

THE CALIFORNIA MEDICINE SCHOLARS PROGRAM REQUEST FOR APPLICATIONS for REGIONAL HUBS OF HEALTHCARE OPPORTUNITY

The California Medicine Scholars Program is a statewide, structured partnership pathway to increase the number of underrepresented in medicine (URiM) primary care physicians in the state of California to address health disparities across the state's diverse and medically underserved communities.

RFA Important Dates

March 1, 2022	RFA release date
April 15, 2022	Application submission deadline
May 15, 2022	Application review and scoring completed
May 17, 2022	Proposed RHHOs announced
May 18, 2022	Grant Award Notification letters sent
June 15, 2022	Contract Finalization
July 1, 2022	CMSP Program Implementation Period begins

Applications must be received by **Friday, April 15, 2022, at 5:00 PM PST.**

Informational webinar dates and times:

March 3, 2022, 3:00 pm – 5:00 pm PST (for Central Valley applicants)

March 11, 2022, 10 am – 12 pm PST*

March 24, 2022, 3 pm – 5 pm PST*

*Link to register for these two webinars can be found on the California Medicine Coalition home page at www.california-medicine.org

Administered by the Foundation for the California Community Colleges and the California Medicine Central Office. The Foundation for California Community Colleges is the fiscal sponsor for the California Medicine Coalition.



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1. OVERVIEW

Purpose

The California Medicine Coalition invites collaborations of California Community Colleges, California 4-Year baccalaureate degree granting institutions, California Medical Schools, and community organizations (including community clinics, health centers and non-profit organizations) to apply to be considered as a **Regional Hub of Healthcare Opportunity (RHHO)** to create a diversity pathway from community college to primary care physician program: the *California Medicine Scholars Program (CMSP)*. Supporting RHHOs incentivizes regional partnerships focused on implementing systemic interventions to improve outcomes for URiM students across the CCCs to medical school pathway.

The selection of and awards to Regional Hubs of Healthcare Opportunity is contingent upon funding.

The goal of the *California Medicine Scholars Program (CMSP)* is to develop a more diverse and competitive pool of medical school applicants from the California Community Colleges (CCCs) who intend to join the primary care physician workforce. The CMSP is a system-wide, collaborative pathway to support and increase the numbers of underrepresented minority physicians, in efforts to address the physician shortage in under resourced and underserved communities. Increasing the numbers of URiM physicians also addresses inequities and disparities in the health and health outcomes of California's diverse communities. To accomplish this goal, successful RHHO applicants will demonstrate how they will:

- **Establish or strengthen existing regional collaborative relationships** among, but not limited to, 2-year and 4-year postsecondary educational agencies, schools of medicine, CBOs, community clinics and health centers and other local providers. Additional relationship building could include K-12 school districts, local government entities, philanthropic foundations, and businesses.
- Develop a **systematic approach to preparing community college students in the region to increase transfer and degree completion** rates, and to be competitive applicants to medical school in California and nationally.
- Develop **collaborative partnerships with programs, learning communities and/or other partners** to provide direct services and track student admission, enrollment, and academic progress throughout the pathway.
- Build a **culture that promotes equity of opportunity in medicine and pre-medicine among eligible community college students** and supports data collection and analysis through systematic monitoring, evaluation, and making related improvements to the services offered to underrepresented in medicine (UriM) students in their preparation for transfer to 4-year institutions and later, their, medical school applications.
- Create a **CMSP culture of belonging, academic excellence, and pride** through a regional infrastructure, including active student leadership in the RHHO.

The California Medicine Coalition

The California Medicine Coalition (CMC) is a fiscally sponsored program of the Foundation for the California Community Colleges (FoundationCCC). The CMC was first convened in 2016 as a volunteer group of leaders and professionals in higher education and medicine to look at how health disparities in California's communities could be addressed through diversifying the field of medicine. The CMC has since proposed the CMSP to develop systemic changes needed across California's higher education institutions to diversify the primary care physician pool starting with the California Community College students. In designating specific Regional Hubs of Healthcare Opportunity to facilitate and oversee the California Medicine Scholars Program, the CMC hopes to address the demand for physicians in medically underserved communities.

To date the Coalition consists of over 200 professionals and leaders from across the state's medical schools, community colleges, the California State University and University of California systems, regional healthcare workforce pathway programs, students, government officials, physicians, and healthcare system leaders. It is led by a volunteer Advisory Board and an Executive Director. The design of CMSP was informed by Coalition members across three years of convenings and meetings and upon the advice of CMC Board members.

FoundationCCC as CMC's fiscal agent will establish agreements with awarded RHHO's lead institution identified through this RFA. Up to four (4) RHHOs may be awarded to implement the CMSP. The ideal RHHO will be minimally comprised of:

- Three (3) California community colleges
- One (1) public and/or private, non-profit California undergraduate institutions
- One (1) California medical school
- Three (3) community partner organizations.

