

# Request for Applications: *Opportunity to Serve as a Pilot Site for Ohio's High School Health Care Preceptorship*



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## Request for Applications: Opportunity to Serve as a Pilot Site for Ohio's High School Health Care Preceptorship

The Ohio Department of Education is pleased to issue this competitive Request for Applications (RFA), in partnership with the Ohio Departments of Higher Education, Health and Development along with the Governor's Office of Workforce Transformation, to identify and select exceptional organizations focused on fostering opportunities for high school students or recent graduates, to gain hands on exposure and mentoring in their health care area of study while still in high school or shortly after.

The successful respondents of the RFA will work closely with partner districts and/or schools to:

- Provide paid internships in health care fields to high school students. A minimum of 40 hours per preceptorship to be completed by May 2023.
  - Suggested placement timeline: Student should complete at least 4-5 hours a week succinctly within 2-3 months from being selected.
- Provide in-demand preceptorships in the health care industry.
- Work with Ohio Department of Higher Education or a Career Technical Planning District to create pathways for students to obtain medical terminology instruction.
- Work with districts to help students earn CPR and industry-recognized credentials as well as help them to be prepared for health care education at the postsecondary level.

The purpose of this request for applications (RFA) is to solicit proposals from eligible nonprofit health care organizations to award them grants to address workforce gaps due to COVID-19 health disparities among populations at high-risk and underserved, including racial and ethnic minority populations and rural communities.

These organizations will receive funds to support work-based learning opportunities through internships for high school students and recent grads up to 19 years old in health care-related fields. The purpose of creating internships specifically for these identified target populations is to provide opportunities to students in areas with the most need and adhere to the [Centers for Disease Control and Prevention \(CDC\) grant](#), National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, including Racial and Ethnic Minority Populations and Rural Communities, requirements outlined for funding this opportunity. This opportunity is funded through a grant to the Ohio Department of Health to address health care disparities and provide opportunities in health care for underserved communities. The Ohio Department of Health will partner with the Ohio Department of Education to provide post-high school opportunities to students identified as high risk in socially vulnerable communities to grow a skilled talent pipeline to address health disparities among these target populations.

These internships will address health disparities among high-risk and underserved ethnic minority populations by developing a skilled talent pipeline through internships and fill in-demand health care-related workforce gaps to fulfill the objectives of [Each Child, Our future](#) Strategy 10.

The Ohio Department of Education will approve proposals based on the criteria outlined in this RFA. The Department will award grants ranging from \$10,000 - \$80,000 to nonprofit health care organizations with intention to carry out the requirements specified in this RFA.

Successful applicants must have experience providing health care services or support organizations who provide health care services in areas identified with High Social Vulnerability Index, racial and ethnic minority populations, and rural communities. Eighty percent of funds designated to urban districts and 20% to rural communities. These applicants will provide career exploration, mentorship, and hands-on internship experiences to at least 30 high school students over two years and recent grads up to 19 years old with a minimum of 40 hours completed by May 2023.

A well-developed application will include a detailed description of the in-demand health care fields students will be exposed to with emphasis on creating meaningful opportunities leading toward an industry-recognized

credential. It also must include a timeline, budget narrative and budget worksheet. Programs will be required to target school districts and students outlined in the RFA as identified as high risk and underserved.

## Expose Students to In-Demand Health Care Pathways

In Ohio, health care-related jobs remain one of the in-demand occupations with continued growth. Further, health care disparities exist among high-risk and underserved ethnic minority and rural communities.

The COVID-19 pandemic exacerbated the need for health care workers, especially in underserved communities. The Department of Education and Department of Health seek to bridge the skilled talent pipeline in Ohio through early career exposure for students and provide them with hands-on, work-based learning. This cross-agency collaboration is in alignment with *Each Child, Our Future*'s commitment to prepare students beyond high school and to increase educational opportunities outside the classroom for economically disadvantaged students facing inequities.

