

**CMSP Building the Healthcare Workforce Grant (BHW)
Request for Proposals**

**Initiative Program Grant
Frequently Asked Questions**

Updated March 18th, 2025

Lead Applicant Eligibility

1. Who may apply for this grant?

Eligible applicants include:

- Hospitals in CMSP counties;
- Community Health Centers in CMSP counties, including FQHCs;
- Tribal Health Organizations in CMSP counties;
- Nonprofit health and behavioral health organizations focused on healthcare workforce development in a CMSP county;
- County department or agency directly providing or contracting for the delivery of health, public health, and behavioral health services in a CMSP county;
- CMSP county workforce development boards; and,
- Public educational institutions providing health provider education and training, including community colleges, universities, medical schools, physician assistant schools, nursing schools and dental schools.

2. Is partnership required under this grant, or can an organization apply individually without any partner?

Initiative grant applicants must demonstrate the involvement of representatives from all the following organizations: at least one local hospital; at least one community health center; at least one public educational institution from those identified above; and at least one county agency (Health and Human Services, Health/Public Health, or Behavioral Health); and a representative of the County's Workforce Development Board.

3. May a non-CMSP provider apply?

Non-CMSP providers are welcome to apply. This will be a competitive grant and funding will be allocated at the Governing Board's discretion.

4. Are high schools eligible to apply on their own or as part of a consortium? Secondly, are paid internships an allowable expense?

High schools are not eligible to apply as lead applicants but may apply as part of a consortium. Stipends for interns are allowable. For further guidance regarding stipends, see Appendix B – Use of Grant funds.

5. Is a Federally Qualified Health Center (FQHC) eligible for grant funding?

FQHCs are eligible to apply if they are physically located in a CMSP county or serve CMSP county residents.

Budget & Expenditures

6. May we fund scholarships? May we use grant funding to support low-income students (e.g. tuition relief)?

The Initiative grant program is not intended to fund stand-alone, generalized scholarship programs for students accepted or enrolled in community college, a four-year university or professional medical education programs. However, the Governing Board has approved scholarship programs dedicated to that goal. CMSP's new scholarship programs will be administered by HCAI and begin in Summer 2025. Information regarding these new scholarship programs will be posted on the Governing Board's website [here](#) as it becomes available.

Rather, the Initiative grant program is intended to support the development of more organized and facilitative structures or pathways for facilitating students from CMSP counties into professional healthcare disciplines that are needed in those counties. Within this context, tuition support or offset could be an acceptable programmatic component, among other components.

7. We are interested in hosting a training for providers. May BHW funds be used to pay for related expenses such as speaker fees, conference, room rental, and food or refreshments?

Yes, if the proposed expenses are reasonable, a part of the larger project, and relate directly to the proposed project goals. Reference Appendix B – Use of Grant Funds for further detail.

8. For Initiative grants, is the total \$450,000 (or \$750,000) per year, or for all 3 years?

Award amounts range up to \$450,000, in total, for projects serving one CMSP county (or \$750,000, in total, for projects serving more than one CMSP county).

9. Can we send people to education to further develop their skills (i.e. Provider Fellowship Opportunities, etc.) to expand their scope of practice?

Yes, fellowship opportunities may be included as a part of a broader professional development strategy.

10. Can we budget immigration attorney fees?

In general, the budgeting of attorney fees as a part of an Initiative grant proposal is not expected, although there is no explicit prohibition. With respect to the inclusion of proposed attorney fees associated with efforts to obtain H-1B Visa healthcare employees to address specified workforce shortages, consideration will be given to such expenses and the reasonableness of these expenses within the context of the overall proposal and the specific goals and objectives to be met through the expenditure.

11. Are expenses related to obtaining J-1 visas allowable or only expenses related to obtaining H-1B visas?

Yes. Consideration will be given to such expenses and the reasonableness of these expenses within the context of the overall proposal and the specific goals and objectives to be met through the expenditure.

12. Are there any budget limitations on subcontracts and how much of the grant funds can go to the subcontracts?

There is no specific limit on the amount of grant funds that are dedicated to subcontracts. All subcontracts will be reviewed for reasonableness within the context of the overall proposal.

