



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

## Health Careers Training Program Mini-Grants



Request for Application (RFA) 08-9389

March 2, 2009



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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: April 14, 2009 at 5:00 p.m.**

Your application must be submitted by mail or hand delivered to the Department Contact (below) in a sealed envelope and clearly labeled as follows:

HWDD/HCTP RFA 08-9389  
Office of Statewide Health Planning and Development  
400 R Street, Room 330  
Sacramento, CA 95811  
Attention: Monique Voss, Program Coordinator

“MAILROOM DO NOT OPEN”

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

*Postmarked applications will not be accepted.*

## Department Contact

Monique Voss, Program Coordinator

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

Telephone: (916) 326-3769

Fax: (916) 322-2588

Email Address: [mvoss1@oshpd.ca.gov](mailto:mvoss1@oshpd.ca.gov)

## Background/Mission

Chapter 434, Statutes of 1981 (Health and Safety Code Section 127885 et seq.) and the 1985-86 Governor's Budget authorized the Office of Statewide Health Planning and Development (OSHPD) to begin a contracting program to facilitate the training of underrepresented individuals for health professions needed in underserved areas of the State of California (State).

OSHPD, through the administration of the Healthcare Workforce Development Division (HWDD), works toward increasing and diversifying California's 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 \$121,000 available to award multiple contracts to programs that encourage diversity in the health professions.

## Available Funding and Award Categories

A total of \$121,000 has been made available to award eleven (11) HCTP Mini-Grants.

Through direct and indirect program support, the intent of each award category is to strengthen the educational and social foundations for economically/educationally disadvantaged and/or underrepresented students pursuing careers in health. Successful applicants will demonstrate the principals of educational partnership, community support, and workforce preparation in their application. Additionally, staff will have the opportunity to develop, enhance and increase their skills in academic preparation, tutoring and mentoring, etc. to ensure students are successful in advancing through the health career educational pipeline.

### **Award Categories are as follows:**

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

(Three (3) awards of up to \$12,000 each are available.)

This award category focuses on introducing participants to a wide variety of health career options by offering health "career fair" type experiences. Programs will support 100 or more participants and include presentations by a variety of health professionals as well as incorporate a participant pre- and post-awareness survey of health career options.

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

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

(Three (3) awards of up to \$15,000 each are available.)

This award category focuses on direct engagement of participants in one or more health career options. Programs will support 50 or more participants and develop and use comprehensive curriculum, include pre- and post-testing methodologies, and offer hands-on experiences in a camp-like setting that includes direct interaction with health professionals in real/simulated healthcare settings.

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

### **Award Category C: Health Career Education Pipeline: Staff Development and Support**

(Five (5) awards of up to \$8,000 each are available.)

This award category focuses on development and support for staff directly interacting with students as they enter and progress through the health career education pipeline. Programs will support four (4) or more staff members through training and conference opportunities, as well as related resource materials and travel expenses, used to increase skills and enhance success in working with economically/educationally disadvantaged and/or underrepresented students.

Training and conference opportunities should focus on increasing skills in academic preparation, support, and retention, case management, intervention, tutoring, one-on-one mentoring, etc. to ensure students are successful and can advance to the next level in the health career education pipeline. Program staff will develop and use a comprehensive reference manual/toolkit, based on funded training and conference opportunities, for training of additional/future staff.

## **Who Can Apply?**

### **Eligible Applicants:**

Proposals will be accepted from public, private non-profit, and private for-profit organizations. 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.

## Target Participants:

The HCTP activities are open to all students regardless of race, gender, or ethnicity. However, due to the large percentage of African-American, Latino/Hispanic, Native American, or Southeast Asian individuals who are underrepresented in the health professions, outreach and recruitment efforts for these populations should be included. Applicants are also encouraged to do outreach and recruitment in rural and other medically underserved areas whenever possible.

