



The Mini-Grants Program

Grant Guide For Fiscal Year 2018-19

If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in this Grant Guide. All applicants will be required to agree to the terms and conditions prior to receiving funds. The Office of Statewide Health Planning and Development will not make changes to the terms and conditions specified in this Grant Guide.

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A. Background and Mission

Pursuant to the Health Professions Career Opportunity Program, Health and Safety Code Section 127885, et. seq., the Office of Statewide Health Planning and Development (OSHDP) will consider applications for the Mini-Grants program that support and encourage underrepresented and disadvantaged individuals to pursue health careers in order to develop a more culturally and linguistically competent healthcare workforce.

Competitive proposals will demonstrate a commitment to Mini-Grants goals by implementing the following components:

- Conducting a conference and/or workshop series aimed at informing individuals of opportunities in health professional careers.
- 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 workforce research and data analysis in the field of minority and disadvantaged health professional development.

B. Eligible Applicants, Available Funding, and Award Categories

1. Eligible Applicants

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

2. Available Funding

- Approximately \$100,000 is available to support health career conferences and/or workshops and health career exploration.
- OSHDP may award full, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria, and the amount of available funds.

3. Award Categories

a. 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" experiences and/or workshops.

Eligible programs must support a minimum of 100 participants and provide presentations by a variety of health professionals. OSHDP will award additional points to programs exceeding the minimum number of participants.

b. 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 healthcare professionals in real or simulated healthcare settings.

Eligible programs must support a minimum of 50 participants and offer hands-on experience over a period of days or weeks. OSHPD will award additional points to programs exceeding the minimum number of participants.

c. Award Category A and B

Applicants in either category must:

- Create and/or strengthen educational partnerships, community support, and workforce preparation efforts between entities. Partnerships may include middle school, high school, higher education, community, government, and funding organizations. All letters of support that you submit must be from organizations designated as partners in your application.
- Integrate promotion of cultural and linguistic responsiveness, which requires recognizing and addressing clients' behaviors, values, practices, attitudes, and beliefs as they affect their healthcare.
- Develop, promote, and use comprehensive curriculum to engage and educate participants on a variety of topics/professions that include, but are not limited to:
 - Care coordination
 - Consumer empowerment
 - Evidence-based and/or community-identified best practices
 - Health literacy
 - Mental/behavioral health service delivery
 - Minority stressors and impact on mental health
 - Preparedness and resilience training
 - Primary care service delivery
 - Principles of treating the whole person
 - Substance use treatment
 - Serving individuals across the life span
 - Suicide prevention
 - Tele-health

C. Target Participants

The Mini-Grants program activities are open to all participants regardless of age, gender, race, or ethnicity. Program activities should include Black, African American, African, Hispanic, Latino, American Indian, Native American, Alaska Native, and Southeast Asian individuals because of historical underrepresentation of these groups.

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

Applicants should focus on program participants that are educationally and/or economically disadvantaged. The Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS) defines these populations as follows:

Disadvantaged background: an individual comes from an economically or educationally/environmentally disadvantaged background (<https://bhw.hrsa.gov>).

- **Economically disadvantaged:** an individual comes from a family with an annual income below low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the HHS, for use in all health professions programs (<https://bhw.hrsa.gov>).
- **Educationally/environmentally disadvantaged:** an individual comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession (<https://bhw.hrsa.gov>).

Underrepresented: an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. For purposes of this program, the term “racial and ethnic minority group” means American Indians (including Alaska Natives, Eskimos, and Aleuts); Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics. The term “Hispanic” means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American, or any other Spanish-speaking country (<https://bhw.hrsa.gov>).

D. Initiating an Application

To access the application materials, you must first register as a new user or enter an existing username and password. Section P. CalREACH Technical Guide contains information regarding CalREACH, including how to register, complete, and submit your application.

You must submit all applications online through the Responsive Electronic Application for California’s Healthcare (CalREACH) system, at <https://calreach.oshpd.ca.gov>.

To apply, you must comply with the instructions contained in Section P. CalREACH Technical Guide of this Grant Guide. It is your responsibility to provide all necessary application information and ensure the information contained in the application is accurate.

E. Submitting Multiple Applications

An organization can submit a separate application for each 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.

F. 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

Although indirect costs are acceptable expenses, they will not be allowed in excess of eight percent of the total dollars requested.

