



The Mini Grants Program

Grant Guide For Fiscal Year 2016–17



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Background/Mission

California Health and Safety Code Section 127880 aims, through a Health Professions Career Opportunity Program, to increase the number of ethnic minorities in health professional training and to increase the number of minority health professionals practicing in health manpower shortage areas.

The Office of Statewide Health Planning and Development (OSHPD) is authorized by Health and Safety Code Section 127885 to maintain this program, only to the extent that funds are appropriated for its purposes in the annual Budget Act or other statute, to include, among other things, the following related to the Mini Grants program: conducting a conference series aimed at informing those students of opportunities in health professional training and mechanisms of successfully preparing to enter the training; providing support and technical assistance to health professional schools and colleges as well as to student and community organizations active in minority health professional development; conducting relevant manpower information and data analysis in the field of minority and disadvantaged health professional development.

OSHPD works toward increasing and diversifying California's health workforce through the Healthcare Workforce Development Division (HWDD). The Mini Grants program seeks to fund programs that encourage underrepresented and disadvantaged groups to pursue health careers to develop a more culturally and linguistically competent health care workforce for Californians. Mini Grants program funded activities focus on various categories, including health career conferences and workshops, and health career exploration.

Eligibility, Available Funding, and Award Categories

Eligible Applicants

OSHPD will accept proposals from public, private nonprofit, and private for-profit organizations located within California. Individuals are not eligible to apply.

Available Funding

Grant awards are limited to the funds available from the state's Fiscal Year 2016-17 Budget act, as specifically approved in budgetary line items. This is a one-time grant opportunity. There is no implied or expressed guarantee of subsequent funding after the Fiscal Year 2016-17 grant cycle.

A minimum of \$556,000 is available between two award categories.

The OSHPD budget, the Mental Health Services Act (MHSA) Workforce Education and Training (WET) program, and the California State Office of Rural Health (CalSORH) fund this year's applications.

The intent of each award category is to strengthen the educational and social foundations for underrepresented and disadvantaged students pursuing careers in health care. Successful applicants will be responsive to the components in the evaluation and scoring criteria outlined in this grant and demonstrate the principals of educational partnership, community support, and workforce preparation in their application.

Award Category A: Health Career Conferences and/or Workshops

Award Category A focuses on introducing participants to a wide variety of health career options by offering health “career fair” type experiences and/or workshops.

Eligible programs will support a minimum of 100 participants and will:

- Provide presentations by a variety of mental/behavioral health, primary care, and other health professionals. For more information and a list of careers to promote, please see “Additional Components” section of this Grant Guide.
- Introduce participants to a variety of topics such as:
 - Care coordination
 - Consumer empowerment
 - Elements of substance use treatment
 - Evidence based and/or community identified best practices
 - Health literacy
 - Minority stressors and impact on mental health
 - Preparedness and resilience training
 - Primary care service delivery
 - Principles of treating the whole person
 - Serving individuals across the life span
 - Suicide prevention
 - Tele-health
- Incorporate a participant awareness survey that includes questions about participant’s comfort in accessing mental/behavioral health services and pursuing mental/behavioral health, primary care, or other health careers. See “Grant Agreement Deliverables” section for information.

Award Category B: Health Career Exploration

Award Category B focuses on direct exposure of participants to one or more health careers through hands-on experience that includes direct interaction with health care professionals in real or simulated healthcare settings.

Eligible programs will support a minimum of 50 participants and will:

- Offer hands-on experience over a period of time (days or weeks) that includes direct interaction with mental/behavioral health, primary care, and other health professionals in real or simulated health care settings.
- Develop and use comprehensive curriculum to engage and educate participants on a variety of topics such as:

- Care coordination
 - Consumer empowerment
 - Elements of substance use treatment
 - Evidence based and/or community identified best practices
 - Health literacy
 - Minority stressors and impact on mental health
 - Preparedness and resilience training
 - Primary care service delivery
 - Principles of treating the whole person
 - Serving individuals across the life span
 - Suicide prevention
 - Tele-health
- Incorporate a participant awareness survey that includes identifying the reduction of the stigma associated with consumers accessing mental health services and the pursuit of mental/behavioral health, primary care, and other health career opportunities and/or trends. See “Grant Agreement Deliverables” section for information.

