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

Health Careers Training Program
Mini-Grants

Request for Application
(RFA) 11-2450

February 2, 2012

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You are Invited...

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

The RFA application due date is: Thursday, March 15 , 2012 at 5:00 p.m.

Your application must be submitted online through Survey Monkey which consists of the Applicant Information, Technical Approach Information and the Budget Information. 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 and Survey Monkey application can be located on our website at: http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html.

Supporting documents, two letters of recommendation, will need to be submitted by Thursday, March 15, 2012 at 5:00 p.m. by scanned email to Monique.Voss@oshpd.ca.gov or via mail to the address below:

Office of Statewide Health Planning and Development
HWDD/HCTP Mini-Grants RFA 11-2450
Attention: Monique Voss, Program Coordinator
400 R Street, Room 330
Sacramento, CA 95811

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

Late and/or incomplete applications will not be considered.

Department Contact

Monique Voss, Program Coordinator

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

Telephone: (916) 326-3769
Fax: (916) 322-2588
Email Address: Monique.Voss@oshpd.ca.gov

Background/Mission

Chapter 434, Statutes of 1981 (Health and Safety Code Section 127885 et seq.) and the 1985-86 Governor's Budget authorized the Office of Statewide Health Planning and Development (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 $150,000 available to award multiple contracts to programs that encourage diversity in the health professions.

Available Funding and Award Categories

A total of $150,000 has been made available to award (11) HCTP Mini-Grants between two award categories.

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

The Two Award Categories are as follows:

Award Category A: Health Career Conferences and/or Workshops
Five (5) awards of up to $12,000 each are available ($60,000).

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

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

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

Award Category B: Health Career Exploration
Six (6) awards of up to $15,000 each are available ($90,000).

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

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

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

Who Can Apply?

Eligible Applicants

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

Applicants can submit more than one Survey Monkey application, per organization, but must submit a separate application for each award category for which an applicant is applying. *Applications that need funding prior to the contract beginning date will not be reviewed by the Evaluation 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.

All applications must be submitted electronically through Survey Monkey. This is not a survey. The only documents that will need to be submitted by scanned email or via mail will be the minimum of two letters of recommendations from partnering entities to be sent to the Department Contact found on page 3. Clearly identify the documents so that they can be placed with the organization's electronic application.

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	Thursday, February 2, 2012
Technical Assistance Conference Call	**Wednesday, February 15, 2012 at 10:00 – 11:00 a.m.**
Last date to submit written questions to HCTP (via e-mail)	Wednesday, February 15, 2012
Last date to post responses on HWDD website	Monday, February 27, 2012
RFA Application Deadline	**Thursday, March 15, 2012 at 5:00 p.m.**
RFA Opening/Evaluations	March 16, 2012 to April 5, 2012
Notice of Intent to Award Released	Wednesday, April 11, 2012
Last Date to Protest Intent to Award	Wednesday, April 18, 2012
Protest Resolution	Wednesday, April 25, 2012
Contract Starts	Monday, June 18, 2012
Post-Assistance Conference Call to Discuss Contract Deliverables	Thursday, June 28, 2012
Work Plan Due Date	Wednesday, July 18, 2012
Final Report Due From Contractor*	Tuesday, June 18, 2013

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

Technical Assistance Conference Call

HCTP staff invites potential applicants to participate in a **Technical Assistance Conference Call** scheduled for Wednesday, February 15, 2012 between 10:00 a.m. – 11:00 a.m. to assist with any questions they may have regarding the RFA or the Survey Monkey application. A sample version of the application has been included with this RFA and can be downloaded and used as a reference when filling out the online application. Refer to the application sample to assist with this call. The RFA and online Survey Monkey link are located on our website at: http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html.

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.**

All questions must be received in writing no later than February 15, 2012. 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.**

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 along with supporting documents must be received by the Department Contact by no later than Thursday, March 15, 2012, at 5:00 p.m.

Late and/or incomplete applications will not be considered.

Application Format/Content

The applicant(s) must complete the online electronic Survey Monkey application by the deadline due date as indicated on the Key Dates located on page 6 of this RFA. Note: Survey Monkey is being utilized to submit an electronic application. This is not a survey. Please read instructions completely before starting the application.

Each application consists of six main sections which includes the following:

1. Instructions for Applicant
2. Applicant's General Information
3. Applicant's Contract and Contact Information
4. Technical Approach Information
5. Budget Information
6. Verification of Information – Organization's Assurance and Compliance

Supporting Documents

A minimum of at least two support letters of recommendation from partnering organizations will need to be submitted via scanned email to Monique.Voss@oshpd.ca.gov or via mail to the Department Contact. Refer to page 3 for mailing address.

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 the RFA. *(Note: OSHPD reserves the right to modify/reduce any/all portions of applicant's submitted budget.)*

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

Funds CANNOT be used:

- For out-of-state travel.
- For entertainment purposes including but not limit to raffles, games, contest prizes, gambling, and bingo, etc.