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

Budget Requirements

See Attachment B Sample Grant Agreement, Section D, for information on acceptable use of grant funds.

G. Evaluation and Scoring

1. Evaluation and Scoring Criteria

Please refer to Attachment A for the Evaluation and Scoring Criteria for both Category A and B.

2. Review Process

During the review process, OSHPD will verify the presence of required information as specified in this Grant Guide. The review panel scores applications using only the established evaluation and scoring criteria. Competitive applications will be consistent with the intent of this grant opportunity.

If, in the opinion of OSHPD, an application contains false or misleading information, or provides documentation that does not support an attribute or condition claimed, OSHPD may reject the application. OSHPD reserves the right to reject any or all applications or to reduce the amount funded to an applicant.

H. Final Selections

OSHPD will make final selections using the Evaluation and Scoring Criteria described in Attachment A. Once OSHPD makes the final selections, OSHPD will announce awards by

the date listed in this Grant Guide.

I. Grant Agreement Deliverables

Grantees are required to submit a Final Report within 45 days of the conclusion of the grant term.

The grantee will submit their Final Report as specified and adhere to the deadlines as specified in this Grant Guide. It is the sole responsibility of the grantee to adhere to the terms of the grant. 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.

All grant deliverables, including reports and supporting documentation, shall become subject to the Public Records Act.

J. Additional Terms and Conditions

1. By submitting an application, you and your organization agree to the grant terms and conditions specified in this Grant Guide.
2. If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in this Grant Guide. All applicants will be required to agree to the terms and conditions prior to receiving funds. OSHPD will not make changes to the terms and conditions specified in this Grant Guide.
3. The award shall not be used to supplant existing state or local funds.
4. Grant agreements must be signed and submitted by the due date. Failure to sign and return the grant by the due date may result in loss of award.
5. OSHPD will consider any edits to the grant agreement as a counter-proposal and will not accept them.
6. 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.
7. The grantee shall submit in writing any requests to change or extend the grant, or to change the budget at least 30 days before the grant end date.
8. Applicants must clearly describe their ability to implement the proposed program and produce other deliverables as required. Applicants must be aware of the state and federal disability laws and procedures for ensuring universal access.

9. OSHPD evaluates each application 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.

K. Payment Provisions

- OSHPD makes an initial payment of 80 percent upon execution of the Grant Agreement.
- OSHPD will request additional information if satisfactory completion of all terms and conditions is not met.
- OSHPD makes a final payment of 20 percent upon approval of the Final Report.

L. Final Report

The Final Report will include the following information:

- Program Information, Summary, and Implementation Details: Data summation, program successes, challenges, and lessons learned.
- Cultural and linguistic Responsive Care: Description of activities and impact.
- Partnerships: Information about partnerships formed, challenges, and lessons learned.
- Evaluation and Data Collection: Description of workshops/presentations and impact on participants.
- Pre and post participant surveys: Surveys that include, at a minimum, the five questions specified in Appendix B: Sample Mini-Grants Agreement, Section C., Scope of Work/Deliverables.
- Budget Accountability: Description of how grant funds have been spent.

M. 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. If you have any questions relating to the Grant Guide or CalREACH, email Mini-Grants staff at hctp@oshpd.ca.gov.

N. Technical Assistance

OSHPD will post application information at http://www.oshpd.ca.gov/hwdd/hctp_mini_grants.html on January 22, 2019. Please refer to this Grant Guide, specifically Section P. CalREACH Technical Guide, to assist you while reviewing the online information.

O. Key Dates

The key dates for the program year are as follows:

Key Events	Dates and Times
Grant Guide and Technical Information posted	January 22, 2019
Application open in CalREACH	January 31, 2019
Application submission deadline	March 1, 2019, at 3:00 PM PDT
Awardees announced	April 15, 2019, at 3:00 PM PDT
Grant Agreements sent out	May 6, 2019
Grant Agreements due	May 17, 2019
Grant term	June 30, 2019 through June 30, 2020
Final Report due	August 15, 2020

OSHPD will not accept applications submitted after the application deadline.

P. CalREACH Technical Guide

1. Accessing the Application System

OSHPD uses a web-based application system, CalREACH, to allow programs to submit Mini-Grants applications. The information contained in this Grant Guide provides all the basic technical information needed to complete an application in the system.

