#### Health Careers Training Program (HCTP) Mini-Grants

#### Technical Assistance Guide January 2021



### **Application Release Dates**

Registration: Open now Application release: January 29, 2021 Application deadline: March 4, 2021

Application opens and closes at 3:00 p.m.

OSHPD Office of Statewide Health Planning and Development

#### **HCTP Mini-Grant Awards**

Awards will be announced on the Mini-Grants website

https://oshpd.ca.gov/loans-scholarships-grants/grants/hctpmini-grants/



## **About HCTP Mini-Grants**

The Health Careers Training Program (HCTP) Mini-Grants Program funds programs that support and encourage underrepresented and disadvantaged individuals to pursue health careers in order to develop a more culturally and linguistically competent healthcare workforce.

## **Award Categories**

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

- Focus on introducing participants to a wide variety of health career options by offering health "career fair" experiences or workshops.
- Minimum 100 participants.

#### Category B: Health Career Exploration

- Focus on direct exposure to one or more health careers through hands-on experience that includes direct interaction with healthcare professionals in real or simulated settings.
- Minimum 50 participants.
- An organization can submit a separate application for each program they propose to implement (within the same or different award category).



## **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 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 professionsrelated workshop activities planned throughout the year."



# **Before You Apply**

- If your program requires approval to contract from a coordinating authority, please inform that authority of the terms and conditions contained in the Grant Agreement.
- Applicants must agree to the terms and conditions before receiving funds.
- OSHPD **will not** make changes to the terms and conditions specified in the Grant Agreement.
- Funds shall not supplant existing state or local funds.



### **Helpful Resources**

• OSHPD eApp

https://eapp.oshpd.ca.gov/funding/

 Mini-Grants Grant Guide for FY 2020-21 <u>https://oshpd.ca.gov/loans-scholarships-grants/grants/hctp-mini-grants/</u>



# Accessing the Application System

- OSHPD uses the eApp system to allow programs to submit applications. This Grant Guide contains information you need to complete an application in the eApp.
- To access the eApp, go to <u>https://eapp.oshpd.ca.gov/funding</u>. To ensure proper functionality in the eApp, use the Internet Explorer browser.



### **Creating an Account**

About Building Sa	fety and Finance Data and Re	ports	Healthcare Wo	ce 🧏
We	Icome to the OSHPD Fund	ing Portal		
This site is best viewed with Google Chrome or	Applications – Open or Coming Soon			
Microsoft Internet Explorer browsers.	Program 🕇	Release Date	Due Date	Who Can Apply
	Bachelor of Science Nursing Loan Repayment Program	12/01/2017 12:00 AM	08/30/2018 12:00 AM	Healthcare Professional
Loan Repayments     Scholarships COMING SOON	Licensed Vocational Nurse Loan Repayment Program	08/01/2018 12:00 AM	12/31/2018 12:00 AM	Healthcare Professional
OR ORGANIZATIONS COMING SOON	Licensed Vocational Nurse Loan Repayment Program 2018	07/02/2018 12:00 AM	12/26/2018 12:00 AM	Healthcare Professional
<ul> <li>Fund health career conferences and workshops and health career exploration</li> </ul>	Song-Brown Registered Nurse Capitation	09/20/2018 12:00 AM	10/31/2018 12:00 AM	Organization
<ul> <li>Provide healthcare in health professional shortage areas in California</li> <li>Become a certified eligible site for student loan</li> </ul>	Song-Brown Registered Nurse Special Programs	07/02/2018 12:00 AM	10/31/2018 12:00 AM	Organization
repayment program	State Loan Repayment Program	01/18/2017 12:00 AM	10/17/2018 12:00 AM	Healthcare Professional
Sign in to Apply	Steven M. Thompson Physician Corps Loan	04/01/2018 12:00	10/15/2018 12:00	Healthcare Professional

#### If you are a new applicant, register now – do not wait.

**Note:** For the best experience, use Internet Explorer browser.

## Registration



- 1. After creating a new account, you will receive a validation email.
- 2. Click "Activate Account" to be taken to your Profile page.
- 3. Please allow 1-3 minutes to receive the email.

Note: If you don't see the email, please check your spam folder.



# Setting up Your Profile



- 1. Check the "Organization" box to gain access to Mini-Grants application.
- 2. Click the magnifying glass to search for a pre-existing Organization.
- 3. Click "Request New Organization" to submit a new Organization for
   approval.
- 4. Once you have selected or submitted an Organization, it will populate the search field.



## **Adding a New Organization**

2	Organization N	ame *		
Profile				
My Security Settings	+ Select Address Street Address			Suite/Dept 9
Change Password				
Change Email	City *	State	Zip Code *	
		CA		
	County			
		*		
	County	¥		

- \_1. Enter the new Organization Name.
  - 2. Click the "+Select Address" button.
  - 3. A new window opens, and you can enter and search for an address.
  - 4. Click the confirmed address and it will auto-populate the address fields on the page.

Note: Mini-Grants staff will review the new organization request within five business days. During this time, you may still begin an application.