- To construct or renovate facilities or to purchase or lease equipment.
- To supplement the salaries of existing full-time staff of the contracting organization, although release time may be used to free full-time staff for participation in the program. If release time is being used for staff, it must be noted in the application justification.

However, funds CAN be used:

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

Contract Deliverables

Awarded contracts are limited to the availability of funds from Fiscal Year 2011-2012 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 contract 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 (TA) Conference Call has been scheduled for Thursday, June 28, 2012, between 10:00 a.m. – 11:00 a.m. This call will be an overview of the contract deliverables.

- A member from each of the awarded organizations must attend the Post-Award TA call as this is one of the contract deliverables. If awarded, notification will be sent identifying the toll-free number and participant passcode for the Post-Award TA call.

Workplan Due with Submission of Contract

- A revised detailed work plan is due at the time the signed contract is submitted to OSHPD or by no later than Wednesday, July 18, 2012. The workplan will need to be submitted prior to releasing the initial 90% of the grantee's funds.

- The workplan includes specific measurable objectives/goals and activities, timely and detailed program schedule(s) with dates and exact location(s) for all planning meetings and event(s). A workplan template will be provided to awarded applicant's after the Notice of the Intent to Award has been announced and posted on the HCTP Mini-Grant website at: http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html.

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

Conclusion of Program

The contractor MUST provide information and materials to OSHPD within **45 days** of the conclusion of the program's activities. The contractor will provide a year-end final report to OSHPD by Tuesday, June 18, 2013. A Survey Monkey template will be provided to awarded applicants after the Notice of the Intent to Award has been announced and posted on the HCTP Mini-Grant website at: 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
- Budget Accountability – describe how contract funds have been spent
- Program Goals/Objectives and Activities - includes specific measurable goals/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-Grant funding
- Faculty Data Collection - data summation on all faculty members' names, title, gender, race and ethnicity, credentials, for each faculty, consultant, volunteers, and healthcare professionals interacting with students/participants
- 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

  Note: Contractors will be required to provide an analysis and summary of the data collected. An example of the type of data that OSHPD is collecting has been provided below referencing 50 participants racial and/or ethnicity categories:

Name	Gender	African American	Asian	Caucasian	Hispanic/Latino(a)	Native American	Pacific Islander	Unknown	Total
		10	10	8	15	5	2	0	50

Similar breakdowns will need to be provided for participant's gender, age, grade, etc.

- 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
- Photos(s) of events(s) and release(s) to use photo(s) via electronic versions or CD.
- Category A to include in final data collection:
  - Recruitment of underrepresented community health professionals as presenters needs to be identified and included in the final data collection.
- Category B to include in final data collection:
  - Provide pre- and post-test methodology & pre- and post- awareness surveys regarding student participation.

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 Deliverables

- 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. An accounting of how the funds were expended will be submitted with the final report. Additional information regarding Budget Adjustments has been provided below.

Budget Adjustments

- **Transfer of Funds –** The transfer of funds between budget categories is permitted only by prior written permission of the Deputy Director of the Healthcare Workforce Development Division. Budget modifications consist of a change within the approved budget that does not amend the amount or the terms of the contract. A transfer of funds up to 15% of the contract is permissive across each budget category with notification to OSHPD. If line items were transferred between budget categories, a justification will need to be attached to explain why the funds were reallocated.

- **Requests for a No-Cost Time Extension –** A request 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. **NOTE: There shall be no activity on the contract after its expiration date.**

- **Indirect Expenses –** Indirect expenses **shall not exceed 8%** of the total dollars requested.

OSHPD Deliverables

- An initial payment of 90% will be made upon execution of the contract and submission of an updated work plan due by no later than July 18, 2012. 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.

- Additional information may be requested from 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.

- If upon reviewing the final report, OSHPD finds that all contract funds have not been expended, OSHPD will request the remittance of those funds from the organization after the review and approval of the final report.

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 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 the RFA. Applications that are deemed complete will then be accepted and scored using only the established evaluation/scoring criteria contained in the RFA (see pages 4 and 5 for Award Category A and B). Applications must score at least 70% of the points available to be considered for funding. Applications that are most consistent with the intent of the RFA will be considered most competitive.
If, in the opinion of OSHPD, an application contains false or misleading statements, or provides references which do not support an attribute or condition claimed, the application shall be rejected and withdrawn from the review process.