To access CalREACH, go to <http://calreach.oshpd.ca.gov>. To ensure proper CalREACH functionality, use Internet Explorer or the Google Chrome browser.

2. 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. You must wait for approval by Mini-Grants staff before being able to proceed with the application. When approved, you will receive a confirmation email that will allow you to log in using your username and password. You will then be directed to the WELCOME page. From the WELCOME page, you can VIEW OPPORTUNITIES, OPEN MY INBOX, or OPEN MY TASKS.

Click on VIEW OPPORTUNITIES, locate the Mini-Grants 2018/19 grant, and click the APPLY NOW button.

3. CalREACH How-To

Determining Space Availability

Some forms in the application have character limitations (e.g., 2,000 characters for text boxes). The bottom of the text box clearly notes the character limit.

Copying-and-Pasting into CalREACH

Be cautious while using the copy-and-paste function of most word processing programs to transfer text into text boxes within CalREACH. CalREACH will not recognize certain formatting, including tables, graphs, bullets, and tabs. Copied text may appear correct on the screen but still cause an error when trying to print the page. Copying and pasting text into any standard “notepad” (or equivalent) program first will show comparable formatting to the text boxes in CalREACH.

Saving Application Forms in CalREACH

Before clicking to the next form or exiting the system, click the 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.

Accessing a Saved Application

If you stop before completing the application, you may continue where you left off by logging into the system with your username and password, clicking the OPEN MY TASKS button from the WELCOME page, and selecting the application you would like to access by clicking on the application 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 link located in the brown bar at the top of the WELCOME page. Click the ORGANIZATION MEMBERS link, and then select the ADD MEMBER link. On the next screen, you can add an individual by clicking the 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.

CalREACH will automatically add any Primary External Program Director to all correspondence related to an application. Primary External Program Directors may add users to an existing application at any time by following these steps:

1. Click on the application of choice in the MY TASKS section on the VIEW AVAILABLE OPPORTUNITIES page to add users to an application.
2. Click on the VIEW MANAGEMENT TOOLS button under ACCESS MANAGEMENT TOOLS and choose the ADD/EDIT PEOPLE link.
3. Click the check box to the left of the individual's name and fill in the date you want this individual to begin having access to the application.
4. Click SAVE.

Printing an Application

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

Cancelling an Application

To cancel an application that was started, click the MY HOME link in the blue bar at the top of the page. Click the OPEN MY TASKS button. Click on the application name, click the VIEW STATUS OPTIONS button under ACCESS MANAGEMENT TOOLS 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. Once your application is complete, submit your application by choosing VIEW STATUS OPTIONS under CHANGE THE STATUS found on the main Mini-Grants MENU page. On the Status Options page, see APPLICATION SUBMITTED and click the APPLY STATUS button.

Please Note:

1. Applications will not submit if there are any errors found in the system, including missing information such as required attachments, 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. You may also check page errors by clicking on the GLOBAL ERRORS button.
2. A completed application contains all completed FORMS as specified in Section Q. Mini-Grants Application Forms.
3. Once you click the submit button, you cannot go back to revise the application.
4. By submitting the application, you/your organization agree to the grant Terms and Conditions.
5. CalREACH will email a confirmation of receipt to the designated Primary External Program Director.

4. Application Format and Content

Once you have read and agreed to the application requirements for Mini-Grants in CalREACH, you can View, Edit, and Complete forms on the Mini-Grants Menu pages. Clicking on the VIEW FORMS button allows you to access the electronic application forms.

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 Section P. Item 3. CalREACH How-To of this Grant Guide.

Q. Mini-Grants Application Forms

There are eight 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. Partnerships and Letters of Support
6. Budget
7. Grant Information
8. 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

Returning/New Applicant: Identify whether you are a returning or new applicant.

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.

Target Population: Identify the population(s) to be served by the grant from the following list:

- Economically Disadvantaged
- Educationally Disadvantaged
- Underrepresented Individuals
- Elementary School
- Middle School
- High School
- Undergraduate
- Graduate
- Other (please specify other target audience)

Careers that will be promoted: Identify the type(s) of careers that your program will promote and the percentage if less than 100 percent:

- Primary Care Careers
- Other Health Careers (please specify)

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 Section B. Eligible Applicants, Available Funding, and Award Categories).