# **Completing Your Profile**

My Security Settings	✓ Organization	
Change Password	Select an organization from the search li	st below.
Change Email	Showcase Organization X Q	
	Prefix	
	•	
	First Name *	Middle Initial
	Last Name *	Suffix
	Title	Y
	Inte	Degree
	Phone 1 * Phone	2
	Email *	
	colin.adxtest+1@gmail.com	
	Receive email announcements for new	w grant or scholarship opportunities
	Save	

- 1. Enter information in all required fields. Click the "Save" button when finished.
- 2. If there are no errors on the page, you will receive a message that your profile has been updated successfully.

Note: Incomplete information may delay your registration.



### **Account Roles**

Account Validation Complete: Current eApp X 🖶 🗹 Account Role Index x

OSHPD EAPPS <EAPPS@oshpd.ca.gov> Tue, Dec 10, 11:40 AM (6 days ago) ☆ ♠ : to John ◄

Dear John Doe,

Thank you for validating your Office of Statewide Health Planning and Development (OSHPD) Funding e-App account.

At this time, your account is flagged as a Grant Preparer. If you are a Program Director, please email <u>songbrown@oshpd.ca.gov</u> to request your account permissions to be upgraded. Only Program Directors may create and submit applications.

Thank you,

Office of Statewide Health Planning and Development

Healthcare Workforce Development Division

\*\*This is an automatically generated email. Please do not reply.\*\*

- 1. All newly created accounts are assigned the "Grant Preparer" role.
- If you are the Program Director for your training program, email <u>hctp@oshpd.ca.gov</u> to request the "Program Director" role.
- 3. Once Mini-Grants staff approves your request, you will receive an email confirming the approval.

**Note:** Program Directors may initiate, view, edit, and submit applications. Grant Preparers may only view and edit applications.



# **Assigning Other Users**

C.gov C	SHPD Office of Planning	Statewide Health and Developmer	n it	Profile Assign Other Users Sign Out	
Apply Here Applications - In Progress	Submitted Awards Payments/	Deliverables Me	essages Fo	orms	
٧	Velcome to the OSHPD Fur	nding Portal			$\downarrow$
This site is best viewed with Google Chrome or Microsoft Internet Explorer browsers.	Applications – Open or Coming Soo	n Release Date	Due Date	Who Can Apply	
FOR INDIVIDUALS	Song-Brown Family Nurse Practitioner/Physician Assistants	04/16/2019 12:00 PM	10/20/2019 12:00	Organization	
Loan Repayments     Scholerships	Song-Brown Registered Nurse Special Programs	04/16/2019 12:00 AM	08/30/2019 12:00 AM	Organization	_
Assign Other Users					
O Showcase Person				Add User	×
Profile	Full Name 🕇 Organization Appl	icant Role E-mail	Phone	Degree	
Profile Assign Other Users	Full Name 🕇 Organization Appl	icant Role E-mail	Phone	Degree	
Profile Assign Other Users	Full Name   Organization Appl There are no records to display.	icant Role E-mail	Phone	Degree	
Profile Assign Other Users My Security Settings Change Password	Full Name  Organization Appl There are no records to display.	icant Role E-mail	Phone	Degree	

- 1. To access your Profile, click on your name in the top right corner of the home page.
- 2. Program Directors have an additional option in their Profile called "Assign Other Users".
- 3. Select "Assign Other Users" to add Grant Preparers, who will only have the ability to view and edit applications.
- 4. Click the "Add User" button to give registered Grant Preparers access to your applications.



# **Apply Here**

O.Gov	OSł	<u>t PC</u>	Office of Statewide H Planning and Develo	lealth pment	John	Doe - ?
Apply Here	Applications - In Progress/Submitted	Awards	Payments/Deliverables	Messages	Forms	
Open grant applicat	ions matching your Profile are displayed below. To fin	d additional applic	ations, please change the applicable	user types in your P	rofile.	
Program		Release Da	te Due Date	Who C	an Apply	
Mini-Grant 2020		11/15/2019	12:00 PM 01/31/2020 12:00	AM Organiz	ation	
Song-Brown Prima	ary Care Residency 2019	01/01/2019	12:00 AM 04/06/2020 12:00	AM Organiz	ation	
	Register to Vote Pr	rivacy Access	ibility Conditions of Use Co	ntact Us		
		Copyright 2019	9 State of California			

- —1. When you are logged in to our account, click on the "Apply Here" option to see available applications.
- 2. On the "Apply Here" menu, select the "Mini-Grants 2021" link.



# **Helpful Tips**



### **Useful Information**

#### Navigating the application

Use the "Previous" and "Save & Next" buttons found at the bottom left of each page.



#### Saving your application

The eApp saves your application each time you click "Save & Next". Navigate to the "Applications-In Progress/Submitted" page to resume your application.

Apply Here	Applications	- In Progress/Sub	mitted	Awards	Payments/Deliverables	Messages	Forms	
irant Application lumber <b>↑</b>	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	Options
SBRN- 10000XX	Showcase Training Program	Jane Doe		Submitted	Song Brown Registered Nurse	10/20/2019 12:00 AM	06/21/2019 8:00 AM	•

OSHPD Office of Statewide Health Planning and Development

## **Useful Information, Continued**

#### Asterisks

A red asterisk indicates a required response before you can proceed to the next page.