Each RHHO will implement and track programs and services that support at least 50 community college students per academic year to persist in their undergraduate education and to be competitively prepared for medical school application and participating medical schools would grant additional consideration in the application process to CMSP students who meet certain requirements. The CMSP also requires that RHHOs program plans are aligned with and support current California community college programs and policies, specifically the Associate Degree for Transfer (ADT) (AB 928), AB 705, and AB 1805.

2. APPLICANT CHECKLIST

<p style="text-align: center;">RHHO and Partnering Institution Eligibility</p>	<p>Check if your proposed collaborative can address noted criteria</p>			
<p>Applicants will apply as a Regional Hub of Healthcare Opportunity (also referred to as a “RHHO”). An applying RHHO must minimally include:</p> <ul style="list-style-type: none"> a. at least one school of medicine (SOM); b. at least one 4-year accredited undergraduate institutions. c. at least three community colleges. d. at least three community partners, at least one of which should be a Community Health Center within the region. <p>Any of the above institutions/organizations listed can be the fiscal agent for the RHHO.</p>				
<p>Applicants can provide support and rationale for defining the geographic boundaries of their region.</p>				
<p>Applicants will be expected to identify and describe which institution or agency in their proposed RHHO will serve as the lead institution [<i>and fiscal agent for this grant</i>]. The fiscal agent must have the capacity to track budgets, issue payments for services, generate payroll, organize financial reporting, and other finance and budgetary responsibilities as needed by the California Medicine Central Office.</p>				
<p>The lead institution/fiscal agent will submit the application on behalf of the proposed RHHO. An RHHO applicant’s fiscal agent and lead can be any of the proposed participating institutions included in the proposed RHHO as outlined above.</p>				
<p>The fiscal agent and RHHO partners must participate in cost sharing including funding and in-kind commitments from program partners to support the costs of the program.</p>				
<p>Confirm that all RHHO proposed partners meet the following requirements:</p> <ul style="list-style-type: none"> Agree to participate as an active partner in the RHHO committed to providing services and resources to support the CMSP. Submit letters of support from each participating organization/institution with application. 	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="width: 50px; height: 30px;"></td> </tr> <tr> <td style="width: 50px; height: 30px;"></td> </tr> <tr> <td style="width: 50px; height: 30px;"></td> </tr> </table>			

<p>Confirm that each proposed partner institution and/or agency will have an Institutional Primary Contact. (This individual will serve as the primary institutional point of contact at their respective institution)</p>	
<p>Confirm that the applicant agency/fiscal agent/RHHO Lead will:</p> <ul style="list-style-type: none"> Receive and administer the grant funds and submit the reports required by the California Medicine Central Office and Advisory Board to account for the use of grant funds. House a RHHO-identified Project Lead to coordinate and manage the activities of the RHHO Be responsible for the performance of any services provided through funds awarded under this grant by the partners, consultants, or other organizations. 	
<p>Data collection and reporting - Each participating CMSP institution, under the direction of the RHHO Project Lead, will identify a contact within a department dedicated to institutional research, data, and accountability who will serve as the primary contact for RHHO Project Leads and Institutional Primary Contacts to at a minimum:</p> <ul style="list-style-type: none"> Perform data requests on CMSP scholars and institution-wide metrics, Develop a system for identifying CMSP scholars in the institution's database and in the case of the SOM, the admissions pool, and, Support with the tracking and reporting of student and institutional data. 	
<p>Evaluation – RHHOs will utilize metrics and instruments developed by the California Medicine Central Office to collect program impact data as part of a formative, process, and outcomes evaluation.</p>	
<p>If awarded, RHHOs will formalize partnership agreements with at least one or more campus-based learning communities, groups, or entities at the participating community colleges such as EOPS/EOP, UMOJA, and PUENTE and MESA to minimally:</p> <ul style="list-style-type: none"> Support the outreach, recruitment and enrollment of new CMSP students; Share a role in connecting CMSP students to appropriate advising and academic support towards transfer and medical school application; 	

<p>Support students to identify and pursue extracurricular and work opportunities that align with the RHHO's Intersegmental Advising Guidelines;</p> <p>Support the tracking and reporting on students' academic and extracurricular preparation and persistence towards medical school application to the RHHOs' institutional liaisons and RHHO Lead.</p>	
<p>Prior demonstrated experience across the proposed institutions and agencies in implementing measurable improvements in their system to support URiM students to enter their institutions, persist, and academically succeed towards a professional degree (in medicine or otherwise), and gain experience in or be placed in practice in addressing the health needs of the surrounding communities of the region.</p>	
<p>Prior experience in achieving measurable gains in URiM student performance and access to critical training opportunities through cross-institutional or multi-sector partnerships.</p>	

3. PROGRAM, ACTIVITIES, & SERVICES

A. Grant Information

The grant funding from California Medicine will be administered by its fiscal agent/sponsor, FoundationCCC. Awarded RHHOs may receive up to \$540,000 per year for 3 years – based on the applicant budget and budget narrative. 20% Cost Share will be required from all grant recipients, and the Cost Share should be reflected on applicant budget. The Budget Act of 2021 provides the Department of Healthcare Access and Information (HCAI) with the funding appropriation for the California Medicine Scholars Program to establish regional pathway programs for community college students to pursue premedical training and enter medical school. (Additional details are in Appendix D.)