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

Form 2: Organization Background

Organization Background/History: Describe your organization’s experience and background in supporting underrepresented and disadvantaged individuals and exposing them to health careers. Limit your response to 1,500 characters.

Form 3: Program Proposal

Target Population: Describe the population(s) served. Limit your response to 1,500 characters.

Challenges: Describe challenges specific to your target population and/or demographics. Limit your response to 1,500 characters.

Resolutions: Describe how your program proposal will address the challenges specific to the target population/demographics. Limit your response to 1,500 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 and how they support the intent of the award category. Describe how the program will promote health careers. Describe how the program will incorporate elements of cultural and linguistic responsiveness. Limit your response to 2,000 characters.

Work Plan Activities: Describe the activities you will undertake to achieve the objective(s). Limit your response to 2,000 characters.

Form 5: Partnerships and Letters of Support

Organization: Provide the name of two partner organizations.

Method: Describe how this partner will support program activities. Limit your response to 1,500 characters.

You must scan and upload two letters of support from your listed partner organizations into this form by clicking on the BROWSE button.

Form 6: Budget

- **Direct Costs:** Identify Direct Costs needed for program activities. Budget line items identified in this section include the following:
 - **Advertising:** Dollar amount to be spent on advertising (e.g., banners, flyers, posters, and media).
 - **Meals:** Dollar amount to be spent on meals for students.
 - **Supplies:** Dollar amount to be spent on supplies (e.g., pens, rulers, notebooks, uniforms, printing, postage and general office supplies).
 - **Transportation:** Dollar amount to be spent on transportation (e.g., bus rental, light rail, etc.).

- **Facility Costs:** Dollar amount to be spent on facility, room rentals, and services.
- **Other Direct Costs:** Description and dollar amount for all other direct costs not listed in any of the direct cost categories.
- **Related Work Plan Activities:** Description of the direct costs as they relate to the work plan activities. Limit your response to 500 characters.
- **Personnel Costs:** Describe the personnel, consultants, volunteers, and others who will be working on the program.
 - **Title:** Provide the position title (e.g., coordinator, grant writer).
 - **Organization:** Provide the name of the organization.
 - **Type:** Provide the type (e.g., staff, faculty, advisors, health care professionals, volunteers, consultants, and student assistants).
 - **Compensation:** 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 (e.g., 10 hours @ \$10/hr. = \$100). If no salary is being requested for an individual, enter 0.
 - **Travel:** Provide a dollar amount for travel that will be funded by this grant in accordance with OSHPD travel policies (e.g., 100 miles X .545/mile = \$54.50). Rates are subject to change annually.
<http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>
 - **Related Work Plan Activities:** Provide a description of their duties as they relate to the work plan activities. Limit your response to 500 characters.
- **Indirect Costs:** Provide the total amount for Indirect Costs. Indirect Costs must not be included in any other expense category. Although indirect costs are acceptable expenses, they must not be in excess of eight percent of the total dollars requested.
- **Summary:** CalREACH automatically calculates the dollar amounts when the form is saved: Direct Costs, Personnel Costs, Indirect Costs, and the Total Requested.
- **In-Kind Contribution:** Provide a description of any in-kind contributions allocated toward program activities. Limit your response to 500 characters.

Form 7: 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 whose name should appear in each section of the Grant Agreement, invoices, checks, etc.

- **FEIN:** Federal Employer Identification Number, which must match what is reported to the Internal Revenue Service (IRS).
- **Organization:** Applicant organization's name, department physical address, phone, and email, as it should appear in the grant. The information must match what is reported to the IRS.
- **Mailing Address:** Applicant organization's mailing address, if different than physical address.
- **Primary External Program Director:** Contact information as it should appear in the grant.
- **Primary External Program Director's mailing address:** Mailing address, if different than organization's address.
- **Grant Officer:** Contact information as it should appear in the grant. If there is no Grant Officer, enter Primary External Program Director.
- **Grant Officer's Mailing Address:** Mailing address, if different from organization's

address.

- **Authorized Program Official:** Contact information as it should appear in the grant.
- **Authorized Program Official Mailing Address:** Mailing address, if different from organization's address.

Form 8: Statement of Compliance

You must agree to both statements before moving the form to APPLICATION SUBMITTED. This will accept responsibility to complete the grant deliverables and certify the statements are true and complete. When finished, click SAVE.