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

Final Selections

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

Protests

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

Evaluation/Scoring Criteria for Award Category A & B

Applications will be scored using the following evaluation criteria:

Evaluation/Scoring Criteria Award Category A & B	Maximum Points = 65 **Maximum points for each identified criteria. Ten (10) being the highest and zero being the lowest.**	Score (Circle Appropriate Score)
Applicant Proposal • Application proposal does/does not conform or meet the RFA requirements. Identifies types of students/participants served, and is consistent with the needs of economically/educationally disadvantaged and/or underrepresented individuals.	**Pass/Fail**	***Evaluation Criteria:*** ***Pass / Fail***
Numbers Served • Number of students/participants to be served by program and exceeds award category expectations.	**Points = 0 - 5**	***Evaluation Criteria:*** ***Meets but Does Not Exceed: 0*** ***Exceeds by 25% - 50%: 1.5*** ***Exceeds by 50% - 75%: 3*** ***Exceed more than 100%: 5***
Technical Approach - Narration • Describes organization's background/history. • Describes the challenges/problems specific to the target population/demographics and how this meets the intent of the RFA. • Describes how the RFA funds will be utilized to resolve the challenges/problems and how this program will expand and grow the number of the targeted populations who enter a health profession.	**Points = 0 - 10**	***Evaluation Criteria:*** ***Does Not Meet: 0*** ***Poor: 5*** ***Meets: 7.5*** ***Exceeds: 10***
Technical Approach - Program Goals/Objectives, Activities and Workplan • Describes program's goals/objectives activities and describes workplan to be accomplished through the support of the proposed approach and how they fulfill the award categories intent and contract deliverables.	**Points = 0 - 10**	***Evaluation Criteria:*** ***Does Not Meet: 0*** ***Poor: 5*** ***Meets: 7.5*** ***Exceeds: 10***
Technical Approach - Marketing and Outreach • Describes outreach efforts and methods the organization plans to market and promote the program to their target audience.	**Points = 0 - 5**	***Evaluation Criteria:*** ***Does Not Meet: 0*** ***Poor: 1.5*** ***Meets: 3*** ***Exceeds: 5***
Partnerships • Describes method(s) for creating and/or strengthening educational partnerships, community support, and workforce preparation between middle/high school, higher education, community organizations, government, funding organizations and employers. • Describes how partnerships will increase student enrollment and decrease student attrition. • Includes at least two support letters/references from partnering entities.	**Points = 0 - 10**	***Evaluation Criteria:*** ***Does Not Meet: 0*** ***Poor: 5*** ***Meets: 7.5*** ***Exceeds: 10***
Evaluation and Data Plan • Evaluation and data plan collection conforms to RFA requirements, describes methods for collecting, evaluating, and reporting data for the proposed program activity and identifies tools used to measure successes, challenges, lessons learned and future growth opportunities.	**Points = 0 - 10**	***Evaluation Criteria:*** ***Does Not Meet: 0*** ***Poor: 5*** ***Meets: 7.5*** ***Exceeds: 10***

Organization's Experience and Sustainability • Describes organization's experience that demonstrates the ability to sustain this program beyond HCTP Mini-Grant funding. • Describes current or potential future funding and strategies and timetables for becoming self-sufficient.	**Points = 0 - 10**	***Evaluation Criteria:*** ***Does Not Meet: 0*** ***Poor: 5*** ***Meets: 7.5*** ***Exceeds: 10***
Budget Plan/Personnel • Budget plan does/does not conform to RFA requirements, intent of the award, and describes how funding requested will be used to ensure program success. • Describes background, experience, duties and whether the personnel, consultants, volunteers and others working on the program represent the population to be served by the proposed approach.	**Points = 0 - 5**	***Evaluation Criteria:*** ***Does Not Meet: 0*** ***Poor: 1.5*** ***Meets: 3*** ***Exceeds: 5***

Electronic Survey Monkey Application Form

Survey Monkey is being utilized to submit an electronic application. This is not a survey. **Please read the instructions completely prior to beginning the application.**

The online Survey Monkey application link is located on our website at: http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html. An application sample has been provided and can be used as a guideline to assist in completing the application.

Each application consists of six main sections. These sections have been identified below:

1. **Instructions for Applicants** – provides the applicant with the recap of how to complete the online Survey Monkey application.
2. **Applicant's General Information** – provides the applicant's award category, organization's name, address, phone/ext. and email information and a brief description of program.
3. **Applicant's Contract and Contact Information** – provides the applicant's contract and contact information to be identified on OSHPD's contract, if awarded.
4. **Technical Approach Information** – provides specific details of the RFA proposal (i.e. narration, background, history, challenges and problems, goals/objectives, activities, workplan, marketing and outreach, existing and proposed partnerships, evaluation and data plan, and experience and sustainability.)
5. **Budget Information** – provides applicant's personnel expenses, direct expenses/materials, indirect/administrative expenses, justifications for funding, and grand totals for entire program and requested funds from OSHPD.
6. **Verification of Information (Organization's Assurance and Compliance Agreement)** – verifies organization's assurance and compliance that RFA contract deliverables will be met.

Applying for Both Categories

- A ***separate application*** must be submitted for each award category for which an applicant is applying.

Space Availability

- Some sections of the application have space limitations. Please limit your response when completing those sections. The number of words or page limit has been clearly identified. For example: 150 words is approximately ¼ page in length; 300 words is approximately ½ page in length; or 600 words is approximately one page in length.

Asterisk

Any question(s) marked with an asterisk is required and must be completed prior to moving to the next page.

Submission of Application

- Once you click the submit button, you **WILL NOT** be able to go back to revise the application. If you stop before completing the application you will be able to continue where you left off, **provided you use the same computer**, by going to http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html and clicking on the *Online Application* link.