Target Participants

The Mini Grants Program funded activities are open to all participants regardless of age, gender, race, or ethnicity.

Because of the large percentage of Black, African American, African, Hispanic, Latino, American Indian, Native American, Alaska Native, and Southeast Asian individuals who are underrepresented in the health care professions, outreach and recruitment efforts for these populations should be included.

OSHPD encourages applicants to conduct outreach and recruitment in rural and other medically underserved areas/populations to educationally/economically disadvantaged students and, whenever possible, to persons with disabilities, former foster youth, members of the lesbian, gay, bisexual, transgender, and questioning community, veterans, immigrants, and refugees.

Additional Components

Partnerships: For both categories, applicants will create and/or strengthen educational partnerships, community support, and workforce preparation efforts between entities. Partnerships may include middle school, high school, higher education, community organizations, public mental health/behavioral health organizations, government, funding organizations, and employers.

Applicants must integrate additional components including:

- Promoting mental/behavioral health, primary care, and other health career resources by making resource materials available to participants that include providing information about how to access funding opportunities (scholarships, grants, loan

repayments, and stipends), pipeline programs, internships, educational programs, and employment resources.

- Promoting mental/behavioral health, primary care and other health careers in a variety of health care settings, including:
 - Public Mental Health System Settings
 - Community Based Organizations
 - Federally Qualified Health Centers
 - Community Health Centers
 - Rural Health Clinics
 - Migrant Health Centers
 - Public Housing Health Centers
 - Indian Health Service Facilities
 - School Based Health Centers
 - Critical Access Hospitals
- Program activities outlined in the application and Final Report must support evidence of the program activities outlined in the application and Final Report. For example, including a partnership with and/or letter of recommendation from a Public Mental Health System related agency would be considered evidence of the promotion of mental health careers.
- Potential mental/behavioral health careers to promote (as identified through the work of the Workforce Education and Training 5-year plan as hard-to-fill and hard-to-retain) should include but are not be limited to:
 - Alcohol and Other Drug Use Counselor
 - Clinical Psychologist
 - Licensed Professional Clinical Counselor
 - Marriage and Family Therapist
 - Mental Health Rehabilitation Counselor
 - Occupational Therapist
 - Peer Support Specialist
 - Psychiatric Technician
 - Psychiatric/Mental Health Nurse Practitioner
 - Psychiatrist–Specializing in Child/Adolescent and Geriatric Specialties
 - Social Worker
- When the program is promoting less than 100 percent mental/behavioral health careers, other primary care careers must also be promoted. Potential careers to promote include, but are not limited to:
 - Clinical Nurse Specialist
 - Community Health Worker or Promotor/a
 - Nurse Practitioner
 - Physician Assistant
 - Physician–Specializing in Family Medicine, Internal Medicine, Geriatric Medicine, Pediatric Medicine, or Obstetrics and Gynecology.

- Other health careers to promote include, but are not limited to:
 - Allopathic (MD) or Osteopathic Physician (DO) specializing in: Family Medicine, General Pediatrics, General Internal Medicine, Gerontology, General Psychiatry, or Obstetrics/Gynecology
 - Certified Nurse Midwife
 - Clinical Laboratory Science
 - Dental Hygienist
 - Dentist
 - Diagnostic Medical Sonography
 - Health Service Psychologist
 - Respiratory Care Therapist
 - Speech Language Pathologist
 - Licensed Vocational Nurse
 - Medical Assistant
 - Medical Imager
 - Medical Laboratory Technician
 - Nuclear Medicine Technician
 - Occupational Therapist Assistant
 - Pharmacist
 - Pharmacy Technician
 - Physical Therapist
 - Physical Therapy Assistant
 - Radiation Therapy Technician
 - Radiologic Technician
 - Registered Nurse
 - Surgical Technician
 - Ultrasound Technician
- Promotion of cultural and linguistic responsiveness. Cultural and linguistic responsive care is the ability of providers to understand and respond effectively to the cultural and linguistic needs of clients. Cultural and linguistic responsive care requires recognizing and addressing clients' behaviors, values, practices, attitudes, and beliefs as they affect their healthcare.
 - Being culturally and linguistically responsive will lead to improved communication between providers and clients who may be from different ethnic and cultural backgrounds, as well as, result in the reduction in stigma associated with consumers who access mental/behavioral health services or the pursuit of mental/behavioral health related careers.
 - Programs will make resources available to students that promote cultural and linguistic responsiveness.