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. Once your application is complete, submit your application by choosing VIEW STATUS OPTIONS under CHANGE THE STATUS found on the main Mini-Grants Menu page. On the STATUS OPTIONS page, see APPLICATION SUBMITTED and click the APPLY STATUS button.

R. Department Contact

For questions related to Mini-Grants and the electronic application in CalREACH, please email Mini-Grants staff at hctp@oshpd.ca.gov.

Thank you!

Thank you for your interest in applying for the Mini-Grants program and for your continued efforts in supporting underrepresented individuals who are interested in healthcare careers.

Attachment A: Evaluation and Scoring Criteria

Section														
Applicant and Program General Information (Form 1)	Category A: 100 minimum Category B: 50 minimum Number of participants proposed meets or exceeds award category expectations. <table> <tr> <td></td><td>Category A</td><td>Category B</td></tr> <tr> <td>5 points:</td><td>100-199</td><td>50-99</td></tr> <tr> <td>10 points:</td><td>200-299</td><td>100-149</td></tr> <tr> <td>15 points:</td><td>300 or more</td><td>150 or more</td></tr> </table>		Category A	Category B	5 points:	100-199	50-99	10 points:	200-299	100-149	15 points:	300 or more	150 or more	15
	Category A	Category B												
5 points:	100-199	50-99												
10 points:	200-299	100-149												
15 points:	300 or more	150 or more												
Applicant and Program General Information (Form 1)	Does the applicant target economically disadvantaged, educationally disadvantaged, and/or underrepresented individuals? (Add up all points that apply.) 5 points: Economically disadvantaged individuals 5 points: Educationally disadvantaged individuals 5 points: Underrepresented individuals	15												
Applicant and Program General Information (Form 1)	Does the applicant propose to promote Primary Care, and/or Other Health Careers? 0 points: Other Health Careers (more than 50% other health careers) 5 points: Focus on Primary Care (at least 50%)	5												
Applicant and Program General Information (Form 1)	Will the applicant's proposed program take place in an area designated as Rural or Frontier? 0 points: The applicant's proposed program would take place in an urban area 10 points: The applicant's proposed program would take place in a rural or frontier area	10												
Organization Background (Form 2)	Does the applicant's experience and background support the intent of the Mini-Grants program? 0 points: The applicant's experience and background does not support the intent of the program 5 points: The applicant's experience and background supports underrepresented and disadvantaged individuals 10 points: The applicant's experience and background supports underrepresented and disadvantaged individuals with at least one example of exposing them to primary care, or other health care careers	10												

Section		
Program Proposal <i>(Form 3)</i>	Does the applicant's program proposal address the challenges specific to the target population/demographics? 0 points: The applicant's proposal does not address challenges specific to the target population/demographics 5 points: One example of a challenge of the target populations is described, along with an approach to address this challenge 10 points: At least two examples of challenges specific to the target populations are described, along with detailed descriptions of the approaches to address the challenges	10
Program Objectives and Work Plan Activities <i>(Form 4)</i>	Does the applicant's objectives and work plan activities support the intent of the award category? 0 points: The applicant's objectives and work plan activities do not support the intent of the program 5 points: The applicant's objectives and work plan activities support the intent of the program with at least one specific example 10 points: The applicant provided a description of how their objectives and work plan activities support the intent of the program with at least two specific examples	10
Program Objectives and Work Plan Activities <i>(Form 4)</i>	Does the applicant describe how they propose to promote primary care and/or other health careers to participants? 0 points: No mention 5 points: The applicant provided a description of plan to promote primary care and/or other health careers	5
Program Objectives and Work Plan Activities <i>(Form 4)</i>	Does the applicant incorporate elements of cultural and linguistic responsiveness into the program? 0 points: No mention 5 points: The applicant provided a description of a plan to promote elements of cultural and linguistic responsiveness with at least one specific example 10 points: The applicant provided a description of a plan to promote elements of cultural and linguistic responsiveness with at least two specific examples	10

Section		
Letters of Support <i>(Form 5)</i>	Does the applicant provide letters of recommendation from their partners that support their program proposal? 0 points: The applicant did not provide two letters of support consistent with existing or proposed partnership 10 points: The applicant provided two letters of support consistent with existing or proposed partnership	10
	Total Points Possible	100

Attachment B: Sample Mini-Grant Agreement

GRANT AGREEMENT BETWEEN THE
OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT
(HEALTHCARE WORKFORCE DEVELOPMENT DIVISION) AND
ORGANIZATION NAME
GRANT AGREEMENT NUMBER
AGREEMENT #

THIS GRANT AGREEMENT ("Agreement") is entered on **DATE** by and between the State of California, Office of Statewide Health Planning and Development ("OSHPD") and **ORGANIZATION NAME** (the "Grantee").