[\*Each Child, Our Future\*](#), Ohio's five-year strategic plan for education (2019-2024), lays out a vision in which *each* child is *challenged* to discover and learn, *prepared* to pursue a fulfilling post-high school path, and *empowered* to become a resilient, lifelong learner who contributes to society.

Grantees will place students in an in-demand health care internship with mentorship supports, career exposure and work with districts to help students earn industry-recognized credentials. The identified in-demand health care-related credentials include:

- [Billing Coding Specialist Certification](#)
- [Clinical Medical Assistant Certification](#)
- [Electronic Health Records Certification](#)
- [Patient Care Technician Certification](#)
- [Phlebotomy Technician Certification](#)
- [Chemical Dependency Counselor Assistant Certificate](#)
- [Certified Dental Assistant](#)
- [Certified Pharmacy Technician](#)
- [State Tested Nurse Aide](#)
- [Community Health Worker Certification](#)
- [Mental Health Technician Certification](#)
- [Elder Care Certificate](#)

Grantees will facilitate the following experiences for students based on their interest and existing education and training in the health care field.

### Career Introduction Preceptorship

This preceptorship pathway will introduce students who have an interest in the health care profession but are not enrolled in a health care career technical education program to various health care professional tracks through a shadowing experience with the opportunity to earn industry-recognized credentials.

- Student will complete medical terminology instruction through a Career Technical Planning District or with the Department of Higher Education.
- Student will be CPR Certified Provider.
- Student will participate in preceptorship for a minimum of 40 hours.,
- Student will earn the [Ohio Means Jobs readiness seal](#) by the end of the pilot program.
- Student will participate in an introduction to the health care profession, including HIPAA training.

## Specialized Career Preceptorship

This preceptorship pathway will provide work-based learning for students already enrolled in a health care career technical education program who have already fulfilled prerequisites and are in alignment with a health care industry-recognized credential.

- Student will complete medical terminology coursework, if the student has not already completed this within the career technical education program.
- Student will be CPR Certified Provider if certification is expired or has not completed within career technical education program. Student will earn [Ohio Means Jobs readiness seal](#).
- Student will participate in health care rotation in alignment with career technical education program for a minimum of 40 hours.
- Student will participate in an introduction to the health care profession, including HIPAA training, if the student has not already completed this within the CTE program.
- Student will identify with an instructor or school counselor an industry-recognized credential in alignment with preceptorship.
- Student will earn, or be near completion of, a health care-related industry-recognized credential.

## RFA Detailed Information

### Application Assistance and Timeline

The successful respondents to this RFA will propose a collaborative plan with emphasis on career exposure and work-based learning that meets the criteria below and is submitted by an eligible recipient, to support students in an in-demand health care pathway leading to industry-recognized credentials.

The application window opens March 7, 2022 and closes March 21, 2022.

The Department will provide timely information and assistance to eligible applicants who intend to respond to this RFA. Assistance for eligible applicants will include scheduled meetings, email, and phone correspondence. Applicants may send questions regarding the application and process to the subgrant email box at [healthcarepreceptor@education.ohio.gov](mailto:healthcarepreceptor@education.ohio.gov) during the application period.

### Funding Details

A total of \$380,760 is available to awardees through The National Initiative to Address COVID-19 Health Disparities grant from the Center for Disease Control, National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, including Racial and Ethnic Minority Populations and Rural Communities. Grantees will be reimbursed for allowable expenditures based on submitted proposals, plans and corresponding budgets. Grantees will be required to submit invoices to the Ohio Department of Education on a quarterly basis for reimbursement. Expenditures must be incurred by May 31, 2023. If awarded funds are not used by May 31, 2023, the Department reserves the right to request that grantees forfeit the balance of awarded funds.

### Eligible Applicants

To be eligible to receive this grant, the applicant must identify as one of the below organization types:

- Nonprofit Health Care Organizations with experience in facilitating preceptorships
- Health Care Providers, including community health centers (e.g., federally qualified health centers)
- Health Care Industry Sector Partnerships

The applicant must also identify the school districts they intend to serve. Providers must identify one of the below districts as a partner who has committed to working with the applicant to place at least 20 students into paid health care internships. These districts are those identified by the Department of Health as having the most significant health care disparities. Providers can serve more than one school district to support diverse options for students.