Initiating an Application

You are invited to submit one or more applications in response to this grant. To submit an application, you must comply with the instructions contained in the "Technical Guide" section of this Grant Guide. It is the applicant's responsibility to provide all necessary information for OSHPD to evaluate the application, verify information contained in the application, determine the applicant's ability to perform the tasks and activities as described in the grant, and adhere to the proposed budget.

You must register and submit all applications through the web-based application Responsive Electronic Application for California's Healthcare (CalREACH), at <https://calreach.oshpd.ca.gov>.

Applicant organizations and designees must register as a new user or enter an existing username and password to access the application materials. If you do not remember your password, use the “Forgot Your Password” link to reset your password. The “Technical Guide” section contains detailed information regarding CalREACH, including how to register, and how to complete and submit your application.

Submitting Multiple Applications

An organization can submit a separate application for each Mini Grants program they propose to implement (within the same or different award category). For example, it is allowable for an organization to submit multiple applications if they are seeking funding in different award categories or if they are interested in implementing multiple programs in multiple locations. Organizations may not submit the exact same application twice in an effort to double the size of their proposed Mini Grants program. To be eligible for consideration, submit all applications individually and by the deadline.

Budget Restrictions

The applicant’s budget in response to this grant shall not exceed:

- \$12,000 for Award Category A
- \$15,000 for Award Category B

Amounts listed above are the maximum allowable award amounts for each category to any single grantee. Funds allocated to indirect costs shall not exceed 8 percent of the total.

Note: OSHPD reserves the right to modify/reduce any/all portions of applicant’s submitted budget and/or increase the number of awards if additional funds become available.

The following budget requirements apply to all submitted applications:

Funds CAN be used:

- To hire consultants, lecturers, workshop instructors, and/or sub-grantees for the delivery of grant services.
- For in-state travel (in accordance with OSHPD travel policies), advertising, meals, supplies and off-campus facility costs.
- For release time to relieve full-time staff for participation in the proposed Mini Grant activities. If release time is being used for staff, it must be noted.
- For reasonable accommodations for participants with disabilities, including instructional/program aids.

Funds CANNOT be used:

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

- To construct or renovate facilities or to purchase equipment.
- To rent space from your own organization including associated fees such as A/V equipment, security, janitorial, etc. (This cost should be included in your indirect expense calculation)
- To supplement the salaries of existing full-time staff of the organization.
- For souvenirs, wearables, gifts, gift cards, promotional items, conferences giveaways, etc.

Evaluation and Scoring Procedures

Evaluation and Scoring Committee

OSHPD's Evaluation and Scoring Committee (ESC) will review applications and recommend award amounts. The ESC includes OSHPD team members with backgrounds related to health care, education, and/or workforce development and may include subject matter experts outside of OSHPD (including public mental/behavioral health and primary care subject matter experts).

Review Process

During the review process, the ESC will verify the presence of required information as specified in this Grant Guide. The ESC will accept and score applications using only the established evaluation/scoring criteria. Applications that are most consistent with the intent of this grant will be considered most competitive.

If, in the opinion of OSHPD, an application contains false or misleading statements, or provides references that do not support an attribute or condition claimed, OSHPD shall reject the application. OSHPD reserves the right to reject any or all applications or to reduce the amount funded to an applicant. OSHPD may allocate funds not awarded in a specific award category to other award categories.

Final Selections

OSHPD will make final selections based on which applications best meet the goals and expectations related to the funding that OSHPD receives, including geographic distribution and if grantees and/or funded activities are located in health professional shortage areas, medically underserved areas, and/or serve medically underserved populations. Once OSHPD makes the final selections, OSHPD will announce grantees by the date listed in this Grant Guide.