B. RHHO Funding Details and Cost Sharing Requirements

Funding Details

There will be up to four (4) Regional Hubs of Healthcare Opportunity (RHHOs) funded at approximately \$540,000/year for 3 years. There are additional funds available for fiscal year 2025-2026 to each RHHO (approximately \$250,000 per RHHO) as bridge funding to ensure program sustainability. The contract will begin June 1, 2022, and end on June 30, 2026.

Non-Appropriations Clause

In the event funds are not appropriated to FoundationCCC by its funder or funders, FoundationCCC may terminate and/or pause funding for RHHO without penalty. Awarded RHHOs will be provided guidance by the California Medicine Central Office in the event funding is delayed, and/or paused, and/or terminated.

Cost Sharing Requirements

Applicants are required to provide 20% Cost Share. Cost Sharing must occur during the period of program implementation and reporting. To be “counted” as cost sharing, contributed effort and resources must be expended and not just obligated within the approved project period.

Cost sharing includes any of the following efforts and/or resources.

Third Party “In-Kind” Contributions: This is the computed value of any services and/or resources provided by a third-party in support of a program being administered by the institution/organization. Third-party in-kind contributions may be in the form of real property, equipment, supplies and other expendable property, or goods and services directly benefiting and specifically designated for the program.

Institution/Agency “Cash” Contributions: The institution/agency can make a cash contribution to a sponsored project for cost sharing purposes in two ways: (1) Contributing the computed value of the effort that institution/agency-paid personnel are expending on the program without reimbursement from the granting agency and (2) Contributing monies from a institution/agency unrestricted fund to pay for any of the direct costs associated with the program (e.g., salaries, fringe benefits, travel, equipment etc.)

Cost Sharing of Facilities and Administration Costs: These costs are considered “indirect” costs because, unlike direct costs, these costs cannot be linked to any particular program managed by the institution/agency.

The costs must be allocable to the project. The type of costs contributed as Cost Share must be considered allowable by HCAI.

C. RHHO and Partnering Institutions Scope of Work

The Scope of Work is provided in Exhibit A and labeled "Services and Deliverables".

D. Allowable and Non-allowable Costs

Allowable and non-allowable costs are detailed in Exhibit G.

4. ACCOUNTABILITY

To ensure the successful implementation of the California Medicine Scholars Program, awardees are required to submit expenditure and performance reports annually for the grant period. At the end of each year, the applicant will submit the expenditure and performance report, and a narrative describing the degree to which the RHHO met its financial and performance goals. The narrative will also describe any changes to the projected activities and outcomes for the second year of the grant. A summative end-of-grant report describing the cumulative programmatic and student outcomes, as well as any required deliverables will be due on December 31, 2025. The RHHO Lead is responsible for submitting all data required by the California Medicine Central Office. Awardees are required to set aside budget funds to be used for data collection, data reporting, and data training activities for program staff.

A. Program Metrics

Evaluation and Assessment will be done in close partnership with the California Medicine Central Office. (Please see APPENDIX C for the Evaluation Plan Overview.) The evaluation plan, schedule, metrics, and benchmarks outlined in the systemwide evaluation plan will be the same across all RHHOs.

E. HCAI Reporting Requirements

Each participating RHHO will be required to report on student and institutional outcomes that will be submitted by the California Medicine Central Office to HCAI no less than 1x per year.

Occurrence	Description	Due Date
Annually	<p>1. The RHHO shall also collect data and provide HCAI with an annual CMSP Activities Report by RHHO for each cohort of CMSP students that includes but is not limited to the following:</p> <p>Number of:</p> <ul style="list-style-type: none"> • Students in attendance at recruitment events • Students accepted into the CMSP • Students that received transfer specific advising. • Community college advisors that attended a CA Medicine workshop on pre-med advising activities. • Students that participated in a health internship, research apprenticeship, 	<p>January 1, 2023</p> <p>January 1, 2024</p> <p>January 1, 2025</p>

	<p>and/or part-time employment in a health, public health, or primary care related position or setting.</p> <ul style="list-style-type: none"> • Students that completed and submitted transfer applications, and to which four-year institutions. • Students accepted into four-year institutions. <p>For each cohort of students at each RHHO that participates in the CMSP, each RHHO will include the following data in the annual CMSP Activities Report to the California Medicine Coalition Central Office:</p> <ul style="list-style-type: none"> • Languages spoken • Race/ethnicity • Date of birth • Sex/gender identity • Sexual orientation • First member of family to attend college 	
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5. APPLICATION AND SELECTION PROCEDURES AND PROCESS

A. RFA Important Dates

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B. Application Assistance

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The informational webinars will provide an overview of the RFA and offer potential applicants an opportunity to ask clarifying questions. The informational webinars will be recorded and available on the California Medicine home page.