## LIST OF SCHOOLS and IRN

- Whitehall Local School District - 045070
- Groveport Madison School District - 046979
- Reynoldsburg City School District - 047001
- Ironton City School District - 044149
- Dayton City School District - 043844
- Toledo City School District - 044909
- Springfield Local School District - 044818
- Canton City School District - 043711
- Perry Local Schools - 045781
- Chillicothe City Schools - 043745
- Adena Local School District - 049494
- Federal Hocking Local School District - 045914
- Washington Court House City School District - 045013
- Cleveland Metropolitan School District - 045013
- Zanesville City School District - 045179
- Columbus City Schools - 043802

## Justification for List of Schools

These schools were selected based on a high social vulnerability index provided by the Ohio Department of Health. These schools reside in areas that have a lack of health care services and health care professionals.

## Application Review

The Department will establish an internal and external application review team. The review team will be a cross-agency effort composed of the Ohio Department of Health, Ohio Department of Education, Governor's Office of Workforce Transformation, Ohio Department of Higher Education and Department of Administrative Services.

The application review team will conduct a technical review based on the specific criteria listed in this RFA, if an application meets these criteria, they will be advanced for quality review. Review team members will be free of any conflicts of interest for all assigned applications. Each eligible application will be reviewed and scored by members from each agency mentioned above.

## Proposed Timeline

Date	Event
Monday, Feb. 28, 2022	Announcement of grant opportunity
Monday, March 7, 2022	RFA available
Monday, March 21, 2022	Application deadline
March 24, 2022	Grant review process begins
April 6, 2022	Grant selection notification
April 1, 2023	Final reporting deadline for districts and participating business partners

## Application Submission

Applicants are required to submit a completed PDF copy of their application and any supporting documents answering all questions included in the Application Narrative Section of this RFA and the Statement of Grant Assurances. All applications must be submitted to the [careerconnections@education.ohio.gov](mailto:careerconnections@education.ohio.gov).

## Application Format

Narrative, including the Executive Summary, should appear on 8.5" x 11," standard letter size paper, double-spaced. Use Arial, 11-point font. The application should include a narrative that addresses each of the required questions. Indicate each section title in bold. Appendices must be in the order outlined in the checklist and immediately follow the application narrative. Number all pages and include the applicant's name in the header of each page. An application template will be made available from the Department. Applicants are not required to use the template but are suggested to do so to ensure the formatting requirements are met.

## Deadline

Submit PDF copies of the application narrative, appendices and budget documents, by 4:59 p.m. EST on Monday, March 21, 2022. The electronic version must include all required components. Applications must be submitted by the time and date specified above. Incomplete or late applications will not be considered.

## Application Narrative

The application should include the following sections:

1. Applicant name and organization.
2. Mailing address including city, state and zip code.
3. Application contact including position, phone number and email address.
4. Grant manager including phone number and email address.
5. Confirmation of which health care organizations will be providing internships; grantee must identify the number of students from the priority school districts they will place.
6. Provide an Executive Summary outlining your high-level project plan.
7. Provide a detailed description of the internship experience to support the identified schools, including the intended areas of expertise that will be the focus of the program, what In-Demand health care pathway students will be exposed, including how they will work with schools to help students earn an industry recognized credential in that pathway.
8. Provide a detailed description of the planned timeline for placing students into an identified in-demand health care pathway.
9. Provide a detailed description of preceptorship experience for students.
  - a. Please provide a specific example of how students will be engaged in a meaningful preceptorship in health care in your facility.
    - i. In-Demand health care rotations available to students in your organization
    - ii. Types of hands-on experiences that will be available to students
    - iii. Readiness Seal credential
    - iv. Industry Recognized Credential
10. Description of experience with internships for working with racial and ethnic minority populations and a plan for addressing workforce equity gaps in your organization.
11. Budget narrative
  - a. Outline the usage of funds in accordance with allowable expenses and how the funds will be spent.
12. Budget worksheet
13. Confirmation of which target districts that will be served by the technical assistance program and evidence of an agreement with the noted districts who will be served by the technical assistance program, likely in the form of a letter of support from the Business Advisory Council that represents the district.