Evaluation and Scoring Criteria

CalREACH Form	Evaluation and Scoring Criteria for Award Categories A and B	Point Distribution
	Applicant Proposal: Does the applicant conform to the grant requirements for respective award category? Does the applicant target disadvantaged and/or underrepresented individuals? Does the budget conform to grant requirements?	Pass/Fail
Form 1	Numbers Served: Number of participants to be served by program meets or exceeds award category expectations.	Points: 0–5
Form 2	Organization Background: Does the applicant’s experience and background or history demonstrate support of the objectives of the Mini Grants program?	Points: 0–5
Form 2	Personnel: Are the backgrounds, experiences, and duties of the personnel, consultants, volunteers, and/or others working on the program appropriate to perform the program activities proposed?	Points: 0–5
Form 3	Program Proposal: Does the applicant’s use of Mini Grant funds support the aim to resolve the challenges and problems specific to the target population/demographics described?	Points: 0–10
Form 4	Program Objectives and Work Plan Activities: Does the applicant’s objectives and Work Plan align with the proposal, intent, and Grant Deliverables of the Mini Grants program?	Points: 0–10
Form 5	Promotion of Mental/Behavioral Health, Primary Care, and other Health Career Resources (program element): Does the applicant include presentations and/or materials on financial and other resources available to participants?	Points: 0–5
Form 5	Promotion of Mental/Behavioral Health, Primary Care, and other Health Careers in a variety of health care settings (program element): Does the applicant include activities that promote and/or convey a compelling case for mental/behavioral health, primary care, and other health careers in a variety of health care settings?	Points: 0–5
Form 5	Promotion of Cultural and Linguistic Responsiveness (program element): Does the applicant incorporate elements of cultural and linguistic responsiveness and stigma reduction?	Points: 0–5
Form 6	Marketing and Outreach: Does the applicant use outreach and marketing strategies that effectively attract target populations?	Points: 0–5
Form 9	Evaluation and Data Plan: Does the applicant have a plan to collect and report data that conforms to grant requirements? Does the applicant have measures to evaluate and report challenges, successes, and lessons learned from the program activities?	Points: 0–10
Form 10	Program Sustainability: Does the applicant demonstrate the ability to sustain the program beyond grant funding?	Points: 0–5

Grant Agreement Deliverables

- Support the minimum number of participants under the applicable award category:
 - Category A: 100 or the number outlined in the grantee's application, whichever is greater.
 - Category B: 50 or the number outlined in the grantee's application, whichever is greater.
- Introduce participants to health careers in the manner outlined in the applicable award category. Please see the "Eligibility, Available Funding, and Award Categories" section.
- Demonstrate new and/or strengthened partnerships, community support, and workforce preparation efforts between entities, such as middle school, high school, higher education, community organizations, public mental health system, community mental health/behavioral health organizations, government funders, and employers.
- Make health career resource materials available to participants regarding funding opportunities (scholarships, grants, loan repayments, and stipends), pipeline programs, internships, education programs, and employment resources.
- Promote health careers as outlined in the "Eligibility, Available Funding, and Award Categories" section.
- Promote cultural and linguistic responsiveness as outlined in the "Additional Components" section.
- Provide Final Report information and materials to OSHPD within 45 days of the conclusion of the program's activities or the due date listed in the "Key Dates" section, whichever is earlier. Grantee will receive an email when the Final Report template and instructions are available in CalREACH.
- Upload sample program materials and photos of events(s) including a release to use the photos.
- One of the goals of the Mini Grants program is to inform and motivate underrepresented and disadvantaged students to pursue health professional careers. Conduct a participant survey at the end of your conference or workshop that must include but is not limited to, the following eight questions, to which the program's content shall aim to impact participants' responses:
 1. Were you, are you, or will you be the first person in your immediate family to attend college or health career technical school? Yes, or No
 2. On a scale of 1–5 (1 being not very confident and 5 being very confident), how confident are you in your ability to complete the application process for entry into college or a health career technical school? If you do not plan to attend college or a health career technical school mark 0.
 3. On a scale of 1–5 (1 being not interested and 5 being very interested), how would you rate your interest in becoming a mental/behavioral health provider? If you do not know what a mental/behavioral health provider is mark 0.
 4. On a scale of 1–5 (1 being not interested and 5 being very interested), how would you rate your interest in becoming a primary health care provider? If you do not know what a primary health care provider is mark 0.
 5. On a scale of 1–5 (1 being not very interested and 5 being very interested), how

interested are you in serving in a medically underserved area? If you do not know what a medically underserved area is mark 0.