13. How will award payments be made during the project period?

Unless otherwise determined by the Governing Board, payout will come in the form of 20% of total award upon project inception, 30% upon approval of Year 1 reports and confirmation of spend down, 30% upon approval of Year 2 reports and confirmation of spend down and 20% upon approval of final project reports.

14. Must a \$450,000 award be expended at \$150,000 per year?

CMSP expects that all projects will begin spend-down of award funds in Year 1 of the project. Unless otherwise determined by the Governing Board, grant payments will be made incrementally as noted in answer 13, above.

15. Must hard cash match be provided annually or may it be provided all at once?

Initiative applicants are required to provide hard dollar matching funds annually at a rate of at least 25% of the Initiative grant amount per year for non-educational institution awardees and at a rate of at least 40% of the Initiative grant amount per year for educational institution awardees.

16. For the cash match for educational institutions, what sources does CMSP anticipate being available for these matches? Who would supply those funds and how?

There are no specific limitations on the source of matching funds from educational institutions.

17. If partnering with a university to bring in a Psychiatry fellowship, can the Psychiatrist performing the supervision be reimbursed for their time with grant funds?

Yes. However, in lieu of incorporating such costs as personnel costs or bonuses, such costs should be included as stipends that support dedicated clinical training and/or supervision time of the practitioner.

18. Is there flexibility to move unused funding from one budget line to another?

Yes. Awardees will be given the opportunity to propose minor budget revisions or utilizing rollover, once annually. As a general guide, no individual line-item adjustment should exceed a 10% increase from the originally approved amount listed in the proposal budget. All proposed budget revisions will require pre-approval from the Governing Board.

19. What is the difference between in-kind and cash match?

Cash (Hard Dollar) Matching Funds include project costs not covered by CMSP grant funds that are provided by the grantee directly or through a combination of funding sources, with a specified hard-dollar cash monetary value.

In-Kind Matching Funds include project costs not covered by CMSP grant funds that are provided by the grantee directly or through a combination of funding sources and are not a hard-dollar cash matching contribution, but rather, a non-cash contribution to the project in the form of personnel, goods and services, or indirect or direct costs with a specified monetary value.

20. Can funds be used to offset lost provider time (i.e. lost patient slots) to provide additional mid-level supervision?

Yes. However, in lieu of incorporating such costs as personnel costs or bonuses, such costs should be included as stipends that support dedicated clinical training and/or supervision time.

21. Are there any procurement requirements such as bids for purchases over a certain amount?

No. However, proposed expenses will be reviewed and considered for reasonableness.

22. Can an existing grant/contract be used for cash matching for an educational institution?

Potentially, if the existing grant/contract will be amended to incorporate the new scope of work to be carried out under the CMSP Initiative grant contract. If the duties to be carried out are simply those as would otherwise be carried out under the original contract irrespective of the Initiative grant, then such contributions would be considered "in-kind" non-hard-dollar cash contributions.

23. We would like to build a training program from the ground up. May we use grant funds to purchase a building/land for our Initiative project? May we use grant funds to renovate a building? May we grant funds to lease a building?

Permits, land purchases and new construction are not allowable under the grant. Renovation or remodeling of current facilities may be considered if the applicant can both renovate and produce planned project results within the time allotted. Lease and rent expenses are ongoing business expenses that fall under the administrative/overhead expense category. These expenses may be charged proportionate to the percentage of building directly used for the project. As a reminder, administrative and/or overhead expenses may not exceed 10% of the Initiative grant amount.

24. May awardees use grant funding to expand housing infrastructure for the healthcare workforce?

No.

25. Can the grant be used to help with recruitment efforts (e.g. providing relocation stipends)?

Grant funds may not be used to help with recruitment efforts in the form of relocation stipends; however, relocation assistance of up to \$1,000 is allowable for H-1B visa holders.

26. Some providers at our clinic are willing to take on students to aid in training, but if we could offer a "bonus" to physicians, we would likely have more who would be willing to take on training. Would a bonus for our physicians who are willing to take on students be an allowable use of funds?

Yes. However, in lieu of incorporating such costs as personnel costs or bonuses, applicants may propose providing stipends to support dedicated clinical training and/or supervision time.

27. May grant funds be used to cover residency program accreditation expenses?

Yes, if such expenses are reasonable and necessary for the expansion of a healthcare workforce pipeline addressing an identified need within a CMSP county.