## Budget Narrative

Provide an itemized list of expenditures that the project expects to incur throughout the duration of the funding period. Provide information on the services that will be provided in support of the program objectives. For each budget category, identify the object code in the budget worksheet where the expenditure falls.

Budget Category	Explain how the requested funds will be used to meet the objectives identified in the co-designed plan.
Employer Wage Reimbursement (Student compensation)	
Support Services (i.e., reduce barriers)	
Governance/Admin	
Health Care Professional Development	
Key Partnerships	
Family/Community	
Student Wages	



**Budget Work Sheet:**

Provide an itemized budget breakdown and justification that break down salaries, benefits, purchased services, supplies, capital outlay and other expenditures.

Applicant Name:

Applicant IRN:

Applicants must submit the budget worksheet into the Comprehensive Continuous Improvement Plan, which includes the total sum requested for the qualifying program that provides an itemized list of expenditures, with cost, that the program plans to incur using grant funds.

<i>Proposed Budget (submitted with grant application)</i>	<i>Salaries 100</i>	<i>Retirement Fringe Benefits 20 0</i>	<i>Purchased Services 4 00</i>	<i>Supplies 5 00</i>	<i>Capital Outlay 600</i>	<i>Other 800</i>	<i>Total</i>
<i>Instruction</i>							\$ -
<i>Support Services</i>							\$ -
<i>Governance/Admin</i>							\$ -
<i>Professional Development</i>							\$ -
<i>Family/Community</i>							
<i>Safety</i>							
<i>Facilities</i>							\$ -
<i>Transportation</i>							
<i>Nonpublic</i>							
<i>Indirect Costs</i>							\$ -
<i>Total</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## Technical Review

The following selection criteria must be evident in a successful application. Any application not meeting any of the technical criteria will not be considered for funding.

**A. Organizational Information**

Complete sections 1-5 of the narrative, including all the necessary information.

**B. Target School(s) Served**

Complete section 5 of the narrative, confirm that at least one target school district will be served, including evidence of a written agreement with the noted district.

**C. Budget Worksheet**

Complete section 12 of the narrative, template attached.

**D. Grant Assurances**

Grant assurances are included, signed and accepted by the applicant.

## Quality Criteria

The following selection criteria should be evident in a successful application for the High School Health Care Preceptor Pilot grant opportunity.

- A. Program Details (4 points)** - Complete section 6 of the narrative, detailing the planned instruction and services that students will receive as a part of the program. Applicants will be evaluated based on the quality of preceptorship planned to be offered to districts, as well as the programming that they will target for participating districts. Program details should include:
  - a. Specific lists of services the grantee will provide the school district in relation to the competency alternative programming chosen.
  - b. Specific plans for how students will receive medical terminology instruction and industry recognized credentials
  - c. Specifies how grantee will address barriers for students
- B. Timeline (4 points)** – Complete section 7 of the narrative, detailing the significant dates and deadlines for creating and implementing the proposed internship placement. Applicants will be evaluated on the practicality of timeline.
- C. Experience (16 points)** – Complete question 8 of the narrative, detailing program experience in establishing programming for at least 2 of the 4 potential preceptorship objectives. Applicants will be evaluated on the quality of experience to determine capability in providing technical assistance through this grant.
- D. Gap Closing (8 points)** – Complete section 9 of the narrative, detailing experience in closing gaps in the past through career focused initiatives. Applicants will be evaluated on the quality of their previous experience in closing gaps for students at risk of not graduating and the quality of the plan for how to address this with the districts they will provide technical assistance to in the program.
- E. Contacts (4 points)** - Complete section 10 of the narrative, detailing existing contacts and describing how these will aid the applicant in giving technical assistance to target district(s). Applicants will be evaluated based on the relevance of contacts to the alternative demonstrations of competency and their planned services.