## Key Dates

The key dates for the program year are as follows:

RFA Released	March 2, 2009
<b>Technical Assistance Conference Call</b>	<b>March 18, 2009 at 10:00 – 11:00 a.m.</b>
Last date to submit written questions to HCTP (via e-mail)	April 1, 2009
Last date for HCTP to post responses to written questions on HWDD website	April 7, 2009
<b>RFA Application Deadline</b>	<b>April 14, 2009 at 5:00 p.m.</b>
RFA Opening/Evaluations	April 20, 2009
Notice of Intent to Award Released	April 24, 2009
Last Date to Protest Intent to Award	May 4, 2009
Protest Resolution	May 11, 2009
Contract Starts	June 22, 2009
Report Due From Contractor*	June 18, 2010
Final Date of Contract	June 30, 2010

\*If applicant's project/program year ends sooner, report will be due within 45 days of the project/program year completion date.

## Technical Assistance Conference Call

HCTP staff invites you to participate in a **Technical Assistance Conference Call** scheduled for Wednesday, March 18, 2009, between 10:00 a.m. – 11:00 a.m. Please use the following toll-free number **(888) 808-8526** to connect to the conference call. You will be asked to dial-in a **Participant Passcode 233068** which will allow you to join in the conference call.

## RFA Questions and Answers

In order to allow for timely and consistent responses to questions that potential applicants may have, HCTP has implemented an electronic question and answer process for the RFA. Please submit by email to: [HCTPRFAQuestions@oshpd.ca.gov](mailto:HCTPRFAQuestions@oshpd.ca.gov)

This email account will be used strictly for receiving questions for the RFA and will be disabled after April 1, 2009. All questions must be received in writing no later than April 1, 2009. All questions and answers will be posted regularly (as they become available) on the following web page:

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

## RFA Application Submission Requirements

Applications must contain all information and conform to the format described in the RFA. It is the applicant's responsibility to provide all necessary information for OSHPD to evaluate the application, verify information contained in the application, and determine the applicant's ability to perform the tasks and activities as described in the application and adhere to the proposed budget.

**The application must be received by the Department Contact by no later than April 14, 2009 at 5:00 p.m.** Electronic and faxed applications will not be accepted. Late and/or incomplete applications will not be considered. Postmarks will not be accepted.

### **Application Format/Content:**

The applicant must submit one (1) original and four (4) copies of the complete application package. A separate application package must be submitted for each award category for which an applicant is applying.

Each application must include the following:

- Cover letter
- Final Checklist Form (*Attachment A*)
- Table of Contents
- Application Form (*Attachment B*)
- Budget Template (*Attachment C*)
- Technical Approach Template, not to exceed 6 pages in length (*Attachment D*)
- Support letters from partnering entities detailing level and duration of program support

**NOTE:** Other materials such as program brochures, staff resumes, etc. will be accepted. The forms/templates provided (starting on page 15) or exact computer generated copies, must be used. An electronic version of each of the required forms/templates can be found on our website at: [http://www.oshpd.ca.gov/HWDD/HCTP\\_mini\\_grants.html](http://www.oshpd.ca.gov/HWDD/HCTP_mini_grants.html)

## Budget Restrictions

The applicant's budget shall not exceed \$15,000 which is the maximum assistance available for any single award in the RFA. Funds allocated to indirect/administrative costs shall not exceed eight percent (8%) of the total project budget.

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

### **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 2008-09 with specific approval for the budgetary line items to fund these contracts. This is a one-time contract opportunity. There is no implied or expressed guarantee of subsequent funding after the initial contract award as a result of this RFA.