WHEREAS, OSHPD is authorized by the California Health and Safety Code Section 127885 et seq. to maintain a Health Professional Career Opportunity Program to inform and motivate minority and disadvantaged students to pursue health professional careers and provide support, encouragement, and training to minority health professionals to practice in health professional shortage areas of California.

WHEREAS, the Healthcare Workforce Development Division ("HWDD") supports healthcare accessibility through the promotion of a diverse and competent workforce while providing analysis of California's healthcare infrastructure and coordinating healthcare workforce issues.

WHEREAS, the Health Careers Training Program ("HCTP") provides grants to introduce a wide variety of health career options to economically disadvantaged and/or underrepresented minorities, including grants for career fairs and direct engagement in one or more health careers through hands-on experience in real or simulated health care settings.

WHEREAS, Grantee applied to participate in the Health Careers Training Program (HCTP) by submitting an application in response to the Mini-Grants Grant Guide Fiscal Year 2018-19.

WHEREAS, Grantee was selected by OSHPD to receive grant funds in the amount of **\$DOLLAR AMOUNT** through procedures duly adopted by OSHPD for administering such grants.

NOW THEREFORE, OSHPD and the Grantee, for the consideration and under the conditions hereinafter set forth, agree as follows:

A. Definitions:

1. "Application" means the grant application/proposal submitted by Grantee.
2. "Director" means the Director of OSHPD or designee.
3. "Deputy Director" means the Deputy Director of HWDD or designee.
4. "Grant Agreement/Grant Number" means Grant Number **AGREEMENT #** awarded to Grantee.
5. "Grantee" means the fiscally responsible entity in charge of administering the Grant Funds and includes the Program identified on the Grantee's Application.
6. "Grant Funds" means the money provided by OSHPD for the Program described by Grantee in its Application and the Scope of Work/Deliverables contained herein.
7. "Other Sources of Funds" means all cash, donations, or in-kind contributions that are required or used to complete the Program in addition to the grant funds provided by this Grant Agreement.
8. "Program" means the activity described in the Grantee's Application and Scope of Work to be accomplished with the Grant Funds.
9. "State" means the State of California and includes all its Departments, Agencies, Committees, and Commissions.

B. Term of the Agreement:

1. This Agreement shall take effect on **6/30/19** and shall terminate on **8/15/20**.
2. The Grantee will submit any requests to extend the grant period in writing to OSHPD. Requests for a time extension must be made to OSHPD no later than thirty (30) calendar days prior to the expiration of the Agreement. There shall be no activity pursuant to this Agreement after its expiration.

C. Scope of Work/Deliverables:

Grantee shall perform the Scope of Work and provide the Deliverables outlined in Grantee's Application **APPLICATION #** incorporated by reference herein and made a part hereof and comply with the following additional conditions. In the event of a conflict between the provisions of this section and the Grantee's Application, the provisions of this Scope of Work Section shall prevail.

1. Provide a Final Report to OSHPD by **8/15/20**. The Final Report shall include, but is not limited to, the following information:
 - a. Program Information, Summary, and Implementation Details—Data summation, program successes, challenges and lessons learned.
 - b. Cultural and Linguistic Responsive Care—Description of activities and impact.
 - c. Partnerships—Information about partnerships formed, challenges, and lessons learned.
 - d. Evaluation and Data Collection—Data summation on all program participants attending all events, including qualitative and quantitative response/outcome summary of pre and post surveys and workshop/presentation highlights.
 - e. Pre and post participant surveys must include, but are not limited to, the following five questions to which the program's content shall aim to positively impact participants' responses:
 - i. 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.
 - ii. 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.
 - iii. 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 don't know what a primary health care provider is mark 0.
 - iv. 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.
 - v. 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 primary health care careers in medically underserved areas? If you do not know what a financial aid program is mark 0.
2. Budget Accountability—Describes how grant funds have been spent.
3. The Grantee shall perform the tasks and activities set forth in the Scope of Work and submit the required deliverables within the deadlines specified in this Agreement, regardless of the number of Grants awarded. Grantee shall be responsible for anticipating potential overlaps, conflicts, and scheduling issues to adhere to the terms of this Agreement.
4. The Grantee shall be responsible for the performance of all tasks and deliverables specified in the Scope of Work, including but not limited to, locating and securing facilities and speakers for events.
5. Additional Grant Award conditions—*NO ADDITIONAL CONDITIONS*