- F. **Budget Narrative (4 points)** - Complete section 11 of the narrative, detailing why the amount of funds being requested is necessary to provide technical assistance. Applicants will be evaluated based on the alignment of their budget narrative to the technical plan shared throughout the application.

## Scoring Rubric Criteria

Any application not meeting any of the technical criteria will not be considered for funding. In sections where qualitative evaluation is necessary for reviewers, portions of the answer will be evaluated on a scale of “0” points to “4” points, with the ability to earn a minimum of 0 points and a maximum of 4 points. In those situations, the below rating characteristics will be used. In the event of a tie, a consensus determination made by grant scorers will determine the awardee.

### Rating Characteristics:

**Not Addressed/0 Points** The response is not provided.

**Poorly Developed/1 Point** The response is significantly incomplete, missing required appendices or otherwise raises substantial concerns about the viability of the plan or the applicant’s capacity to execute it.

**Adequately Developed/2 Points** The response meets most of the established criteria, but it requires additional information, explanation, or detail in one or more areas.

**Well Developed/3 Points** The response meets the established criteria, but it requires additional information, explanation, or detail in one or more areas.

**Fully Developed/4 Points** The response demonstrates the applicant’s thorough understanding of key issues via specific and accurate information. The response presents a clear, realistic picture of how the program expects to operate and inspires confidence in the applicant’s capacity to execute the plan effectively.

## Application Appendix: Grant Assurances

Appendix A is required for all applicants. Appendix A must be completed and signed by the applicant for applications to be considered for selection.

- A. Grant Assurances: The full grant assurances and a copy of Appendix A are located in this RFA. If you have questions about any of the assurances, please contact the manager of the grant at [healthcarepreceptor@education.ohio.gov](mailto:healthcarepreceptor@education.ohio.gov)

## Supporting, Evaluating and Reporting Expectations

### Monitoring and Reporting

To evaluate subgrantee effectiveness and gauge success of the performance criteria listed above, subgrantees will be required to submit interim and final grant activity reports by May 1, 2023.

The Department reserves the right to request revisions for clarity or ask for additional information as necessary.

Reports will be submitted to the manager of the grant at [healthcarepreceptor@education.ohio.gov](mailto:healthcarepreceptor@education.ohio.gov)

### Use of Funds

This grant may be used to purchase materials and services that enable the grantee to address their identified quality criteria. Examples of permitted and not permitted uses include the following:

Permitted uses include:

- Paid internship to high school students – recommended minimum \$12/hour.
- Stipend for time devoted to precepting students - recommended \$500 per 4 students
- Regional programming to offer technical assistance to districts, either virtually or in person.
- Development of materials or resources to aid in preceptorship.

- Direct cost to address barriers for students (including transportation or uniform)

Not permitted uses include:

- Bonuses, merit pay or similar expenditures.

Please note this is not an exhaustive list. If there is doubt about whether an expenditure is appropriate, please contact the manager of the grant at [healthcarepreceptor@education.ohio.gov](mailto:healthcarepreceptor@education.ohio.gov)

## Statement of Grant Assurances

The funding source of this grant is the National Initiative to address COVID-19 health disparities among populations at high-risk and underserved, including racial and ethnic minority populations and rural communities. The High School Health Care Preceptor Pilot program is intended to address health care disparities through strategic interventions by addressing workforce gaps in target areas with High Social Vulnerabilities, ethnic and racial minority and rural populations.