6. On a scale of 1–5 (1 being unaware and 5 being very aware), how aware are you of the financial aid programs available to Californians interested in mental/behavioral health and other primary health care careers in medically underserved areas? If you do not know what a financial aid program is mark 0.
7. On a scale of 1–5 (1 being not comfortable and 5 being very comfortable), how comfortable are you with accessing county mental/behavioral health services if you were experiencing a mental/behavioral health issue? If you do not know what is meant by county mental/behavioral health services or do not know what a mental/behavioral health issue is mark 0.
8. Have you or a family member ever been a consumer of county mental/behavioral health services? Yes, or No, or Decline to State

Additional Terms and Conditions

- The grantee is responsible for all tasks required to conduct activities including, but not limited to, locating and securing facilities and speakers for events.
- The grantee will submit required deliverables as specified and adhere to the deadlines as specified in this Grant Guide. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the grant, is the sole responsibility of the grantee.
- All grant deliverables, including reports and the supporting documentation as well as data collected during the funding period and embodied in those reports, shall become subject to the Public Records Act.
- When the grantee is a county, city, school district, or other local public body, a copy of the resolution, order, motion, ordinance or other similar document shall accompany the signed grant from the local governing body authorizing execution of the agreement.
- The grantee will submit in writing any requests to change or extend the grant or to change the budget to the OSHPD contact at least thirty (30) days prior to the end of the grant date.
- The Final Report must contain a detailed account of how the funds were expended.
- Source of funding may affect final grant language (i.e., increase or modify required deliverables).
- Grants must be signed and submitted by the due date listed in the “Key Dates” section of this Grant Guide. Failure to sign and return the grant by the due date may result in loss of award.
- Any edits to the grant agreement will be considered a counterproposal and will not be entertained.

Payment Provisions

- An initial payment of 90 percent will be made upon execution of the Grant Agreement (including the resolution, if applicable).
- A final payment of 10 percent will be made upon satisfactory completion of all the terms and conditions required by the grant, including OSHPD approval and acceptance of the grantee's Final Report.
- OSHPD may request additional information upon reviewing the Final Report and Grant deliverables. In this instance, the final 10 percent will not be disbursed until all deliverables have been met.

Additional Disclosures

- By submitting an application, you/your organization agree(s) to the grant terms and conditions.
- Applicants must clearly describe their ability to conduct and administer the funded project, including the ability to collect and report data and produce other 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 grantee, you may reapply for another grant. It is not guaranteed that you will receive an additional grant. Your organization will be treated as a first-time applicant.
- Each application will be evaluated in accordance with Federal Title V and VII policies, which state the following: No person shall, on the grounds of race, color, national origin, age, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving state financial assistance.
- If, upon reviewing the Final Report, OSHPD finds that not all deliverables have been met and/or funds have not been expended, OSHPD will request the remittance of those funds from the grantee.

Grant Questions and Answers

Read this Grant Guide in its entirety. You can find answers to most questions in this Grant Guide and/or in the CalREACH system. Applicants must email all questions relating to the intent or interpretation of grant language to hctp@oshpd.ca.gov.

All questions must be received in writing no later than February 8, 2017. OSHPD will post all questions and answers by February 15, 2017 at http://www.oshpd.ca.gov/hwdd/hctp_mini_grants.html.

If you have questions related only to the electronic application in CalREACH and have not found your answers in this Grant Guide, contact the help desk at: 1-866-449-1425 or azhelpdesk@agatesoftware.com.

Technical Assistance Webinar

OSHPD will conduct a Technical Assistance Webinar on February 8, 2017, to facilitate questions regarding the application process.

The webinar will provide a Grant Guide overview, including the grant's main objectives, what an application should contain, and a brief demonstration of CalREACH to assist you in completing and submitting an application. Please refer to this Grant Guide, specifically the "Technical Guide" section, to assist you before attending the webinar.

To attend the webinar, go to http://www.oshpd.ca.gov/hwdd/hctp_mini_grants.html.