A summary of the FAQs and responses from each of the webinars will also be made available within 7 business days following each webinar.

Please note that technical assistance is also available Monday through Thursday during the application period. Questions can be directed by email to:

Rowena A. Robles, PhD
Executive Director
Central Medicine Coalition
robles@california-medicine.org

No technical assistance will be available after 5:30 PM. Monday through Thursday or on Fridays, weekends, and holidays.

C. Application Review and Selection Criteria

Each application will be read and scored by a California Medicine appointed selection committee with a minimum 3 members and will include proposal reviewers from the California Community Colleges Chancellor's Office, the Chancellor's Office of the California State University, the University of California Office of the President and/or the California Primary Care Association. Applicants meeting the qualified or highly qualified scoring threshold may also be required to participate in an evaluation interview prior to awards being made.

Applications will be evaluated using the California Medicine Scoring Rubric (See Appendix B).

5. APPLICATION SUBMISSION GUIDELINES

A. Application Instructions

A complete application consists of the following components:

1. Application Cover Page with RHHO Information (Form will be available in application submission portal)
2. Abstract
3. Data Information from RHHO Lead
4. Responses to Narrative and Application Questions, not to exceed 30 pages
5. Proposed Budget and Budget Narrative
6. Letters of Support from each proposed RHHO partner
7. Applicant redlines to the Agreement between RHHO and FoundationCCC.
(Agreement is found in RFA as Exhibit A and Exhibit B. Only redlines submitted as part of the RFA application will be accepted. Excessive redlines to the Agreement may render an applicant non-responsive to the RFA and may result in disqualification.)

The responses are to be completed in either Times New Roman or Arial 12-point fonts.

B. Submitting the Application

The application submission portal will be located on the California Medicine website at www.california-medicine.org. The portal will be open and accepting applications from March 15 – April 15, 2022.

C. Protest

Any applicant submitting a proposal may file a protest within three (3) business days after the Notice of Intent to Award. The protest must comply with the following:

- The protest must be in writing.
- The protest must be filed and received by the California Medicine Central Office and FoundationCCC 72- hours after publication of Notice of Intent to Award, to robles@california-medicine.org.
- The written protest must set forth, in detail, all grounds for the protest, including without limitation all facts, supporting documentation, legal authorities, and argument in support of the grounds for protest. Any matters not set forth in the written protest shall be deemed waived. All factual contentions must be supported by competent, admissible, and credible evidence.

Any protest not conforming to the foregoing shall be rejected by FoundationCCC as invalid. A protest shall be filed in strict conformity with the foregoing: the program's Executive Director or such individual(s) as may be designated in his/her discretion, shall review and evaluate the basis of the protest and shall provide a written decision to the Respondent submitting the protest, stating concurrence with or denial of the protest. The written decision of the Foundation's authorized representative shall be final and not subject to reconsideration or appeal with the Foundation or the Foundation's Board.

D. Requested Background Information and Baseline Data

For a competitive review and selection of the RHHOs, California Medicine requests the key data and background information from the RHHO lead institution/organization. Some of the background information requested is solicited from the RHHO lead as evidence of the history of the partnerships being proposed.

Data requested will be used for the following purposes:

1. To determine current capacity and need to improve areas of the system or institution with regards to equity at a systems level.
2. To identify common baselines, targets and/or common barriers to URiM success being experienced within or across RHHOs. For RHHOs selected, these metrics will help to determine RHHO plans for systemic improvement that will be measured in the CMSP program.

Background and Baseline Data

In addition to the data points outlined below, for all partners for which it is applicable, please submit the most recent results of your institution's climate survey that shares student, staff and/or faculty opinions/experiences on the culture and climate with regards to diversity of the institution.

The **lead institution in the RHHO** is expected to submit the data listed below for your institution only. Once an RHHO is chosen as an awardee, the California Medicine Central office can provide assistance in gathering data for the entire RHHO region and the participating institutions/organizations if needed by the RHHO.

If your institution is unable to access any part or all of the data requested for the purposes of responding to the RFA, please contact Rowena Robles at rrobles@california-medicine.org. If the student data you are submitting has been impacted by the Covid-19 pandemic, please note that and specify how the student data was impacted.