- The health care partner or health-related organization will work with LEA (local educational agency) will, to the greatest extent practicable, with emphasis on placing students into paid internships for a minimum of 40 hours within six months. Underserved students will be compensated at a minimum rate of \$12/hour and placed in an in-demand health care pathway leading to career exposure and work-based learning to demonstrate competency.
- The health care partner will cooperate with any examination of records with respect to such funds by making records available for inspection, production and examination, and authorized individuals available for interview and examination, upon the request of (i) the Department and/or its Inspector General; or (ii) any other federal agency, commission, or department in the lawful exercise of its jurisdiction and authority.
- The health care partner will serve as the employer of record or contract another health care agency or agency. The health care partner commits to maintaining and will produce upon request by the (i) the Department and/or its Inspector General; or (ii) any other federal agency, commission, or department in the lawful exercise of its jurisdiction and authority, a description of how the health care partner complied with requirements including putting in place steps to permit students, teachers and other program beneficiaries to overcome barriers (including barriers based on gender, race, color, national origin, disability and age) that might impede equal access to, or participation in, the program
- The health care partner will submit to the department, in a form and manner prescribed by the department, any data that the department and district jointly determine is necessary to evaluate the pilot program.

## General Management

Grantees are required to maintain records, including, but not limited to, invoices, purchase order requests, requisition orders and receipts and provide the Department access to those records in the conduct of audits or for supporting budget documentation. This cooperation includes access without unreasonable restrictions to its records and personnel for the purpose of obtaining relevant information.

Records must be maintained for three years following submission of the final grant activities report.

## Conflicts of Interest

Grantees must avoid conflicts of interest when entering into contracts for equipment and services. State law regarding conflicts of interest is strict. It is the responsibility of the grantee to be in compliance with the [Ohio Ethics Law, ORC Chapter 102](#), ORC 3314.03 regarding conflicts of interest.

## Misuse of Funds and Grant Termination

The Department may terminate the grant award immediately if it is determined that the grantee staff or any individuals connected with the credential program have used grant funds for personal gain, performed criminal activities or broken any of the agreed upon assurances provided in the use of the CCIP or grant specific

assurances. If it is determined that any grant funds have been misused, the Department reserves the right to request the subgrantee return the full amount of awarded funds.

## Equipment Inventory

Federal requirements specify that all equipment purchased under this grant must be inventoried. Equipment is any tangible, nonexpendable property having a useful life of more than one year. The subgrantee's inventory control policies and procedures should be aligned to the Auditor of State bulletins and should be made available upon request by the Department.

Grantees must maintain an inventory of equipment purchased with grant funds until disposition takes place. (Maximum allowable expense for equipment is \$500 per item, any item over \$500 will require prior authorization) The inventory of records must include the following:

1. Description of the item, including:
  - a. A serial number or other identification number,
  - b. Funding source of the item (name of funding title/grant),
  - c. Name of holder of title,
  - d. Acquisition date,
  - e. Acquisition cost,
  - f. Percentage of state participation in the cost of the item,
  - g. Location of the item,
  - h. Use and condition of the item, and
  - i. Any ultimate disposition data including date of disposal and the sale price of the item.
2. An inventory control system and equipment maintenance procedures.
3. An ability to maintain equipment records for three years following submission of the final grant activities report. If there is an audit exception, the subgrantee must keep the records until all litigation, claims or audit findings have been resolved and final action taken.



## High School Health Care Preceptor Pilot Grant Selection Criteria and Rubric.

### Scoring Requirements

The following criteria will be used by reviewers to evaluate the application. The application with the highest total point value in the quality criteria will be selected.

### Application Checklist

The Ohio Department of Education's Technical Review Team will ensure each applicant submitted all required narratives and appendices before scoring the application. Applications that are missing one or more required narratives and/or appendices will not be scored. Application missing one or more technical criteria will not be scored.

### Rating Characteristics:

**Not Addressed/0 Points** The response is not provided.

**Poorly Developed/1 Point** The response is significantly incomplete, missing required appendices or otherwise raises substantial concerns about the viability of the plan or the applicant's capacity to execute it.

**Adequately Developed/2 Points** The response meets less than half of the established criteria and contains substantial gaps in other areas.

**Well Developed/3 Points** The response meets the established criteria, but it requires additional information, explanation, or detail in one or more areas.

**Fully Developed/4 Points** The response demonstrates the applicant's thorough understanding of key issues via specific and accurate information. The response presents a clear, realistic picture of how the applicant expects to operate and inspires confidence in the applicant's capacity to execute the plan effectively.