Key Dates

The key dates for the program year are as follows:

Application open in the CalREACH system	January 31, 2017
Technical Assistance Webinar	February 8, 2017
Deadline to submit questions regarding grant	February 9, 2017
Grant FAQs posted on website	February 15, 2017
Application submission deadline	March 1, 2017
Grantees announced	March 29, 2017
Grant Agreements sent out	April 26, 2017
Grant Agreements due ¹ and standing orders (if applicable)	May 22, 2017
Program start date ²	June 26, 2017
Program end date	June 25, 2018
Final Report due ³	June 25, 2018

¹ Work cannot begin until Grant Agreement is signed and fully executed.

² Per Grant Agreement, grant activities must take place during program period.

³ If applicant's program activities end sooner, the Final Report will be due within 45 days of the conclusion of the program activities.

CalREACH Technical Guide

Accessing the Application System

A web-based application system, Responsive Electronic Application for California's Healthcare (CalREACH) is being used to submit applications in response to this grant opportunity. The information contained in this Grant Guide is provided for your instruction and contains all the basic technical information needed to complete an application in the system.

To access CalREACH, go to: <https://calreach.oshpd.ca.gov>.

To ensure proper functionality in CalREACH, use the Internet Explorer browser.

Registration and Login

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 approved, you will receive a confirmation email that will allow you to login using your 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, you can View Available Opportunities from the "Welcome Page". Click on VIEW OPPORTUNITIES, locate the Mini Grants 2015/16 grant and when ready, click the APPLY NOW button.

Application Format and Content

Once you have agreed to apply for Mini Grants 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 forms of the electronic application.

NOTE: The system will time-out after two hours from the start of the application. To prevent the system from timing-out, save your work, logout and log back in.

IMPORTANT: To access a saved application, see the "CalREACH How to" section of this Grant Guide.

There are 14 forms required for your application:

1. Applicant and Program General Information
2. Organizational Background
3. Program Proposal
4. Program Objectives and Work Plan Activities
5. Program Elements
6. Marketing and Outreach
7. Partnerships
8. Letters of Recommendation

9. Data Plan and Evaluation
10. Program Sustainability
11. Budget
12. Grantee Information
13. Organizational Assurances
14. Statement of Compliance

Each form contains instructions at the top of the page, character limits, formatting, and informational notes that can be seen by hovering over the box with your mouse. Enter the appropriate information into each form. To save your work, click the blue SAVE button on your screen anytime you leave a form or the system.

FORM 1 – Applicant and Program General Information

Award Category: Select from the following award categories:

- Category A: Health Career Conferences and/or Workshops
- Category B: Health Career Exploration

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 one to two sentence summary of the program. OSHPD may use this section verbatim for marketing or other purposes. Be as clear and succinct as possible.

- **Award Category A example:** "The program's career fair will increase awareness, student engagement and participation in the Career Academy and strengthen connections between parents, the private sector, and higher education partners."
- **Award Category B example:** "The program will serve selected students in an intensive college preparation course and additional students in mental/behavioral health, primary care, and other health professions-related workshop activities planned throughout the year."

County: Provide the county or counties where grant services and activities will occur. List all counties that apply.

Target Audience: Identify the types of participants/target audience to be served by the grant from the following list:

- Economically/Educationally Disadvantaged
- Elementary School
- Middle School
- High School
- Undergraduate

- Graduate
- Other (please specify other target audience)

Careers that will be promoted: Identify the types of careers that your program will promote:

- Mental/Behavioral Health Careers Only
- Mental/Behavioral Health Careers and other Primary Care Careers

Target Area: Identify area types in which the majority of your program's funded grant activities will occur:

- Health Professional Shortage Area
- Medically Underserved Area
- Rural Area
- Urban/Inner City

Participants: Identify the total number of eligible participants to be served by this grant:

- Award Category A: minimum 100
- Award Category B: minimum 50

This number should reflect the targeted participants as described in the grant. (For eligible participants, refer to the "Eligibility, Available Funding, and Award Categories" section of this Grant Guide.)

Note: Total number of eligible participants does not include parents or staff.

FORM 2 – Organization Background

Organizations Background/History: Describe your organization's background and history and demonstrate how this supports the grant goals. Limit your response to 4,000 characters.