28. Can benefits, holidays and PTO for project staff be covered by grant funding?

Yes, fringe benefits of project staff may be grant funded. Explanation of all expenses for each employee should be detailed in the Narrative tab on the Budget template.

Proposal & Scoring

29. What is the required minimum score for award?

Currently, it is difficult to project a required minimum score for selection. Insofar as this is a competitive grant application, the top ranked proposals will be given priority consideration.

30. On the Work Plan and Timeline, should we address only the first-year activities or all three years of the project?

The Work Plan and Timeline should address planned activities across all three years of the project.

31. Are lead agencies only able to submit one grant proposal?

A lead agency may submit more than one proposal. Insofar as this is a competitive grant program, all submitted proposals will be competing for the funding available.

32. To receive full points under the "partners" category, what is the ideal number of letters or number of partner types?

Participation and support shall be demonstrated by Letters of Commitment and Participation from each organization and shall describe the role each organization will play in project implementation. CMSP understands that some partners may play larger roles and some may play smaller roles. All the following organizations are expected to show participation in the Initiative project:

- At least one local hospital;
- At least one community health center or rural health clinic;
- At least one public educational institution of higher learning, including community colleges and universities, and medical schools, physician assistant schools, nursing schools, and dental schools;
- At least one county agency (Health and Human Services, Health/Public Health, or Behavioral Health), from each county to be served by the plan; and,
- The County Workforce Development Board, from each county to be served by the plan.

For each county engaged in a multi-county effort, a letter of participation and support is expected for each of those designated organizations.

33. Is a letter of commitment required from each of those listed entities or just one of them?

A letter is required from each of the five designated parties listed above.

34. Would CMSP please clarify which letters are required PER COUNTY and which are for the overall proposal?

Letters of commitment and participation are required from each of the five designated parties listed above for each county that participates in the overall proposal.

35. If we are applying for multiple counties, should the letters of commitment come from all agencies in each county or is one letter from each agency type acceptable?

Letters of commitment and participation are required from each of the five designated parties listed above for each county that participates in the overall proposal.

36. Should proposal documents be submitted as one attachment or separately?

Documents should be sent as separate attachments contained within one email and sent to grants@cmspcounties.org. Assemble the application in the order and within the page number limits listed within the Proposal Format & Requirements section of the RFP. Clearly paginate each *applicant created* document.

37. If the applicant has a central office that is not located within one of the CMSP counties that they will focus on in the application, should they include an explanation about this in the application?

Yes. If an eligible agency is in a county adjacent to a CMSP county and will serve as a lead agency for the CMSP county, this needs to be explained. The explanation should include why the agency is best suited to lead the project and how the project will impact the CMSP county it intends to serve. These explanations are best placed in the Project Summary, Project Narrative or both.

38. If we are the only local hospital in our county, how would we meet the local hospital letter of support requirement?

If the hospital is the lead applicant, the hospital's participation would qualify as meeting the "at least one" hospital commitment/support requirement. If the hospital is not the lead applicant, the hospital could demonstrate participation through its letter of commitment and participation. A second hospital is not needed.

39. Will more than one grant be awarded per county or is CMSP anticipating just one per county?

Insofar as this is a competitive grant program, all proposals will be scored and those proposals with the highest overall scores will be considered for funding, irrespective of county. There is nothing to prohibit more than one grant being awarded to a single county or to a single applicant.

40. If a partner will serve across multiple counties on a multi-county project, may one Letter of Commitment suffice?

One Letter of Commitment will suffice for multiple counties if the partnering organization confirms in the letter that they will serve across multiple counties for the proposed project.

41. How do applicants locate their county workforce development board?

Applicants are responsible for locating their respective county workforce development board(s). The California Workforce Development Board website provides contact information for California's 45 local Workforce Development Boards [here](#). Please note that some boards span multiple counties.

42. Our county wants to adopt a multi-county approach, but we don't have an educational institution in-county, so it's impossible to get a letter from a higher education institution in our county. We would have to partner with an institution in a nearby county. Are we disqualified because of that?