The winning applicants (contractors) must submit deliverables as outlined in the RFA and subsequent contract. Contract deliverables include, but are not limited to the following:

### **Award Category A & B Contract Deliverables:**

#### **Throughout the Program Year:**

The contractor MUST provide the following to OSHPD as information and materials become available (applicable templates and required language to be used will be provided in the contract):

- **Due 30 days after contract is finalized:** Work plan with specific goals and measurable objectives to include, but not limited to, timely and detailed project schedule(s) with dates and exact location(s) for all planning meetings and event(s) *(NOTE: OSHPD reserves the right to attend any/all planning meetings and/or events.)*

- Detailed outline of event(s)
- Complete data, including, but not limited to, names, ethnicities, and credentials, as well as a resume for each faculty member, consultant, health professional, etc., interacting with participants
- Outreach and recruitment plan, including samples of materials used
- Participant eligibility criteria, methods, and verification procedures used
- Course syllabus, course objectives, planning materials, curriculum, presentations, and/or any materials prepared for, or given to, participants
- Pre- and post-test methodology and/or pre- and post-awareness survey of health career options and participant responses
- Photos(s) of events(s) and release(s) to use photo(s)
- Attendance records for all events (identifies participants)
- All participant evaluations of the event(s)/program year
- Program's self-evaluation and analysis of the event(s)/program year
- An accounting of how contract funds have been spent
- In addition to the above, the contractor MUST provide complete data on all program participants, including, but not limited to, names, ethnicities, and date of birth or last four digits of social security number

### **Conclusion of Program:**

Additionally, within 45 days of the conclusion of the program's activities/project, or by no later than June 18, 2010, the contractor will provide a year-end report to OSHPD that will include, but not be limited to:

- Executive Summary (to include findings and conclusions and recommendations for the future)
- Program overview (highlighting all of the contract deliverables)
- Program background
- Program challenges, successes, and lessons learned
- Complete data on all program participants, faculty members, consultants, healthcare professionals, etc., interacting with participants

### **Award Category C Contract Deliverables:**

#### **Throughout the Program Year:**

The contractor MUST provide the following to OSHPD as information and materials become available (applicable templates and required language to be used will be provided in the contract):

- **Due 30 days after contract is finalized:** Work plan with specific goals and measurable objectives to include, but not limited to, training and conference opportunity schedule(s) with dates and exact location(s) for all event(s) (*NOTE: OSHPD reserves the right to attend any/all planning meetings and/or events.*)

- Work plan with specific plans to utilize the reference manual/toolkit for training additional/future staff
- Detailed outline of event(s)
- Course syllabus, course objectives, planning materials, curriculum, presentations, and/or any materials prepared for, or given to, staff members supported by the grant
- Program's self-evaluation and analysis of the event(s)/program year
- An accounting and detailed itemization of how contract funds have been spent
- In addition to the above, the contractor MUST provide complete data on all staff members supported by the grant, including, but not limited to, names, ethnicities, resume, and date of birth or last four digits of social security number.

### **Conclusion of Program:**

Additionally, within 45 days of the conclusion of the program's activities/project, or by no later than June 18, 2010, the contractor will provide a year-end report to OSHPD that will include, but not be limited to:

- Executive Summary (to include findings, conclusions and recommendations for the future)
- Program overview (highlighting all of the contract deliverables)
- Program background
- Program challenges, successes, and lessons learned
- Copy of manual/toolkit developed for training of additional/future staff
- Year-end report must specify how staff participating in the training collaborated with health industry partners to apply what they learned during training
- Year-end report must specify how staff participating in the training collaborated to use what they learned with students

### **All Award Categories**

#### **Contract Stipulations:**

Following the evaluation and selection process, the contract will be prepared between the contractor and OSHPD, based upon the contractor's application and criteria contained in the RFA.

#### **Contractor:**

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

The contractor will submit required deliverables as specified and adhere to the schedule, regardless of the number of Mini-Grants awarded. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the contract, is the sole responsibility of the contractor.

All contract deliverables, including reports, supporting documentation, and data collected during the funding period, shall become the property of the State. Use of the findings and recommendations or conclusions of the report shall be at the sole discretion of OSHPD. All contract deliverables will become the property of the State and subject to the Public Records Act.

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

Requests for a no-cost time extension must be made to OSHPD no later than thirty (30) calendar days prior to the expiration of the contract. There shall be no activity on a contract after its expiration date.