- OSHPD will send an electronic copy of the application to the individual who submitted and agreed to the terms identified in the Organization's Assurance section of this application.

- A completed application includes the online Survey Monkey and at least two supporting letters of recommendations. The application and supporting documents must be submitted by **March 15, 2011, at 5:00 p.m.** Refer to page 7 of the RFA for detailed instructions.

Sample Survey Monkey Application

- An application sample has been provided on the following page and can be used as a guideline to assist in completing the application.

HCTP Mini-Grants Request for Application (RFA 11-2450)

1. Instructions for Applicants

Welcome to the Health Careers Training Program (HCTP) Mini-Grants Request for Application (RFA). You are invited to review and submit one or more applications in response to this Request for Application (RFA). Applications will be accepted for the following two **Award Categories A & B**:

• **Category A - Awards up to $12,000: Health Career Conferences and/or Workshops**
This award focuses on introducing participants to a wide variety of health career options by offering health "career fair" type experiences and/or workshops and supports a minimum of 100 participants.

• **Category B – Awards up to $15,000: Health Career Exploration**
This award category focuses on direct engagement of participants in one or more health career options and offers hands-on experiences over a period of time (days or weeks) that includes direct interaction with health professionals in real or simulated healthcare settings. This program supports a minimum of 50 participants.

PLEASE READ INSTRUCTIONS COMPLETELY BEFORE CONTINUING WITH APPLICATION. Survey Monkey is being utilized to submit an electronic application. This is not a survey.

Note: Once you click the submit button, you **WILL NOT** be able to go back to revise the application. If you stop before completing the application you will be able to continue where you left off, **provided you use the same computer**, by going to http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html and clicking the Online Application link.

APPLICATION INFORMATION

The applicant must submit an online Survey Monkey application which consists of the Applicant General Information, Applicant Contract and Contact Information, Technical Approach Information, Budget Information, and Verification Information Assurance and Compliance. By submitting an application, you/your organization agree(s) 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.

SUPPORTING DOCUMENTS

The supporting documents (at least two letters of recommendations) must be submitted by the deadline due date and by no later than 5:00 p.m. The letters of recommendations can be scanned and emailed to: Monique.Voss@oshpd.ca.gov or mailed to 400 R Street, Room 330, Sacramento, CA 95811. Once the supporting documents have been received, they will be placed with your application.

TECHNICAL ASSISTANCE CONFERENCE CALL

A Technical Assistance Conference Call has been scheduled for Wednesday, February 15, 2012 between 10:00 a.m. - 11:00 a.m. to answer any questions you may have regarding this application process. Please refer to the RFA for the call in and participant numbers to connect to the call.

QUESTIONS and TECHNICAL SUPPORT

If you have questions about the HCTP Mini-Grants RFA application process or need technical support, please send your requests to the email link at: HCTPRFAQuestions@oshpd.ca.gov or contact Monique Voss at (916) 326-3769.

HCTP Mini-Grants Request for Application (RFA 11-2450)

2. Applicant General Information

Any question(s) with an asterisk is required!

Please provide the following information:

Award Category: Select either Category A or B.
Program Name: Specify the name of the Health Career Conferences and/or Workshops or Health Career Exploration.
Brief Program Description: Provide a brief description of the program activities. Limit your response to 150 words or 1/4 page. (Do not include budget information.)
County 1-6: Provide the County or Counties where contracted services are held. List all counties that apply.
Organization: Provide the organization name, department physical/street address, phone and email as it should appear in the contract.
Mailing Address: Provide the organization's mailing address if different than physical address.
Participants: Identify the total number of eligible participants to be served by this Grant (i.e. 100-500). This number reflects the targeted participants as described in the RFA. (For eligible participants, refer to the RFA. Note: This does not include parents or staff).
Other Target Audience: Types of participants/target audience to be served by the grant, please specify.

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*1. Award Category

◯ A ◯ B

*2. Program Name

*3. Brief Program Description

*4. County

1
2
3
4
5
6

*5. Organization

Name
Department
Address
Suite
City
County
State
Zip
Phone/Ext
Email

6. Mailing Address

Address
City
County
State
Zip

*7. Participants (Range)

*8. Target Audience

- [ ] Middle School
- [ ] High School
- [ ] Undergraduate
- [ ] Graduate
- [ ] Allied Health
- [ ] Dental
- [ ] Medical
- [ ] Mental Health
- [ ] Nursing
- [ ] Primary Care
- [ ] Public Health
- [ ] Economically/Educationally Disadvantaged
- [ ] Health Professional Shortage Area
- [ ] Medically Underserved Area
- [ ] Rural Area
- [ ] Urban/Inner City

9. Other Target Audience (please specify)

1
2
3

3. Applicant Contract and Contact Information

Any question(s) with an asterisk is required!

