ul style="list-style-type: none"> <li>Does the applicant include activities that promote and/or convey a compelling case for primary care health careers in program?</li> </ul>	<p><b>Points = 0 – 5</b></p>	<p><b>Evaluation Criteria:</b></p> <p><b>Does Not Meet: 0</b> <b>Poor: 1</b> <b>Meets: 2-3</b> <b>Exceeds: 4-5</b></p>
<p><b>Promotion of Cultural and Linguistic Responsiveness (program element)</b></p> <ul style="list-style-type: none"> <li>Does the applicant incorporate elements of cultural and linguistic responsiveness into the program?</li> </ul>	<p><b>Points = 0 - 5</b></p>	<p><b>Evaluation Criteria:</b></p> <p><b>Does Not Meet: 0</b> <b>Poor: 1</b> <b>Meets: 2-3</b> <b>Exceeds: 4-5</b></p>
<p><b>Marketing and Outreach</b></p> <ul style="list-style-type: none"> <li>Does the applicant use outreach and marketing strategies that effectively attract target populations?</li> </ul>	<p><b>Points = 0 - 5</b></p>	<p><b>Evaluation Criteria:</b></p> <p><b>Does Not Meet: 0</b> <b>Poor: 1</b> <b>Meets: 2-3</b> <b>Exceeds: 4-5</b></p>
<p><b>Partnerships</b></p> <ul style="list-style-type: none"> <li>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)?</li> </ul>	<p><b>Points = 0 – 10</b></p>	<p><b>Evaluation Criteria:</b></p> <p><b>Does Not Meet: 0</b> <b>Poor: 1-4</b> <b>Meets: 5-8</b> <b>Exceeds: 9-10</b></p>
<p><b>Evaluation and Data Plan</b></p> <ul style="list-style-type: none"> <li>Does the applicant have a plan to collect and report data that conforms to RFA requirements?</li> <li>Does the applicant have measures to evaluate and report challenges, successes and lessons learned from the event?</li> </ul>	<p><b>Points = 0 - 10</b></p>	<p><b>Evaluation Criteria:</b></p> <p><b>Does Not Meet: 0</b> <b>Poor: 1-4</b> <b>Meets: 5-8</b> <b>Exceeds: 9-10</b></p>
<p><b>Program Sustainability</b></p> <ul style="list-style-type: none"> <li>Does the applicant demonstrate the ability to sustain the program beyond HCTP Mini-Grants funding?</li> </ul>	<p><b>Points = 0 - 5</b></p>	<p><b>Evaluation Criteria:</b></p> <p><b>Does Not Meet: 0</b> <b>Poor: 1</b> <b>Meets: 2-3</b> <b>Exceeds: 4-5</b></p>

## Award Process

Successful applications that result in a contract are limited to the availability of funds from Fiscal Year 2012-2013 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.

### Post-Award Technical Assistance (TA) Webinar

- If awarded, registration information regarding Post-Award TA Webinar will be provided.

- This webinar will be an overview of general contract language as well as specific contract deliverables, including:
  - Data collection and reporting, including participant pre and post awareness surveys.
  - Presentations, curriculum, hands-on experiences, and/or working with health professionals in real and/or simulated healthcare settings.
  - Integrating and promoting primary care careers, resources available to students, and elements of cultural and linguistic responsive care.
  - Creating and/or strengthening partnerships.
  - Post-award use of the CalREACH system
- A minimum of one member from each of the awarded organizations must attend the Post Award TA Webinar in order to receive the 90% advanced payment.

### **Contractor Deliverables**

Following the evaluation and selection process, the contract will be prepared between OSHPD and the contractor, based upon the contractor's application and criteria contained in this RFA. Awarded contractors must submit contract deliverables as outlined in this RFA and subsequent contract. Contract deliverables include, but are not limited to, the following:

- 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.
- 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.

### **Submission of Contract and Workplan**

A revised detailed work plan is due at the time the signed contract is submitted to OSHPD. The workplan will need to be submitted prior to releasing the initial 90% of the grantee's funds.

The workplan includes activities, timely and detailed program schedule(s) with date(s) and exact location(s) for all planning meetings and event(s). Contractors will also specify if any 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.