Program Background/Experience: Describe the background/experience and duties of the personnel performing the proposed program activities. Limit your response to 4,000 characters.

FORM 3 – Program Proposal

Challenges: Describe challenges/problems specific to your target population and/or demographics and how this meets the intent of the grant. Limit your response to 4,000 characters.

Resolutions: Describe how you will use the Mini-Grants funds to resolve the challenges specific to the target population/demographics described. Limit your response to 4,000 characters.

FORM 4 – Program Objectives and Work Plan Activities

Program Start Date: Provide approximate program start date.

Program End Date: Provide approximate program end date.

NOTE: Grant activities must take place during the program period noted in the “Key Dates” section of this Grant Guide.

Objectives: State specific program objectives to be accomplished through support of the proposed approach and how these objectives will fulfill the award category’s intent and grant deliverables. Limit your response to 4,000 characters.

Work Plan Activities: Describe the activities you will undertake to achieve the objective(s), including all meetings with related dates and locations. Limit your response to 4,000 characters.

FORM 5 – Program Elements

Promotion of Mental/Behavioral Health and other Primary Care Health Career Resource Materials: Describe how you plan to promote mental/behavioral health, primary care, and other health career resources materials to your participants—including, information about how to access funding opportunities, scholarships, grants, loans repayments, stipends, pipeline programs, internships, educational programs, and employment resources. Limit your response to 3,000 characters.

Promotion of Mental/Behavioral Health, Primary Care and other Primary Care Careers in a Variety of Health Care Settings: Describe how the program activities aim to promote and/or convey a compelling case for mental/behavioral health and other primary care careers (i.e., career workshops, guest speakers, program curriculum, etc.). Promotion of careers should also include introduction to the variety of healthcare settings in which these careers are located. Limit your response to 3,000 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.). Limit your response to 3,000 characters.

FORM 6 – Marketing and Outreach

Attracting Target Populations: Describe your outreach methods (i.e., 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 3,000 characters.

FORM 7 – Partnerships

Organization: Provide the name of the partner organization.

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

Method: Describe how this partner will help increase participation enrollment, engage in program activities, advance your program objectives, provide funding, and/or support your program sustainability. Limit your response to 2,000 characters.

FORM 8 – Letters of Recommendation

Scan and upload two letters of recommendation into this form by clicking on the BROWSE button.

NOTE: Two letters of recommendation are required for a complete application.

FORM 9 – Data Plan and Evaluation

Data Collection: Describe your plans/methodologies for collecting and reporting data for the proposed program activity(ies). Limit your response to 3,000 characters.

Program Evaluation: Describe the measures/tools you will use to identify and report successes, challenges, and lessons learned from the program activity(ies). Limit your response to 3,000 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 Mini Grants Program funding. Include sources of current funding, potential future funding, strategies, and timetables for becoming self-sufficient. Limit your response to 2,000 characters.

FORM 11 – Budget

Direct Expenses: Identify the Direct Expenses needed to provide for the program's event. Provide a justification of these expenses as part of this application. Budget line items 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 Expenses categories.
- **Direct Expense Justification:** Provide an explanation of the Direct Expenses and materials. Funds may not be used to purchase gifts or gift cards.

Limit your response to 2,000 characters.

Personnel Expenses: Describe the personnel, consultants, volunteers and others who will be working on the program. For each person named (maximum of three) include a description of their background, experience, and duties as they relate to the funded program activity or event along with compensation and/or travel costs.

If salary, travel, and in-kind costs have been identified, convert the total to a dollar amount that will be funded by this Grant (i.e., \$1,000 or \$50).

- **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, health care 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/hr. = \$100). If no salary is being requested for individual, enter 0.
- **Travel:** Provide a dollar amount for travel that will be funded by this grant in accordance with OSHPD travel policies (i.e., 100 miles X .565/mile = \$56.50). Rates are subject to change annually. <http://sam.dgs.ca.gov/TOC/700.aspx>
- **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 1,000 characters.
- **Experience:** Provide the experience that qualifies the individual to work on the program.

Limit your response to 1,000 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 must not be in excess of 8 percent of the total dollars requested.