D. Budget Detail:

1. Budget: Grantee shall expend the Grant Funds in accordance with the Budget provided in the Grantee's Application **AGREEMENT #**, incorporated by reference herein and made a part hereof, or as amended herein. In the event of a conflict between the Budget submitted as part of Grantee's Application and this section, the provisions of this section shall prevail. **Note: Indirect expenses shall not exceed eight percent of the total dollars requested.**
2. Grant 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 reasonable accommodations for participants with disabilities, including instructional/program aids.

Grant 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 (this cost should be included in your indirect expense calculation)
- To supplement the salaries of existing full-time staff of the organization.
- For release time to free full-time staff for participation in the program.

3. Budget Line Items:

Advertising
Meals
Supplies
Transportation
Facility Costs
Other Direct Expenses
Compensation
Travel
Indirect Expenses
Total

4. Budget Adjustments: Grantee's Budget shall be adjusted as follows:
 - a. Budget adjustments consist of a change within the approved budget that does not amend the amount of the grant. Grantee may only request one (1) budget adjustment per program period. With the exception of the personnel services category, a transfer of funds up to 15 percent of the Agreement is permissive across each budget category with notification to OSHPD.
 - b. Grantee will submit any requests to change the Budget in writing (with a justification to explain why the funds were reallocated) to OSHPD for approval. OSHPD will not entertain changes to the budget that add to or increase facility costs when the grantee's organization owns the facility. An accounting of how the funds were expended will also be submitted with the Final Report.

E. Reports and Deliverables:

SUBMISSION DEADLINE—Grantee shall submit the Final Report via CalREACH no later than **8/15/20**.

F. Invoicing and Payment:

1. Grant funds shall be released to Grantee upon approval of the invoices for the expenses incurred in accordance with the Budget provided in the Grantee's Application **APPLICATION #**, incorporated by reference herein and made a part hereof.
2. Approval of the invoices shall be based on the satisfactory performance of the Scope of Work and submission of reports and deliverables within the deadlines specified by OSHPD.
3. An initial payment of 80 percent will be made upon execution of the Agreement due by no later than **6/30/19**. OSHPD will withhold 20 percent of the full Grant Award pending satisfactory completion by the Grantee of all the terms and conditions required by this Agreement.
4. Additional information may be requested by OSHPD upon reviewing the Final Report and Deliverables. The final 20 percent will be disbursed upon the satisfactory performance of the Scope of Work and submission of reports and deliverables within the deadlines specified by OSHPD.
5. If all grant funds have not been expended upon completion of the Final Report, OSHPD will request the remittance of all unexpended funds with a justification to explain why funds were not expended.

G. Prompt Payment Clause:

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

H. Budget Contingency Clause:

1. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the OSHPD shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
2. If funding for any Fiscal Year is reduced or deleted by the Budget Act for purposes of this Program, OSHPD shall have the option to either cancel this Agreement with no liability occurring to OSHPD, or offer an agreement amendment to Grantee to reflect the reduced amount.

I. Breach:

OSHPD reserves the right to recover any and all amounts provided to the Grantee for Grantee's failure to perform the Scope of Work set forth in this Agreement. OSHPD expressly reserves the right to pursue all legal and equitable remedies in the event of a breach by Grantee, including the right to disqualify Grantee from future funding opportunities.

J. General Terms and Conditions/General Interagency Agreements:

1. Time: Time is of the essence in this Agreement. Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps,

conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.