Training Program Title \*

#### **Tooltips**

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information.



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## **Starting the Application**



## **Program Information**

Apply Here	Applications - In Progress/Submitted	Awards	Payments/Deliverables	Messages	Forms
Applicatio	n MG-1000516 - Mini-Grants	6			
0%					
Program Ir	formation - Page 2 of 2				
Click on the Add	a Program Site button to select the address	where the pro	ogram will take place. You may	add multiple add	resses.
Program Site*					
					Add a Program Site
Street Address			County 🕇		Options
1168 Emerald Bay	Rd		El Dorado		•
1427 G St			Sacramento		•
Enter the percer Primary Care Ca 90	atage for each health career type that your pro	ogram will pror	note. The total must equal 100	percent.	
Other Health Ca	reers *				
Please specify v	vhat other types of Health Careers.				
Radiology, emerg	ency medicine, and surgery		æ		

- 1. Add the address or addresses where program activities will be held by clicking the "Add a Program Site" button. You can add multiple program sites if your program will be held in more than one location.
- 2. If you do not know the address where your program will be held at the time you are applying, check the "Address(es) unknown" box.

Note: Program site address is a scored criteria.



## Program Objectives and Workplan Activities

Apply Here	Applications - In Progress/Submitted	Awards	Payments/Deliverables	Messages	Forms	
Applicatio	n MG-1000516 - Mini-Grants	S				
	30%					
Program O	biectives and Work Plan Activ	ities				
Number of Activi	itv Davs * 🕄					
State specific pr	ogram objectives and how they support the ir	ntent of the pro	ogram.*			
Maximum limit of	1500 characters.					
						11
Program Activitie	es (check all that apply)* 3					
Tour of a Heal	Ithcare Facility					
Extended indi	ividualized mentoring (multiple interactions ov	ver weeks or m	ionths)			
Job snadowin Tour of a colle	ig a nealthcare provider					
Opportunity for	or program participants to volunteer in healtho	are field				
None of the a	bove					
Describe the pro	ogram activities you will undertake to achieve	the objective(	s). Any activities selected above	e must be include	d in your description.*	
Maximum limit of	2500 characters.					
Previous Save	e & Next					

- Enter the number of Activity Days. This is the number of individual days that participants will be attending a program activity.
- 2. Under "Program Activities," put a check next to all that apply. In the box below, describe your program activities. You must include in your description those activities that you have checked above, as well as any other program activities that are not included in the list.



## **Program Budget – Add Personnel**

Apply Here	Applications - In Progress/Submitted	Awards	Payments/Deliverables	Messages	Forms	
Application	n MG-1000516 - Mini-Grants	5				
	50%					
Program B	udget - Page 2 of 4					
						Add Personnel
Position Title	Туре		Compens	ation Requested 🕇		
There are no reco	ords to display.					
	Create					×
Dravious Pav	Position Title*					
Flevious	Organization*					
	Туре*		/			
	Compensation Regu	▼ ested*				
	S					
	Provide a description	of their duties	as they relate to the work plan	activities.*		
					1	
	Submit					

- 1. If you are requesting funding for personnel, click the "Add Personnel" button.
- 2. A pop-up box will appear. Enter all required fields and click "Submit." The information you entered will appear on Program Budget – Page 2 of 4.



## **Contract Administration**

- Your Contract Organization name must match what is reported to the Internal Revenue Service. If not, it delays your grant agreement should you receive an award.
- Your Contract Organization address must be the "Remit To" address where checks would be sent.



# **Partnering Organizations**

- You must upload two letters of support from partnering organizations.
- Partnerships should create and/or strengthen educational partnerships, community support, and workforce preparation efforts between entities.



#### Assurances

rtify that the statements	herein are true and complete	to the best of my knowledge.	
Certify			
You are about to submit you	r application. Once it has been sub	mitted, you may not edit or delete it from the	system.
revious Submit			

- 1. Read the statement.
- 2. Agree to the statement by checking the box next to it.
- 3. Click the "Submit" button.

Once you submit your application you cannot make further edits.

*Note:* Only Program Directors will see the "Submit" button and may submit an application. The "Submit" button will not appear for Grant Preparers.



# **Viewing and Printing Your Application**

Once you submit your application, click the Options dropdown on the "Application-In Progress/Submitted" page.

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Apply Here	Applications - In P	Progress/Sul	bmitted	Awards	Payments/Deliverables	Messages	Forms	
Grant Application Number <b>†</b>	Training Program Ini	itiate y	Program Type	Status	Program	Application Due Date	Modification Due Date	Options
MG-1000516	Ка	ara He <mark>n</mark> k		Submitted	Mini-Grant 2019	01/31/2020 12:00 AM	06/21/2019 8:00 AM	
		Register to	) Vote Priva (	cy Accessib Copyright 2019 (	nility Conditions of Use State of California	Contact Us		

OSHPD Office of Statewide Health Planning and Development

### **Questions?**

- Email us at <u>HCTP@oshpd.ca.gov</u>.
- Email subject line must include the application number and program name.