#### **OSHPD:**

An initial payment will be made upon execution of the contract. OSHPD will have ten percent (10%) of the full contract amount withheld pending satisfactory completion by the contractor of all the terms and conditions required by the contract.

## **Evaluation/Scoring Procedures**

Each application will be evaluated in accordance with Federal Title V and VII policies, which states the following:

“No person shall, on the grounds of race, color, national origin, age, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving State financial assistance.”

#### **Evaluation and Selection Committee:**

OSHPD’s Evaluation and Selection Committee (ESC) will review applications for the determination of award recommendations. The ESC includes OSHPD 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 page 13 for Award Category A and B and page 14 for Award Category C). Applications must score at least 75 points to be considered for funding. Applications that are most consistent with OSHPD’s goals and expectations 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 locations when making final selections. Once the final selections have been made, a Notice of Intent to Award will be released by the date listed in the RFA.

### **Protests:**

Protests stating the reason, law or rule, regulation, or practice violated in regard to the evaluation or awarding of contracts or other aspects of the review/award process must be sent in writing to the Department Contact by no later than the date listed in the RFA.

Protests shall be limited to the following grounds: OSHPD failed to correctly apply the standards for reviewing format requirements or evaluating the application as specified in the RFA.

## Evaluation/Scoring Criteria

### Award Category A & B

Applications will be scored using the following evaluation criteria:

Evaluation Criteria	Maximum Points = 100
<p><b>STATEMENT OF PROBLEM</b></p> <ul style="list-style-type: none"> <li>A. Application conforms to RFA requirements</li> <li>B. Identifies number and types of participants to be served and is consistent with needs of economically/educationally disadvantaged and/or underrepresented individuals</li> <li>C. Number and types of participants to be served by project(s) meets or exceeds OSHPD's goals and expectations</li> </ul>	<p><b>Possible Points for this section: 10</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, B=Pass/Fail, C=1-10)</b></p>
<p><b>TECHNICAL APPROACH</b></p> <ul style="list-style-type: none"> <li>A. Outreach efforts to targeted groups are described and examples are provided</li> <li>B. Describes project activities, timeline, and how program will meet all contract deliverables</li> <li>C. Overall technical approach meets or exceeds OSHPD's goals and expectations</li> </ul>	<p><b>Possible Points for this section: 30</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, B=1-10, C=1-20)</b></p>
<p><b>PARTNERSHIPS</b></p> <ul style="list-style-type: none"> <li>A. Describes method for creating and/or strengthening educational partnerships, community support, and workforce preparation between middle/high school, higher education, community organizations, government, funders, industry/employers, etc.</li> <li>B. Overall approach to creating and/or strengthening partnerships meets or exceeds OSHPD's goals and expectations</li> </ul>	<p><b>Possible Points for this section: 20</b></p> <p><b>Maximum points for each identified criteria (A=1-5, B=1-15)</b></p>
<p><b>MANAGEMENT PLAN</b></p> <ul style="list-style-type: none"> <li>A. Budget and evaluation plan conform to RFA requirements</li> <li>B. Budget meets or exceeds OSHPD's goals and expectations for funding applicant's technical approach</li> <li>C. Evaluation plan meets or exceeds OSHPD's goals and expectations</li> <li>D. Data collection efforts conform to RFA requirements</li> </ul>	<p><b>Possible Points for this section: 20</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, B=1-10, C=1-10, D=Pass/Fail)</b></p>
<p><b>EXPERIENCE and SUSTAINABILITY</b></p> <ul style="list-style-type: none"> <li>A. Personnel resumes, samples of similar work, and references are provided</li> <li>B. Experience demonstrated meets or exceeds OSHPD's goals and expectations</li> <li>C. Commitment to sustain outreach, partnerships, workforce preparation and community support beyond HCTP mini-grant funding</li> </ul>	<p><b>Possible Points for this section: 20</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, B=1-10, C=1-10)</b></p>