Please 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.
Program Director: Provide contact information as it should appear in the contract.
Program Director's Mailing Address: Provide mailing address if different than organization's address.
Program Coordinator: Provide contact information as it should appear in the contract.
Program Coordinator's Mailing Address: Provide mailing address if different than organization's address.
Contracts Officer: Provide contact information as it should appear in the contract. If there is no Contract's Officer, enter Program Director/Coordinator.
Contracts Officer's Mailing Address: Provide mailing address if different than organization's address.

---

*1. Federal Employer Identification Number

FEIN

*2. Program Director

Name
Title
Credentials
Address
Suite
City
County
State
Zip
Phone/Ext
Email

3. Program Director - Mailing Address

Address
Suite
City
County
State
Zip

*4. Program Coordinator

Name	
Title	
Credentials	
Address	
Suite	
City	
County	
State	
Zip	
Phone/Ext	
Email	

5. Program Coordinator - Mailing Address

Address	
Suite	
City	
County	
State	
Zip	

*6. Contracts Officer

Name	
Title	
Credentials	
Address	
Suite	
City	
County	
State	
Zip	
Phone/Ext	
Email	

7. Contracts Officer - Mailing Address

Address	
Suite	
City	
County	
State	
Zip	

HCTP Mini-Grants Request for Application (RFA 11-2450)

4a. Technical Approach - Narration

Any question(s) with an asterisk is required!

Describe how this program will expand and grow the number of targeted populations who enter a health profession by providing the following information.

Background: Provide the background/history of your organization. Limit your response to 600 words or one page.
Challenges: Describe challenges/problems specific to your target population/demographics and how this meets the intent of the RFA. Limit your response to 600 words or one page.
Resolutions: Describe how the RFA funds will be utilized to resolve these challenges/problems and how this program will expand and grow the number of the targeted population who enter a health profession. Limit your response to 600 words or one page.

---

*1. Background

***2. Challenges**

***3. Resolutions**

HCTP Mini-Grants Request for Application (RFA 11-2450)

4b. Technical Approach - Goals/Objectives, Activities and Workplan

Any question(s) with an asterisk is required!

Please provide the following information:

Goals/Objectives: State specific program goals/objectives to be accomplished through support of the proposed approach and how they will fulfill the award category(ies) intent and contract deliverables. Limit your response to 300 words or 1/2 page.
Activities: Describe the activities that will be undertaken to achieve the objectives. Limit your response to 300 words or 1/2 page.
Additional Goals/Objectives and Activities: Provide additional goals/objectives and activities, if needed. Limit your response to 300 words or 1/2 page.
Start Date: Provide approximate start date of program.
End Date: Provide approximate end date of program.
Workplan Overview: Briefly describe the pre-planning meetings, activities, dates and locations. Limit your response to 600 words or one page.

---

*1. Goal/Objective 1

*2. Activity 1

3. Goal/Objective 2

4. Activity 2

5. Goal/Objective 3

6. Activity 3

7. Additional Goals/Objectives and Activities

***8. Project**

Start Date MM / DD / YYYY

***9. Project**

End Date MM / DD / YYYY

***10. Workplan Overview**

HCTP Mini-Grants Request for Application (RFA 11-2450)

4c. Technical Approach - Marketing and Outreach

Any question(s) with an asterisk is required!

Please provide the following information:

Outreach Methods: Select at least one or more methods in relation to the outreach efforts your organization plans to promote the program to your targeted audience.
Other Outreach Methods: Describe outreach efforts and methods your organization plans to market and promote your program to your target audience.
Outreach Materials: Select at least one or more types of marketing materials that will be used to promote your organization's program.
Other Outreach Materials: Describe other outreach materials not identified above.

---

*1. Outreach Methods

- ☐ Announcement(s)
- ☐ Email
- ☐ Facebook
- ☐ Newspaper
- ☐ Phone
- ☐ Radio
- ☐ Special Invitation
- ☐ Students
- ☐ Teachers
- ☐ Twitter
- ☐ Website

2. Other Outreach Methods (please specify)

1
2
3

*3. Outreach Materials

- ☐ Agenda
- ☐ Brochures
- ☐ Conference packets
- ☐ Flyers
- ☐ Letters
- ☐ Posters
- ☐ Public Service Announcements
- ☐ Special Invitations
- ☐ Web Page

4. Other Outreach Materials (please specify)

1
2
3

HCTP Mini-Grants Request for Application (RFA 11-2450)

4d. Technical Approach - Partnerships

Any question(s) with an asterisk is required!

Please provide the following information for each partner:

Proposed: Select this option if this partner is a proposed partnership.
Existing: Select this option if this partner is an existing partnership.
Organization: Provide the name of the partner's organization.
Method: Describe the method(s) for creating or strengthening educational partnerships, community support, and workforce preparation between middle school, high school, higher education, community organizations, government, funding organizations, and employers. Limit your response to 300 words or 1/2 page.
Help Target Audience: Describe how this partnership will increase student enrollment and decrease student attrition. Limit your response to 300 words or 1/2 page.
Do you want to add more partners? Select either 'No' or 'Yes' and click the next button.