## Quality Criteria Rubric:

Review Criteria	Not Addressed	Poorly Developed	Adequately Developed	Well Developed	Fully Developed
Describes how the applicant will provide a meaningful preceptorship to their identified target district, how they plan to work toward increasing a skilled minority talent pipeline to address health disparities.	0	1	2	3	4
Describes how students will demonstrate competency in alignment with their interest in the in-demand health care pathway of their choice.	0	1	2	3	4
Describes identified health care pathway students will be exposed to and structure of meaningful engagement with students.	0	1	2	3	4
Describe how your organization plans to address barriers for students. (i.e., transportation)	0	1	2	3	4
Describes how you will support students in earning an industry recognized credential in an in-demand health related field in your organization.	0	1	2	3	4
Timeline is well developed and practical, including significant dates.	0	1	2	3	4
Example 1: Describes experience in supporting programming related to at least 1 of the 4 potential preceptorship objectives.	0	1	2	3	4
Example 2: Describes experience in supporting programming related to at least 1 of the 4 potential preceptorship objectives.	0	1	2	3	4

Describes how your organization plans to close workforce gaps through this preceptorship.	0	1	2	3	4
Provides contacts and relationships and describes how those will aid the applicant in giving technical assistance to target district(s).	0	1	2	3	4
Budget narrative aligns with described technical assistance program.	0	1	2	3	4
<b>Total Points Earned</b>					<b>/44</b>

## Appendix A

### Grant Assurances

#### Statement of Grant Specific Assurances

*The grantee assures, if awarded a grant, that:*

Subgrantees must abide by all [requirements and assurances](#) specified in the CDC National initiative to address COVID-19 health disparities grant. Subgrantees must attest to these assurances when submitting their budget to the Ohio Department of Education and the Ohio Department of Health.

The National Initiative to Address COVID-19 Health Disparities among populations at high-risk and underserved, including racial and ethnic minority populations and rural communities is intended to address health disparities and advance health equity through interventions and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19.

The health care partner will, to the greatest extent practicable, compensate high school interns at a minimum of \$12 an hour for a minimum of 40 hours within six months of work-based learning in an in-demand health care related pathway. In addition, each entity that accepts funds will continue to pay high school interns at the minimum rate and contractors to the greatest extent practicable based on the unique financial circumstances of the entity. CDC funds generally will not be used for bonuses, merit pay or similar expenditures, unless related to disruptions or closures resulting from COVID-19.

The health care partner will cooperate with any examination of records with respect to such funds by making records available for inspection, production and examination, and authorized individuals available for interview and examination, upon the request of (i) the Department and/or its Inspector General; or (ii) any other federal agency, commission, or department in the lawful exercise of its jurisdiction and authority.

The Department and/or its Inspector General; or (ii) any other federal agency, commission, or department in the lawful exercise of its jurisdiction and authority, a description of how the health care partner complied with this requirement including putting in place steps to permit students, teachers and other program beneficiaries to overcome barriers (including barriers based on gender, race, color, national origin, disability and age) that might impede equal access to, or participation in, the program

The health care partner will cooperate with any examination of records with respect to such funds by making records available for inspection, production and examination, and authorized individuals available for interview and examination, upon the request of (i) the Department and/or its Inspector General; or (ii) any other federal agency, commission, or department in the lawful exercise of its jurisdiction and authority.

The health care partner will submit to the department, in a form and manner prescribed by the department, any data that the department and district jointly determine is necessary to evaluate the pilot program.

**CERTIFICATION**

**I HEREBY CERTIFY that, to the best of my knowledge, the information in this application is correct.**

**The applicant designated below hereby applies for the High School Health Care Preceptor Pilot Grant for the purpose of program from the grant list and acknowledges to all Statement of Grant Specific Assurances.**

**Signature of Authorized Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Authorized Person:** \_\_\_\_\_

**Title of Authorized person:** \_\_\_\_\_