Community Colleges (if RHHO lead)

- Submit data disaggregated by race/ethnicity and gender on the number and percentages of students retained and pass rates (C- or better) for the last two academic years for which there is data available by term for the following courses:

- Calculus
- Statistics
- English (as required for GE completion)
- Psychology
- Intro Physics
- General Physics
- Intro Chemistry
- General Chemistry (e.g., CHEM 1A and CHEM 1B or equivalent)
- Organic Chemistry
- Intro Biology
- Human Anatomy
- Human Physiology
- General Biology
- Biochemistry

(Optional) Community colleges included in the application, but not the RHHO lead, may also submit data on any other courses in addition to those listed above that the institution has identified as having historically been a barrier for URiM students. For data for any additional courses, please provide both the academic year term disaggregated retention and pass rate data, with a rationale for why those specific courses were identified in the proposal, and any explanation for the source of the understood barriers.

- Please submit at least three years of the most recent data on the number and percentage of students transferring, including ADTs, within 2 years, 3 years, and 4 years or more to UC, CSU, California private and out of state 4-year institutions for students connected to EOPS, MESA, DSPS, CalWorks, TRIO, Puente, Umoja, AANAPISI, PACE and other related programs. The average number of units completed prior to transfer for each year increment (2, 3 and 4) should be noted. Transfer number and rates to the specific 4-year undergraduate institutions proposed as RHHO partners should be noted. All transfer data should be disaggregated by race/ethnicity and gender.

4-Year Undergraduate Institutions (if RHHO Lead)

- Submit student retention and pass rates (C- or better) data for AY 2017-18 by term and disaggregated by race/ethnicity and gender, and transfer vs non-transfer students for at least the following courses:
 - Calculus
 - Statistics
 - English (as required for GE completion)
 - Psychology
 - Intro Physics
 - General Physics
 - Intro Chemistry
 - General Chemistry (e.g., CHEM 1A and CHEM 1B or equivalent)

- Organic Chemistry
- Intro Biology
- Human Anatomy
- Human Physiology
- General Biology
- Biochemistry

(Optional) 4-Year undergraduate institutions included in the application, but not the RHHO Lead, may also submit data on any other courses in addition to those listed above that the institution has identified as having historically been a barrier for URiM students. For data for any additional courses, please provide both the AY 2017-18 term disaggregated retention and pass rate data, with a rationale for why those specific courses were identified in the proposal, and any explanation for the source of the understood barriers.

- Submit at least three years (AY's 2015-16, 2016-17, 2017-18) of data disaggregated by race/ethnicity and gender on the number and percentage of transfer students who applied, were accepted, enrolled and completed a baccalaureate degree in their 4th, 5th and 6th year of postsecondary education. Where applicable, please include the percentage of students for each metric that were connected to EOP, MESA, DSPS, CalWorks, and other related programs.
 - Include further details and explanation for any substantial differences between the race/ethnicity demographics of transfer applicants to the institution and the demographics of transfer applicants who were admitted to the institution.
 - Include further details and explanation for any substantial differences between the race/ethnicity demographics of transfer applicants admitted to the institution and the demographics of all applicants admitted to the institution.
 - Include further details and explanation for any substantial differences between the demographics of transfer enrollment and the demographics of transfer students who completed a degree within 4, 5 and 6 or more years.

Schools of Medicine (SOM) (if RHHO Lead)

- Submit at least three academic years of data on the number and percentage of students who applied, were admitted, enrolled for their first year and completed an MD degree disaggregated by race/ethnicity and gender. As available, for each metric and race/ethnicity and gender category, please note the number of students who: a) initiated their postsecondary education at a California Community College, b) completed their BA/BS or equivalent degree in a UC, CSU or accredited California 4-year private undergraduate institution, and c) the number that completed a postbaccalaureate premedical program in California vs out of state prior to their application to the School of Medicine.

- For the same years, please also provide specific data on the number and percentage of medical school applicants, admits, enrollees and students completing an MD degree disaggregated by race/ethnicity and gender for students who completed baccalaureate undergraduate education at each of the RHHO's proposed participating 4-year institutions, noting the specific institution.
- SOMs must include further details and explanation for any substantial differences between the demographics of the SOM applicants, and the demographics of the applicants who were admitted to the SOM. Pending the availability of the data, please include details on any demographic differentiation between the aforementioned groups that may be specific to those students who initiated their postsecondary education at a California Community College.
- SOMs must include further details and explanation for any substantial differences between the demographics of the overall enrollment in the SOM and the demographics of medical students who received an MD.

Community Partners (if RHHO Lead)

Organizational data on history or trend of addressing systemic racial inequities in region and/or organizational data on student support services provided and demographic information on students served and/or organizational data on addressing racial health equity.