# Evaluation/Scoring Criteria

## Award Category C

Applications will be scored using the following evaluation criteria:

Evaluation Criteria	Maximum Points = 100
<p><b>STATEMENT OF PROBLEM</b></p> <ul style="list-style-type: none"> <li>A. Application conforms to RFA requirements</li> <li>B. Identifies number and staff to be supported; identifies number and types of students served by program staff; and program is consistent with needs of economically/ educationally disadvantaged and/or underrepresented individuals</li> <li>C. Number of staff to be supported meets or exceeds OSHPD’s goals and expectations</li> </ul>	<p><b>Possible Points for this section: 10</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, B=Pass/Fail, C=1-10)</b></p>
<p><b>TECHNICAL APPROACH</b></p> <ul style="list-style-type: none"> <li>A. Describes activities, timeline, and how program will meet all contract deliverables</li> <li>B. Overall technical approach meets or exceeds OSHPD’s goals and expectations</li> </ul>	<p><b>Possible Points for this section: 30</b></p> <p><b>Maximum points for each identified criteria (A=1-10, B=1-20)</b></p>
<p><b>COMPREHENSIVE MANUAL/TOOLKIT</b></p> <ul style="list-style-type: none"> <li>A. Describes method for creating comprehensive manual/toolkit for training additional/future staff</li> <li>B. Overall approach for creating and use of comprehensive manual/toolkit meets or exceeds OSHPD’s goals and expectations</li> </ul>	<p><b>Possible Points for this section: 20</b></p> <p><b>Maximum points for each identified criteria (A=1-5, B=1-15)</b></p>
<p><b>MANAGEMENT PLAN</b></p> <ul style="list-style-type: none"> <li>A. Budget and evaluation plan conform to RFA requirements</li> <li>B. Budget meets or exceeds OSHPD’s goals and expectations for funding applicant’s technical approach and creating/using a comprehensive manual/toolkit for training additional/future staff</li> <li>C. Evaluation plan meets or exceeds OSHPD’s goals and expectations</li> <li>D. Data collection efforts conform to RFA requirements</li> </ul>	<p><b>Possible Points for this section: 20</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, B=1-10, C=1-10, D= Pass/Fail)</b></p>
<p><b>EXPERIENCE and SUSTAINABILITY</b></p> <ul style="list-style-type: none"> <li>A. Personnel resumes, samples of similar work, and references are provided</li> <li>B. Experience demonstrated meets or exceeds OSHPD’s goals and expectations</li> <li>C. Commitment to sustain staff development and support activities beyond HCTP mini-grant funding</li> </ul>	<p><b>Possible Points for this section: 20</b></p> <p><b>Maximum points for each identified criteria (A=Pass/Fail, B=1-10, C=1-10)</b></p>

## Forms/Templates

The applicant must submit one (1) original and four (4) copies of the complete application package. A separate application package must be submitted for each award category for which an applicant is applying.

The forms/templates provided (see forms/templates starting on next page) or exact computer generated copies, must be used. An electronic version of each of the required forms/templates can be found on our website at:

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

## Attachment A: Final Checklist Form

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Program Award Category

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Name of Applicant's Organization

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

**Each application must include the following:**

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

## Instructions for Application Form

*Please complete Application form in its entirety using 12 point font. The Executive Summary portion of the Application Form (see page 21) is limited to two (2) pages. Please refer to the requirements outlined in the RFA for additional information needed to complete this form. The Executive Summary highlights the overall proposed program activities.*

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

# Attachment B: Application Form

(Page 1 of 4)

## Program Information:

Program Award Category
Name of Project to be Funded
Short Description of Program (limited to space provided)
Type of Organization (Non-profit, Profit, Government, etc.)
Geographic Location: County or Counties where contracted services will take place
Name of Organization/Department
Physical/Street Address
Phone Number and Extension and Fax Number
Email Address
Mailing Address (if different from above)