---

*1. Partner1

◯ Proposed ◯ Existing

*2. Organization

*3. Method

***4. Help Target Audience**

5. Partner2

◯ Proposed ◯ Existing

6. Organization

7. Method

8. Help Target Audience

9. Partner3

◯ Proposed ◯ Existing

10. Organization

11. Method

12. Help Target Audience

***13. Do you want to add more partners?**

◯ No

◯ Yes

HCTP Mini-Grants Request for Application (RFA 11-2450)

4d. Technical Approach - Partnerships (page 2)

Any question(s) with an asterisk is required!

Please provide the following information for each partner:

Proposed: Select this option if this partner is a proposed partnership.
Existing: Select this option if this partner is an existing partnership.
Organization: Provide the name of the partner's organization.
Method: Describe the method(s) for creating or strengthening educational partnerships, community support, and workforce preparation between middle school, high school, higher education, community organizations, government, funding organizations, and employers. Limit your response to 300 words or 1/2 page.
Help Target Audience: Describe how this partnership will increase student enrollment and decrease student attrition. Limit your response to 300 words or 1/2 page.
Do you want to add more partners? Select either 'No' or 'Yes' and click the next button.

---

1. Partner4

◯ Proposed ◯ Existing

2. Organization

3. Method

4. Help Target Audience

5. Partner5

◯ Proposed ◯ Existing

6. Organization

7. Method

8. Help Target Audience

9. Partner6

◯ Proposed ◯ Existing

10. Organization

11. Method

12. Help Target Audience

***13. Do you want to add more partners?**

◯ No

◯ Yes

HCTP Mini-Grants Request for Application (RFA 11-2450)

4d. Technical Approach - Partnerships (page 3)

Any question(s) with an asterisk is required!

Please provide the following information for each partner:

Proposed: Select this option if this partner is a proposed partnership.
Existing: Select this option if this partner is an existing partnership.
Organization: Provide the name of the partner's organization.
Method: Describe the method(s) for creating or strengthening educational partnerships, community support, and workforce preparation between middle school, high school, higher education, community organizations, government, funding organizations, and employers. Limit your response to 300 words or 1/2 page.
Help Target Audience: Describe how this partnership will increase student enrollment and decrease student attrition. Limit your response to 300 words or 1/2 page.
Do you want to add more partners? Select either 'No' or 'Yes' and click the next button.

---

1. Partner7

◯ Proposed ◯ Existing

2. Organization

3. Method

4. Help Target Audience

5. Partner8

◯ Proposed ◯ Existing

6. Organization

7. Method

8. Help Target Audience

9. Partner9

◯ Proposed ◯ Existing

10. Organization

11. Method

12. Help Target Audience

HCTP Mini-Grants Request for Application (RFA 11-2450)

4e. Technical Approach - Evaluation and Data Plan

Any question(s) with an asterisk is required!

Please provide the following information:

Methods: Describe your plans or methodology for collecting, evaluating and reporting data for the proposed program activity. For example, explain what tools will be used to identify successes, challenges, lessons learned and future growth opportunities. Examples might include: Pre/post methodology or pre/post awareness survey, attendance sheets, curriculum and workshop documentation. (Data to be collected will include: name, gender, race/ethnicity, age and grade.) Limit your response to 600 words or one page.

---

*1. Methods

HCTP Mini-Grants Request for Application (RFA 11-2450)

4f. Technical Approach - Organization's Experience and Sustainability

Any question(s) with an asterisk is required!

Please provide the following information:

Experience: Describe your organization's experience that would demonstrate the ability to sustain this program. Limit your response to 300 words or 1/2 page.
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 300 words or 1/2 page.

---

*1. Experience

***2. Sustainability**

HCTP Mini-Grants Request for Application (RFA 11-2450)

5a. Budget Information - Personnel Expenses

Any question(s) with an asterisk is required!

Describe the personnel, consultants, volunteers and others who will be working on the program and specify whether they represent the population to be served by the proposed approach. Each person named (maximum of nine (9) 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 percentage of time and salary; in-kind costs; and travel costs/per diem.

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

Please provide the following information for each individual:

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'-This could include: staff, advisors, student assistants, consultants, volunteers, and healthcare professionals).
Time: Identify the time of those who will work on this program and provide a dollar amount (i.e. 10 hours @ $10.00/hr = $100.00).
Salary: Provide a dollar amount. If using a percentage, first convert total per month to a dollar amount (i.e. 1% * $10,000.00 (salary) = $1,000.00).
Travel: Provide a dollar amount (i.e. 100 miles * .50/mile = $50.00). If individual named is not salaried, indicate zero for the total compensation and explain this in the duties.
In-kind: Provide a dollar amount. If none, enter 0.
Total: Sum of the total compensation per individual (time + salary + travel + in-kind = total).
Experience: Provide the experience that qualifies the individual to work on the program. Limit your response to 300 words or 1/2 page.
Duties: Describe the duties or assignments that the individual will perform. Limit your response to 300 words or 1/2 page.
Do you want to add more personnel/individuals? Select either 'No' or 'Yes' and click the next button.