6. PROGRAM DESCRIPTION AND APPLICATION QUESTIONS

ABSTRACT

Page limit = 1 page

1. Provide an abstract, which is a summary overview of the proposed Regional Hub of Healthcare Opportunity and its unique CMSP Pathway. Briefly describe the geographic area to be served. Describe the major components of the proposed pathway in this RHHO, providing an overview of the major activities and services that will be provided to increase transfer and competitive preparation for medical school across the proposed participating institutions and agencies. Describe the major partners and any other features of the proposal.

BACKGROUND

Page limit = 3 pages

2. Describe the geographic area to be served, the demographics of the area, the specific health needs, disparities and demographic profile of the region, the specific community colleges, and their feeder high schools / school districts from which CMSP students will be identified and served.

3. What gaps exist within the region's educational infrastructure for preparing community college and URiM students to be ready and eligible for postsecondary education and training?
4. For the California Community Colleges partners in your RHHO, please describe the progress your campus has made regarding implementation of AB705, AB1805, and ADT (AB928).
5. Describe any prior experience among the proposed participating institutions and partners regarding working with students who began their postsecondary education pathway in a California community college and supports that have been or are currently provided to prepare these students towards a career in medicine, and specifically primary care.
6. Please describe any existing partnerships or agreements that the proposed partner institutions of the RHHO may have with each other or other higher education institutions in California that demonstrate the potential for more transfers of students, including underrepresented minority students, from the California Community Colleges to the CSU, UC, or 4-Year private undergraduate institution.
7. Please describe any existing partnerships or agreements that each of the proposed partner institutions in the RHHO may already have with each other or with other higher education institutions in California that demonstrate the potential for more URiM community college transfer students to be competitively prepared for and to apply to a SOM in California.
 - a. Details of the specific institutional changes, interventions or terms of the agreement that demonstrates work among faculty, staff, or departments across institutions to build a strong intersegmental community and culture focused on student equity should be provided.

DESCRIPTION OF YOUR REGIONAL HUB OF HEALTHCARE OPPORTUNITY (RHHO)

Page limit = 3 pages

8. Describe the major components of the proposed pathway in this RHHO, identifying the major activities and services that will be provided to increase transfer and competitive preparation for medical school across the proposed participating institutions and agencies. Describe the proposed programs for each educational institution that would support CMSP students throughout the pathway, with special attention to programs and services that will facilitate student matriculation and preparedness for applying to medical school.
9. Describe if this proposed RHHO would result in the formation of new partnerships or further the engagement of existing partnerships. Summarize the partners commitment to support the RHHO and statewide network of RHHO's implementing the California Medicine Scholars Program.

10. Identify and describe which institution or agency in your proposed RHHO will serve as the lead institution [*and fiscal agent for this grant*] and how the fiscal agent will work collaboratively with the CMC main office to ensure the grant funds are expended properly and that all fiscal and data reports will be submitted on time and complete.
- a. In addition to minimum expectations of a RHHO Project Lead, applying RHHOs will be asked to submit a plan on how their RHHO Lead would:
 - Serve as a conduit and resource for CMSP and other RHHOs and their participating institutions.
 - Describe a preferred communication methodology to interact with and share practices / troubleshoot with other RHHOs.
 - Manage the RHHO's social media and any other media or external communications platform for the RHHO.
11. Briefly describe and list the partners in the RHHO and ensure that it has the minimum number of partners specified:
- a. At least three California community college partners
 - b. At least one public or private not-for profit 4-year college/university partners,
 - c. At least one School of Medicine,
 - d. At least three community partners of which at least one is a Community Health Center.

Describe any additional partners in the RHHO and how they will participate and contribute to the RHHO. Additional partners can include K-12 educational agencies, public and non-profit universities, community colleges, CBOs, local government entities, foundations, businesses, and healthcare providers. ***Attach copies of Letters of Support from each partnering institution/organization in your proposed RHHO.***

12. Describe the establishment of an RHHO Advisory Board with at least one representative from each entity in the RHHO. The Advisory Board should minimally be responsible for:
- Establishing management policy.
 - Providing guidance and support to the RHHO Project Lead.
 - Budget decisions.
 - Maintaining the required level of 20% cost sharing (that includes leveraging institutional and in-kind support, programs, and personnel and/or soliciting private/corporate funds).
 - Provide guidance on coordination of volunteer/internship/educational opportunities with community partners.

Explain how the RHHO Advisory board is prepared to administer and support the success of RHHO. Describe the board's capabilities and knowledge in conducting and administering multi-sector and intersegmental projects, partnerships, and grants. If selected as an awardee, you will be asked to describe the following: who will serve on

the RHHO Advisory Board, the structure of the board, their responsibilities, frequency of meetings, and assurances that operational policies and procedures will be developed by September 1st, 2022.