2. **Cumulative Remedies:** A failure to exercise or a delay in exercising, on the part of the OSHPD, any right, remedy, power or privilege hereunder shall not operate as a waiver thereof; nor shall any single or partial exercise of any right, remedy, power or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power or privilege. The rights, remedies, powers and privileges herein provided are cumulative and not exclusive of any rights, remedies, powers and privileges provided by law.
3. **Ownership and Public Records Act:** All reports and the supporting documentation and data collected during the funding period shall become the property of OSHPD and subject to the California Public Records Act. (Gov. Code § 6250 et seq.).

The Grantee shall not be required under the provisions of this paragraph to keep confidential any data or information, which is or becomes publicly available, is already rightfully in the Grantee's possession, is independently developed by the Grantee outside the scope of this Agreement, or is rightfully obtained from third parties.

4. **Additional Audits:** Grantee agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. tit. 2, §1896).
5. **Independent Contractor:** Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State. Nothing contained in this Agreement shall create any contractual relation between the State and any subcontractors, and no subcontract shall relieve the Grantee of their responsibilities and obligations hereunder. The Grantee agrees to be as fully responsible to the State for the act and omissions of its subcontractors and of persons either directly or indirectly employed by the Grantee. The Grantee's obligation to pay its subcontractors is an independent obligation from the State's obligation to make payments to the Grantee. As a result, the State shall have no obligation to pay or to enforce the payment of any money to any contractor.
6. **Waiver:** The waiver by OSHPD of a breach of any provision of this Agreement will not operate or be construed as a waiver of any other subsequent breach by OSHPD. OSHPD expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
7. **Approval:** This Agreement is of no force or effect until signed by both parties. Grantee may not commence performance until such approval has been obtained.
8. **Entire Agreement / Amendment:** This Agreement including Grantee's Application constitutes the entire Agreement between the parties. No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.
9. **Assignment:** This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of the State in the form of a formal written amendment.
10. **Indemnification:** Grantee agrees to indemnify, defend and save harmless OSHPD, its officers, agents and employees from any and all claims and losses accruing or resulting to Grantee in connection with

the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of this Agreement.

11. Disputes: Any dispute arising under this Agreement, shall be resolved as follows:
 - a. The Grantee will discuss the problem informally with the OSHPD Program Coordinator. If unresolved, the problem shall be presented, in writing, as a grievance to the Deputy Director, Healthcare Workforce Development Division stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
 - b. The Deputy Director shall make a determination within ten (10) working days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and reasons for it.
 - c. Grantee may appeal the decision of the Deputy Director by submitting written notice to the Director of its intent to appeal, within ten (10) working days of receipt of the Deputy Director's decision. The Director or designee shall meet with the Grantee within twenty (20) working days of receipt of the Grantee's letter. The Director's decision will be final.
12. Termination For Cause: OSHPD may terminate this Agreement and be relieved of any payments should the Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided.
13. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
14. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
15. Non-Discrimination Clause: Grantee and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. Grantee and its subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act under Government Code section 12990, and the applicable regulations promulgated thereunder (Cal. Code Regs., tit. 2, § 11000 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code section 12990, set forth in Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.

Additionally, during the performance of this Agreement, Grantee shall not unlawfully discriminate, harass, or allow harassment against any member of the underserved population in performing the obligations under this Agreement because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status.

K. Grant Representatives: The program representatives during the term of this agreement are listed below.

Direct all inquiries to:

State Agency: Office of Statewide Health Planning and Development	Grantee:
Section/Unit: Healthcare Workforce Development Division/HCTP	Program Name:
Name: Kara Hetrick	Name of Main Contact:
Address: 2020 West El Camino Avenue, Sacramento, CA 95833	Address:
Phone: 916-326-3723	Phone:
Email: hctp@oshpd.ca.gov	Email:

Official Authorized to Sign Grant for Organization:

State Agency: Office of Statewide Health Planning and Development	Grantee:
Section/Unit: Procurement and Contracts Services	Program Name:
Attention: Eli White	Attention:
Address: 2020 West El Camino Avenue, Suite 1000, Sacramento, CA 95833	Address:
Phone: 916-326-3200	Phone:
Email: pcs@oshpd.ca.gov	Email:

IN WITNESS WHEREOF, the parties hereto have executed or have caused their duly authorized officers to execute this Agreement as of the date first written above.

OFFICE OF STATEWIDE HEALTH
PLANNING AND DEVELOPMENT

GRANTEE:

Signature:

Signature:

Karen Isenhower

Print Name: _____

Procurement and Contract Services Manager

Print Title: _____