**Number of Participants/Staff to be Served as a Result of this Grant:** \_\_\_\_\_

### Types of participants to be served:

*(Please check all that apply.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Middle School | <input type="checkbox"/> High School                |
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Graduate                   |
| <input type="checkbox"/> Allied Health | <input type="checkbox"/> Nursing                    |
| <input type="checkbox"/> Medical       | <input type="checkbox"/> Dental                     |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Medically Underserved Area |
| <input type="checkbox"/> Rural Area    | <input type="checkbox"/> Other: _____               |

# Attachment B: Application Form

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## Contact Information:

<b>Program Director</b> Name and Title
Phone Number and Extension and Fax Number
Email Address
Mailing Address (if different from above)

<b>Program Coordinator</b> Name and Title (if different from above)
Phone Number and Extension and Fax Number
Email Address
Mailing Address (if different from above)

<b>Grants/Contracts Officer and/or Company Officer</b> Name and Title (if different from above)
Phone Number and Extension and Fax Number
Email Address
Mailing Address (if different from above)

<b>Contract Coordinator</b> Name and Title (if different from above)
Phone Number and Extension and Fax Number
Email Address
Mailing Address (if different from above)

# Attachment B: Application Form

(Page 3 of 4)

## Contract Specific Information:

Federal Employer Identification Number (FEIN)
Name of Organization (as it should appear in contract)
<b>Contracts Officer</b> Name and Title (as it should appear in contract)
Phone Number and Extension and Fax Number (as it should appear in contract)
Mailing Address (as it should appear in contract)
Previous funding from OSHPD? (If so, please provide year, amount funded, and contract number.)

## Official Authorized to Sign for Applicant Organization:

Name and Title of official authorized to sign for applicant organization
Phone Number and Extension and Fax Number
Email Address
Mailing Address

## Program Director Assurance:

I agree to accept responsibility for the completion of the project and to submit the required contract deliverables if an award is made as a result of this application.

Signature of official authorized to sign for applicant organization	Date
---	------

## Certification of Acceptance/Statement of Compliance:

The applicant's signature affixed hereon and dated shall constitute a certification, under the penalty of perjury under the laws of the State of California, that the applicant has, unless exempted, complied with the nondiscrimination program requirements of Government Code Section 12990 (a-f) and of Title 2, California Code of Regulations, Section 8113. See State Contracting Manual, Chapter 4.

Signature of official authorized to sign for applicant organization	Date
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## Attachment B: Application Form

(Page 4 of 4)

### **Executive Summary**

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

*For additional information, please refer to Instructions found on page 17 of the RFA.*

**Statement of Problem:**

**Technical Approach:**

**Partnerships (Category A & B) or Comprehensive Manual/Tool Kit (Category C):**

**Management Plan:**

**Experience and Sustainability:**

## Instructions for Budget Template

*Please modify Budget Template (on the following page) as needed to provide fully itemized budget as part of the application package. Please refer to the budget restrictions (see page 8 of the RFA) for additional information needed to complete this template. Please include a brief written justification for each section of the budget template. The budget should include the following:*

### **Personnel Contributions:**

*Identify the name and title of staff who will work on this project; the percentage of time and salary; and the staff travel costs and per diem associated with the project.*

### **Consultant Costs:**

*Give name and institutional affiliation of each consultant, if known, and percentage of time and compensation that the contractor shall receive as well as travel/per diem costs.*

### **Expenses:**

*Provide total amount of funds requested for project materials including (i.e.) printing, phones, postage, general office supplies, etc., as part of application.*

### **Indirect/Administrative Costs:**

*Provide total amount and justification for Indirect/Administrative Costs 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.*

### **Budget Total:**

*Provide total amount of funds requested for entire project.*

**Attachment C: Budget Template** (Page 1 of 2)

Program Award Category

Name of Applicant's Organization

**Personnel Contributions:** *(Identify the name and title of staff who will work on this project; the percentage of time and salary; and the staff travel costs and per diem associated with the project.)*