---

*1. Personnel1

Name	
Title	
Organization	
Type	
Time	
Salary	
Travel	
In-kind	
Total	

***2. Experience**

***3. Duties**

---

4. Personnel2

Name	
Title	
Organization	
Type	
Time	
Salary	
Travel	
In-kind	
Total	

5. Experience

6. Duties

7. Personnel3

Name	
Title	
Organization	
Type	
Time	
Salary	
Travel	
In-kind	
Total	

8. Experience

9. Duties

***10. Do you want to add more personnel/individuals?**

- ◯ No
- ◯ Yes

HCTP Mini-Grants Request for Application (RFA 11-2450)

5a. Budget Information - Personnel Expenses (page 2)

Any question(s) with an asterisk is required!

Describe the personnel, consultants, volunteers and others who will be working on the program and specify whether they represent the population to be served by the proposed approach. Each person named (maximum of nine (9) 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 percentage of time and salary; in-kind costs; and travel costs/per diem.

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

Please provide the following information for each individual:

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'-This could include: staff, advisors, student assistants, consultants, volunteers, and healthcare professionals).
Time: Identify the time of those who will work on this program and provide a dollar amount (i.e. 10 hours @ $10.00/hr = $100.00).
Salary: Provide a dollar amount. If using a percentage, first convert total per month to a dollar amount (i.e. 1% * $10,000.00 (salary) = $1,000.00).
Travel: Provide a dollar amount (i.e. 100 miles * .50/mile = $50.00). If individual named is not salaried, indicate zero for the total compensation and explain this in the duties.
In-kind: Provide a dollar amount. If none, enter 0.
Total: Sum of the total compensation per individual (time + salary + travel + in-kind = total).
Experience: Provide the experience that qualifies the individual to work on the program. Limit your response to 300 words or 1/2 page.
Duties: Describe the duties or assignments that the individual will perform. Limit your response to 300 words or 1/2 page.
Do you want to add more personnel/individuals? Select either 'No' or 'Yes' and click the next button.

---

1. Personnel4

Name	
Title	
Organization	
Type	
Time	
Salary	
Travel	
In-kind	
Total	

2. Experience

3. Duties

4. Personnel5

Name	
Title	
Organization	
Type	
Time	
Salary	
Travel	
In-kind	
Total	

5. Experience

6. Duties

7. Personnel6

Name	
Title	
Organization	
Type	
Time	
Salary	
Travel	
In-kind	
Total	

8. Experience

9. Duties

***10. Do you want to add more personnel/individuals?**

- ◯ No
- ◯ Yes

HCTP Mini-Grants Request for Application (RFA 11-2450)

5a. Budget Information - Personnel Expenses (page 3)

Any question(s) with an asterisk is required!

Describe the personnel, consultants, volunteers and others who will be working on the program and specify whether they represent the population to be served by the proposed approach. Each person named (maximum of nine (9) 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 percentage of time and salary; in-kind costs; and travel costs/per diem.

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

Please provide the following information for each individual:

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'-This could include: staff, advisors, student assistants, consultants, volunteers, and healthcare professionals).
Time: Identify the time of those who will work on this program and provide a dollar amount (i.e. 10 hours @ $10.00/hr = $100.00).
Salary: Provide a dollar amount. If using a percentage, first convert total per month to a dollar amount (i.e. 1% * $10,000.00 (salary) = $1,000.00).
Travel: Provide a dollar amount (i.e. 100 miles * .50/mile = $50.00). If individual named is not salaried, indicate zero for the total compensation and explain this in the duties.
In-kind: Provide a dollar amount. If none, enter 0.
Total: Sum of the total compensation per individual (time + salary + travel + in-kind = total).
Experience: Provide the experience that qualifies the individual to work on the program. Limit your response to 300 words or 1/2 page.
Duties: Describe the duties or assignments that the individual will perform. Limit your response to 300 words or 1/2 page.
Do you want to add more personnel/individuals? Select either 'No' or 'Yes' and click the next button.

---

1. Personnel7

Name	
Title	
Organization	
Type	
Time	
Salary	
Travel	
In-kind	
Total	

2. Experience

3. Duties

---

4. Personnel8

Name	
Title	
Organization	
Type	
Time	
Salary	
Travel	
In-kind	
Total	

5. Experience

6. Duties

7. Personnel9

Name	
Title	
Organization	
Type	
Time	
Salary	
Travel	
In-kind	
Total	

8. Experience

9. Duties

5b. Budget Information - Direct Expenses/Materials

Any question(s) with an asterisk is required!

The Direct Expenses/Material describes the program's expenses and materials that will be 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, posters, media etc.); meals; supplies (pens, rulers, notebooks, uniforms, printing, postage, general office supplies); transportation (bus, airplane in state, light rail, etc.); facility, room rentals and services; and in-kind costs.