- **Total Indirect Expenses:** CalREACH calculates the amount when the form is saved.
- **Indirect Expense Justification:** Provide a brief description of how you will use the funds. Limit your response to 1,000 characters.

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

- **Direct Expenses Requested:** CalREACH calculates the amount when the form is saved.
- **Personnel Expenses Requested:** CalREACH calculates the amount when the form is saved.
- **Indirect Expenses Requested:** CalREACH calculates the amount when the form is saved.
- **Total Requested:** CalREACH calculates the amount 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 contributions (over and above amount requested for this grant). Limit your response to 300 characters.

FORM 12 – Grant Information

Provide the following contact information for the individuals **who will be named in the Grant Agreement**, if awarded. Please consult with your organization's contract management office and/or leadership to determine exactly whose name should appear in each section of the Grant Agreement, invoices, checks, etc.

- **FEIN:** Provide Federal Employer Identification Number.
- **Organization:** Provide the applicant organization's name, department physical address, phone, and email, as it should appear in the grant.
- **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 grant.
- **Program Director's Mailing Address:** Provide mailing address, if different from organization's address.
- **Program Coordinator:** Provide contact information as it should appear in the grant.
- **Program Coordinator's mailing address:** Provide mailing address, if different than organization's address.
- **Grant Officer:** Provide contact information as it should appear in the grant. If there is no Grant Officer, enter Program Director/Coordinator.
- **Grant Officer's Mailing Address:** Provide mailing address, if different from organization's address.
- **Authorized Program Official:** Provide contact information as it should appear in the grant.
- **Authorized Program Official Mailing Address:** Provide mailing address, if different from organization's address.

FORM 13 – Organizational Assurances

Organization’s Assurance: Provide the information for the individual designated and who agrees to accept responsibility to ensure that the Mini Grants Program, Grant Guide expectations, completion of the project, and grant deliverables are met. This information identifies the official authorized to sign the grant agreement.

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

FORM 14 – Statement of Compliance

Provide the name, phone number, and email for the individual authorized to agree to the following statement:

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

CaIREACH How To:

Determining Space Availability

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

Copying-and-Pasting into CaIREACH

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.

Saving Application Forms in CaIREACH

Before clicking on to the next form or exiting the system, click the blue SAVE button or you will lose your work. Saving a form or an application is NOT submitting an application. To submit your application, please see the “Submitting an Application” section below.

Accessing a Saved Application

If you stop before completing the application, you may 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.

Adding Individual Logins to Others in your Organization

The Primary External Program Director has administrative rights to create logins for other individuals for whom access to your application(s) will be allowed. To do so, click the MY ORGANIZATION’S link located in the brown bar at the top of the “Welcome” page. Click 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.

Providing Access to the Application to Others

The Primary External Program Director has administrative rights to add or remove other users to/from applications. Only users assigned to an organization can be added to a document.

Any External Program Director added to the application will also be automatically added to all corresponding related documents when each is created. New users to CalREACH will not be automatically added to existing applications. However, any user may be manually added to the application throughout the entire application completion process. 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 date you would like this individual to begin having access to the application. Click on the blue SAVE button.

Printing an Application for Your Records/Use

At any time, you may print out a copy of your full application. From your Mini Grants application menu page, click the blue VIEW MANAGEMENT TOOLS button, and then click the CREATE FULL PRINT VERSION link.

Deleting 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.

Submitting an Application

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

Please note:

- By submitting the application, you/your organization agrees to the grant Terms and Conditions.
- Late or incomplete applications will not be considered. For more detailed information, refer to the “Key dates” section in this Grant Guide.
- 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, including missing information such as letter of recommendation, contact information, etc. A red hand icon next to the FORM link denotes an error. Go to that page and make changes to clear the error.
- CalREACH will email a confirmation of receipt to the designated HR/Program Director and HR/Program Coordinator.
- A completed application contains all completed FORMS including the two letters of recommendation uploaded into the LETTERS OF RECOMMENDATION Form.

Department Contact

For questions related to Mini Grants
and the electronic application in CalREACH
please contact:

Trisha Duchaine
Program Coordinator
Healthcare WorkforceDevelopment Division

Tel. (916) 326-3723

hctp@oshpd.ca.gov

Thank you!

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