Name/Title of Position	%Time/Salary	%Staff Travel/Per Diem	Total Compensation Requested As Part of Application
<b>Proposed Personnel Contributions Budget Needed - Subtotal:</b>			<b>\$</b>
<b>Grant Application Amount of Personnel Contributions Funds Requested from OSHPD - Subtotal:</b>			<b>\$</b>

Justification:

**Consultant Costs:** *(Give name and institutional affiliation of each consultant, if known, and percentage of time and compensation that the contractor shall receive as well as travel/per diem costs.)*

Name/Institutional Affiliation	%Time/Compensation	Consultant Travel/Per Diem	Total Compensation Requested as Part of Application
<b>Proposed Consultant Costs Needed - Subtotal:</b>			<b>\$</b>
<b>Grant Application Consultant Costs Requested Funds Amount from OSHPD - Subtotal:</b>			<b>\$</b>

Justification:

**Attachment C: Budget Template**

**Expenses:** *(Provide total amount of funds requested for project materials including (i.e.) printing, phones, postage, general office supplies, etc.)*

Description of Expenses	Total Cost Requested as Part of Application
<b>Proposed Expenses Needed – Subtotal:</b>	<b>\$</b>
<b>Grant Application Expense Amount Requested from OSHPD - Subtotal:</b>	<b>\$</b>

Justification:

**Indirect/Administrative Costs:** *(Provide total amount and justification for Indirect/Administrative Costs requested as part of application. Although indirect costs are acceptable expenses, they will not be provided over and above the total award amount, nor in excess of 8% of the total dollars requested.)*

Description of Indirect/Administrative costs	Total Cost Requested as Part of Application
<b>Proposed Indirect/Administrative Costs Needed - Subtotal:</b>	<b>\$</b>
<b>Grant Amount Requested for Indirect/Administrative Costs from OSHPD - Subtotal:</b>	<b>\$</b>

Justification:

**Budget Total:** *(Provide total amount of funds requested for entire project.)*

	Total Budget Requested as Part of Application
<b>Total Budget Needed for Program/Projects:</b>	<b>\$</b>
<b>Grant Requested from OSHPD – Grand Total:</b>	<b>\$</b>

## Instructions for Technical Approach Template

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

*Please refer to the requirements outlined in the RFA for additional information needed to complete this template. The Technical Approach provides **specific details** of the proposal and should include the name of the organization, award category for which the organization is applying, and the following:*

- *Provide brief background, history, and problem to be resolved.*
- *State specific objectives and activities to be accomplished through support of the proposed approach and how the objectives and activities will fulfill the award category intent.*
- *Provide the number and types of individuals to be aided by the proposed approach, (for example, low-income, gender, educational level, targeted health profession, etc.).*
- *Include methodology for selecting those individuals with a potential for education or training in the health professions who come from an economically/educationally disadvantaged and/or underrepresented background.*
- *Describe the implementation schedule, detailing timing of events in relation to long range plans.*
- *Describe use of personnel (faculty, consultants, health professionals, etc.) and specify whether the program staff is representative of the population to be served by the proposed approach.*
- *Provide names and institutional affiliation of each consultant, if known, and indicate the name and extent of the consultant service to be performed as requested as part of the application.*
- *Include proposed and/or existing partnerships that will result in increased student enrollment and decreased student attrition.*
- *Describe your plans for evaluating the proposed program activity. For example, explain what tools will be used to identify success, challenges, and future opportunities.*
- *Provide specific indicators to the extent and means by which your program plans to become self-sufficient after HCTP mini-grant support ends. This should include sources and nature of income, future funding initiatives and strategies, and timetables for becoming self-sufficient.*
- *Describe how the overall approach meets OSHPD's goals and expectations.*

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

# Attachment D: Technical Approach Template

## **Technical Approach**

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

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

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Program Award Category

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Name of Applicant's Organization