Budget line items to be identified in this section include the following:

Advertising: Provide the dollar amount spent on advertising (banners, flyers, posters, and media etc.)
Meals: Provide the dollar amount spent on meals.
Supplies: Provide the dollar amount spent on supplies (pens, rulers, notebooks, uniforms, printing, postage and general office supplies etc.)
Transportation: Provide the dollar amount spent on transportation (bus, airplane in state, light rail etc.)
Facility Costs: Provide the dollar amount spent on facility, room rentals and services.
In-kind Costs: Provide the dollar amount spent on in-kind costs. If none, enter zero.
Other Expenses: Provide a total dollar amount for all other expenses not included above and that are related to this program.
Other Direct Expenses Description: Provide a description for all expenses included in *Other Expenses*.
Required Direct Funds: Provide the total dollar amount required for the entire program.
Requested Direct Funds: Provide the dollar amount you are requesting from OSHPD.
Expenses Justification: Provide an explanation of the direct expenses and materials. Limit your response to 300 words or 1/2 page.

---

*1. Direct Expenses

Advertising	
Meals	
Supplies	
Transportation	
Facility Costs	
In-kind Costs	
Other Expenses	

*2. Other Direct Expenses Description

***3. Required Direct Funds**

***4. Requested Direct Funds**

***5. Expenses Justification**

HCTP Mini-Grants Request for Application (RFA 11-2450)

5c. Budget Information - Indirect/Administrative Expenses

Any question(s) with an asterisk is required!

Provide the total amount and justification for Indirect/Administrative expenses requested as part of this 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 program. Indicate the dollar amount you are requesting to assist in completion of the program.

Please complete the following information:

Indirect Expenses - Total: Provide the total dollar amount for Indirect/Admin expenses.
Indirect Expenses - Applicant: Provide the total dollar amount required for the entire program.
Indirect Expenses - OSHPD: Provide the total dollar amount you are requesting to assist in completion of the program.
Indirect Justification: Provide a brief description of how the funds will be used. Limit your response to 300 words or 1/2 page.

---

*1. Indirect Expenses

Total	
Applicant	
OSHPD	

*2. Indirect Justification

HCTP Mini-Grants Request for Application (RFA 11-2450)

5d. Budget Information - Grand Totals

Any question(s) with an asterisk is required!

Provide the Grand Total budget funding required for the entire program which includes Personnel Budget Expenses, Direct Expenses/Materials and Indirect/Administrative Expenses and the total dollar amount you are requesting from OSHPD.

Please provide the following information:

Personnel Expenses: Provide the total dollar amount for personnel.
Direct Expenses: Provide the total dollar amount for direct expenses and materials.
Indirect Expenses: Provide the total dollar amount for indirect and administrative expenses.
In-kind Expenses: Provide the in-kind total dollar amount for the entire program.
Required Funds: Provide the total dollar amount required for the entire program.
Requested Funds: Provide the total dollar amount you are requesting from OSHPD.

---

*1. Grand Totals

Personnel Expenses	
Direct Expenses	
Indirect Expenses	
In-kind Expenses	
Required Funds	
Requested Funds	

HCTP Mini-Grants Request for Application (RFA 11-2450)

6. Verfication of Information

Any question(s) with an asterisk is required!

The following is needed to complete the Survey Monkey application which includes the individual who will be signing the contract for the organization, to ensure, if awarded, that all contract deliverables will be met, and that the organization agrees to comply with the requirements of Government Code Section 12990 (a-f) and of Title 2, California Code of Regulations, Section 8113.

Please provide the following information:

Authorized Official: Official authorized to sign the contract for the applicant's organization, if awarded.
Authorized Official's Mailing Address: Provide the mailing address for the authorized official, if different than above.
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 applicant's organization 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.
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 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). This will serve as the signature for the organization's compliance assurance.
Agree/Disagree: Indicate whether the individual listed under the Statement of Compliance agrees or disagrees.

---

*1. Authorized Official

Name	
Title	
Credentials	
Address	
Suite	
City	
County	
State	
Zip	
Phone/Ext	
Email	

2. Authorized Official - Mailing Address

Address	
Suite	
City	
County	
State	
Zip	

***3. Organization's Assurance: The individual identified below is hereby designated and agrees to accept responsibility to ensure the HCTP Mini-Grants RFA expectations and completion of the contract deliverables. This will serve as the signature for the official authorized to sign for the applicant's organization and to whom a copy of this application will be sent via email.**

Name	
Phone	
Email	

***4. Organization's Assurance**

◯ Agree

◯ Disagree

***5. Statement of Compliance: The contractor's signature affixed hereon 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). This will serve as the signature for the organization's compliance assurance.**

Name	
Phone	
Email	

***6. Statement of Compliance**

◯ Agree

◯ Disagree

7. Thank you!

This concludes the online application process. The application will not be complete until you click the submit button. **Once you click the submit button you WILL NOT be able to go back to revise the application.** OSHPD will send an electronic copy to the individual who submitted and agreed to the terms identified in the Organization's Assurance section of this application.

After the applications have been reviewed and scored, the Intent to Award will be announced and posted to the HCTP Mini-Grants website located at: http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html. Refer to the Key Dates located in the RFA as to when this announcement will be posted. A contract will then be submitted to the awarded applicants.

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

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.