DESCRIPTION OF EVALUATION AND ASSESSMENT

Page limit = 2 pages

13. Describe how your RHHO will monitor and evaluate the effectiveness of the RHHO's interventions, and evaluate the continued implementation, scaling, and/or elimination of the interventions based on their effectiveness with CMSP Scholars from 2022 - 2025. Evaluation and Assessment will be done in close partnership with the California Medicine Central Office. (Please see APPENDIX C for the Evaluation Plan Overview.) The evaluation schedule, instruments, and benchmarks outlined in the evaluation plan will be the same across all RHHOs. This section is your opportunity to describe any additional evaluation and assessment activities you will be implementing as well as why these additional activities are necessary.
 - a. One of the innovative aspects of the CMSP is seeking to implement systemic change by tracking student progress. Broadly, students will be tracked to ensure that they are progressing academically towards reasonable matriculation to a 4-year university and then medical school. How will your RHHO track students and how will this be done inter-segmentally and across institutions?

DESCRIPTION OF STUDENT RECRUITMENT, ACTIVITIES, AND SUPPORT

Page limit = 3 pages

14. Describe how your RHHO will recruit an initial pilot CMSP Scholar cohort of at least 50 California Community College students (with at least 15-20 students at each proposed partner community college in the RHHO) and name specific agencies/institutions/ departments in your RHHO who will be involved in student recruitment. Recruitment should leverage and utilize existing personnel and programs such as student advisors, student groups, MESA, PUENTE, etc. Recruitment of students can also occur through collaboration with community-based organizations and community health centers.
15. Describe how you will specifically serve students in your RHHO.
 - a. Describe the unique services, cross-institutional interventions, or regional approaches to services that the RHHO will offer CMSP scholars.
 - b. Describe the RHHO's specific Intersegmental Advising Guidelines, which should be aligned to California Community College advising requirements, for CMSP Scholars that meets the minimum course requirements for CMSP and any further requirements of the participating institutions in the RHHO.

In the development of these guidelines, the RHHO should minimally consider including content recommendations in the following areas:

Coursework

- i. One year of English
- ii. One year of Calculus
- iii. Statistics
- iv. One year of Intro and General Chemistry + labs
- v. One year of intro and General Biology + labs
- vi. Intro and General Physics or equivalent + labs
- vii. At least one course in Psychology
- viii. At least one course that introduces students to concepts in public health, sociology, social justice and/or ethnic studies.
- ix. One year of Organic Chemistry + lab
- x. Anatomy and Physiology
- xi. Biochemistry + lab
- xii. Upper division biology such as Genetics or Molecular Biology

16. Describe how you will provide orientation, advising, and support to CMSP Scholars so they can successfully meet the following CMSP Scholar expectations to participate:

Prior to their induction or selection to become CMSP scholars, students must have completed at least 12 units in a California Community College.

Completion of all CMSP recommended pre-medicine courses and any other coursework as required through the RHHO's Intersegmental Advising Guidelines, participate in at least one CMSP student engagement activity per year, and complete at least two research and two clinical/field experiences prior to degree completion from one of the participating CMSP 4-year undergraduate institutions.

Completion of at least 75% of the CMSP recommended and required courses as outlined in the Intersegmental Advising Guidelines of the RHHO in any of the CMSP participating postsecondary institutions across all of the participating RHHOs in California.

CMSP scholars must meet transfer admission requirements to the 4-year universities in their RHHO, in addition to completing the CMSP pre-med course sequence.

If a student chooses not to pursue a pre-medicine pathway, describe the advising that will be provided. This specific advising could be viewed as "off ramps" for students who decide not to pursue pre-medicine but are interested in other careers in healthcare such as dentistry. These "off-ramps" should be available to students at the community colleges and at the 4-year institutions in each RHHO.

DESCRIBE CAMPUS AND COMMUNITY-BASED PARTNERSHIPS AND COLLABORATIONS

Page limit = 3 pages

17. Describe your RHHO's strategies to leverage and avoid duplication of equity-focused services to eligible students and to maximize the use of current institutional resources and RHHO grant funding. Examples of other programs that may serve CMSP students include: GEAR UP, MESA EAOP, EOP, EOPS, UMOJA, TRIO, AANAPISI, DSPS, CalWorks, among others. Submit a plan that identifies at least one or more campus-based learning community, group, or entity that will formalize a partnership (if not already in existence) with each Community College and/or 4-Year Undergraduate institution in the RHHO. Include details regarding each group's role in their institutions and within the RHHO. These organizations should work with the RHHO Project Lead and Institutional Primary Contact to minimally:
 - a. Support the outreach, recruitment and enrollment of new CMSP students;
 - b. Share a role in connecting CMSP students to appropriate advising and academic support towards transfer and medical school application;
 - c. Support students to identify and pursue extracurricular and work opportunities that align with the RHHO's Intersegmental Advising Guidelines;
 - d. Support the tracking and reporting on students' preparation and persistence towards medical school application to the RHHOs' institutional liaisons and RHHO Lead.