No. A CMSP county that does not have a higher educational institution may seek the participation of a higher education institution in an adjacent county. In the description of partnering organizations, the applicant should state that the higher education partner was selected for this reason. In a multi-county application, conceivably the participating higher educational institution could be in one of the participating counties.

43. If an applicant is not awarded, will they be given the opportunity to seek proposal feedback?

Yes, proposal feedback will be provided to interested applicants.

44. Is there a word limitation on the Narrative?

There is no word limitation on the Narrative; however, there is a page limitation of 10-pages. Additionally, the Application Instructions portion of the RFP specifies that font must be Arial, size 12- point and text must appear on a single side of pages only.

45. County counsel needs additional time to review proposal documents before the applicant Director is allowed to sign the Proposal signature page. May applicants submit an unsigned proposal and submit the signature page later?

The deadline to submit complete and signed proposals is April 1, 2025, no later than 3PM PST. Proposals should be submitted, in one email, to grants@cmspcounties.org.

RFP and Project Questions

46. We are not sure if our Initiative project idea aligns with the intent of the Building the Healthcare Workforce RFP. May we contact CMSP to obtain feedback on the appropriateness of our proposed target population, proposed interventions, etc.?

Yes, please send an email to grants@cmspcounties.org.

47. What aspects of training and education/workforce development does the BHW grant program support? Is it only for creating a larger workforce, or is it also to provide more skills to the current workforce to create more capacity and impact?

Proposals may focus on growing the workforce and/or expanding the skill base of the current workforce to address identified healthcare provider shortfalls in the CMSP county.

48. Are all projects expected to be in CMSP counties exclusively?

In consideration of the dynamics of education and workforce training, CMSP understands one or more components of a workforce development strategy may take participants out of the CMSP county for specified education or training. Notwithstanding this, all projects are expected to target the workforces of CMSP counties and focus on building and/or sustaining the workforces of CMSP counties.

49. What are the financial and programmatic reporting requirements?

Programmatically, in their proposals, applicants are expected to describe the key elements of the proposed project, including the identified healthcare provider needs to be addressed, the locations where this need is demonstrated, the professions to be targeted, the project's objectives and approach, the measures of success, and the data that will be collected and utilized to demonstrate achievement of outcomes. Financially, applicants are expected to present a budget which addresses all components of the proposal and provides detail, as required by the budget template, of the proposed costs.

Annual programmatic reporting will focus on provision of data and other information that demonstrates progress through project implementation and operation and on the specific data that document achieved outcomes. Annual financial reporting will focus on budgeted to actual expenditures for the reporting period, grant funds received and expended to date, and any proposed budget modifications for future reporting periods.

Applicants who are selected for award will receive full reporting requirements in the Grant Agreement.

50. What are the data collection and evaluation reporting requirements?

Annual programmatic reports will request an update on data collection progress and evaluation. Applicants will report upon all planned data points listed in their original proposal with the intent of conveying the status and/or outcome of each project goal.

Applicants who are selected for award will receive full reporting requirements in the Grant Agreement.

51. Are there specific types of healthcare professions or paraprofessions CMSP would like to see a focus on for Initiative grants?

CMSP would like to see professions and paraprofessions targeted based upon locally identified healthcare workforce need. Acceptable professions to target include those listed in question 52, below.

52. Would CMSP please share the definition of a “provider” under the Building the Healthcare Workforce grant program? Are nurses included or only physicians?

Providers may include physicians, physician assistants, nurses, licensed behavioral health providers, dentists, a wide variety of allied health providers as defined by the CMSP Allied Health Loan Repayment Program (site link [here](#)), Community Health Workers and Behavioral Health Peer Support Specialists.

53. Must we partner with a public educational institution, or may it be private?

While it is preferred that a partnering educational institution be a public institution, an applicant may involve a private educational institution if the applicant can make a compelling argument that the attributes of that partnering institution are critical to achieving the goals of the proposed project. For example, a partnering private health professions program in or adjacent to the CMSP may be the only option, or alternatively, the best available option for addressing the identified workforce needs to be addressed by the project.

54. If awarded, is the project start date flexible?

CMSP intends for awarded projects to begin July 1, 2025. Awarded applicants should plan to commence activities on that date. Applicants who are not ready to begin project activities on July 1, 2025, should apply to future Building the Healthcare Workforce funding rounds.