Further detailed information regarding the submission of a program workplan, including the template to be used, will be provided to awarded applicants.

### **Conclusion of Program**

The contractor **MUST** provide final report information and materials to OSHPD within **45 days** of the conclusion of the program's activities and no later than the date listed in Key Dates as the date Final Reports are due from Contractor. A template and instructions for the submission of the final report will be provided to awarded applicants after the Notice of the Intent to Award has been announced and posted on the HCTP Mini-Grants website at:

[http://www.oshpd.ca.gov/HWDD/HCTP\\_mini\\_grants.html](http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html)

The year-end final report includes but is not limited to the following information:

- Program Overview – highlights all contract deliverables which includes findings, detailed program schedule of events, conclusions and recommendations for the future of the program.
- Program Objectives and Activities - includes specific measurable objectives and activities and numbers of participants served by the grant.
- Updated workplan - timely and detailed program workplan that outlines dates, locations, activities completed and other relevant details.

Program's Successes, Challenges, and Lessons Learned:

- Experience and Sustainability - plans for program sustainability beyond HCTP Mini-Grants funding.
- Marketing/Outreach and Recruitment of Students.
- Students/Participants Data Collection - data summation on all program participants attending all events, race and/or ethnicity, age, gender, and grade levels.
- Budget Accountability – describe how contract funds have been spent.
- Pre- and Post-test Methodology and/or Awareness Surveys - includes health career options, trends and participant responses and evaluation and analysis of responses of the event(s)/program year.
- An analysis and summary of the data collected in the final report.
- Photos(s) of events(s) and release(s) to use photo(s) via electronic versions or CD.

### **OSHPD Deliverables**

- An initial payment of 90% will be made upon execution of the contract and submission of an updated work plan. OSHPD will have 10% of the full contract amount withheld pending satisfactory completion by the contractor of all the terms and conditions required by the contract.
- 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**

- 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.
- 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.

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

## RFA Questions and Answers

Read the RFA 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](mailto:HCTP@oshpd.ca.gov).

All questions must be received in writing no later than 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](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](http://www.CalREACH.oshpd.ca.gov) (you must be logged in to CalREACH to access the guide) or call 916-326-3711.

## 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 live 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](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	February 19, 2013
Technical Assistance Webinar	February 26, 2013 at 10:00am
Technical Assistance Webinar (repeat)	March 5, 2013 at 10:00am
Last date to submit written questions to HCTP re: RFA	March 12, 2013
Last date written responses to RFA questions will be posted on HWDD website	March 19, 2013
<b>RFA Application Submission Deadline</b>	<b>March 29, 2013 by 2:00pm (PST)</b>
RFA Opening/Evaluations	April 2 – April 19, 2013
Notice of Intent to Award Released	April 26, 2013
Last Date to Protest Intent to Award	May 3, 2013
Protest Resolution	May 10, 2013
Contract Starts	June 17, 2013
Post-Award Technical Assistance Webinar to Discuss Contract Deliverables	June 27, 2013
Work Plan Due Date	July 19, 2013
Final Report Due From Contractor*	June 20, 2014
Program Period ( <i>Contract activities must take place during the program period</i> )	June 17, 2013 – June 20, 2014

\*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](http://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](http://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.

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 Workplan 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 brief description of the program activities. Limit your response to 2000 characters. (Do not include budget information.) This section may be used by OSHPD verbatim for marketing or other purposes. Be as clear and succinct as possible.

**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, Allied Health, Dental, Medical, Nursing, Mental Health, Nursing, Primary Care, Public Health, Economically/Educationally Disadvantaged, Health Professional Shortage Area, Medically Underserved Area, Rural Area, Urban/Inner City)*

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

**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 Workplan 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.

**Workplan 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 Resources:** 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 Obstetricians and Gynecologist. 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’s organization.

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

**Method:** Describe how this partner will engage in program activities and continue ongoing participant engagement. 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. Limit your response to 2000 characters.

**Personnel Expenses:** Describe the personnel, consultants, volunteers and other 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 (i.e. 100 miles X .50/mile = \$50.00).

**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 should 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 Directors 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, 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 and email for "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.

## CaIREACH 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 CaIREACH. CaIREACH 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 CaIREACH. 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.

### 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 users 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 chose 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**

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

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## 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.