18. RHHO's are expected to design and test system-focused improvements to improve, utilize, and/or develop equity measures on key areas such as transfer, student academic performance, or student access to medical school portfolio building opportunities (e.g., research, field experience clinical experience, etc.), and demonstrate an alignment of these strategies to the goals of California Medicine. To that end, applicants will be expected to describe:
 - a. The processes and resources on each proposed participating campus that are used to connect student support programs and learning communities (such as EOPS / EOP, DSPS, CalWorks, TRIO, Puente, Umoja, AANAPISI, PACE, etc.) with transfer counselors, faculty, and staff to promote and increase transfer success of program participants.
 - b. Any existing partnerships or agreements participating institutions may have with each other or other higher education institutions in California that demonstrate the potential for more URiM CCC transfer students to be a competitively prepared applicant to a SOM in California.
 - c. How the proposed RHHO will include direct involvement from each proposed participating institutions' staff, demonstrating effective integration of CMSP objectives and institutional services.

19. Submit a plan for how the Institutional Primary Contact in each proposed RHHO partner institution or agency will:
- a. Serve as the primary institutional point of contact for the RHHO Project Lead, CMSP Scholars and the other participating institutions in the RHHO.
 - b. Lead and coordinate external and internal communication from and within their institution as needed across departments, campus-based organizations, programs and/or learning communities.
 - c. Track the institution and students' progress to meet CMSP outcomes at their institution with the support of the institutional research and data contact.
 - d. Coordinate the sharing of data and collaboration of CMSP best practices across departments, programs and learning communities at their institution.
 - e. On a quarterly basis, participate in the virtual meetings for RHHO Project Leads to share data, troubleshoot challenges in program implementation and share best practices from their institution.
 - f. Provide leadership with the RHHO's Project Lead in the coordination of students to participate in RHHO and statewide engagements to build a CMSP and regional network and mentorship model for students.
 - g. Build or strengthen relationships with existing programs, student associations and student groups at their institution to connect CMSP scholars to these resources.
 - h. Work with the RHHO Project Lead to identify at least one Faculty Champion, preferably a tenured faculty, who can serve as an advocate for CMSP and CSMP scholars from their institution, support the mentorship of scholars, and participate in the planning and execution of the RHHO's regional convening for CMSP scholars.
20. RHHO's are expected to partner with community health centers and/or community-based organizations. The ways in which you partner with these organizations is at the discretion of each RHHO. Some suggestions for how these partnerships can support students and the RHHO include: student recruitment in partnership with the higher education institutions, student internship and/or volunteer placements, workshops for students on community-based health interventions, etc.
- a. Describe each community health center and/or community-based organization who are part of the RHHO. Describe their target populations and clients served, the specific services provided, and a few projects or areas of focus of each organization.
 - a. Describe the types of programs and support that each organization will provide to supporting students in the pathway to medical school. For local community-based organizations, and specifically the proposed partnering community health center(s), describe how they will offer opportunities for shadowing, clinical

exposures, lab, leadership, community service and/or other resources that will support the students' preparation for medical school based on the RHHO's Intersegmental Advising Guidelines.

21. Based on your responses to question 14 – 19 above, describe in detail and sequentially this RHHOs Intersegmental Advising Guidelines.

ADDITIONAL REQUIRED SECTIONS

22. **BRANDING (Page limit = 1 page)** – Describe how you will promote a California Medicine Scholar Program student identity, which includes a commitment to use the California Medicine logo and branding on all CMSP related materials.
23. **COMMUNICATIONS PLAN (Page limit = 1 page)** – Describe the RHHO communications plan for students, staff, faculty and other members of the RHHO to ensure CMSP requirements, opportunities, student resources are made publicly available online and are promoted through various methods, including, but not limited to social media.
- b. The extent to which the RHHO will submit a social media plan to share information and news that is at minimum geared to students, policymakers and the greater community interested in the field of diversity in medicine.
 - c. In addition to minimum expectations of a RHHO Project Lead, applying RHHOs will be asked to submit a plan on how their RHHO Lead would:
 - Serve as a conduit and resource for CMSP and other RHHOs and their participating institutions.
 - Describe a preferred communication methodology to interact with and share practices / troubleshoot with other RHHOs.
 - Manage the RHHO's social media and any other media or external communications platform for the RHHO.
24. **CONVENINGS/MEETINGS (Page limit = 1 page)**- Describe the extent to which the RHHO will incentivize, promote and encourage the participation of at a minimum select CCC Counselors, 4-Year college/university pre-med advisors, SOM admissions and Equity, Diversity & Inclusion staff from its participating institutions, and staff from community health clinics/community-based organizations in at least one statewide CMSP Institute on pre-med advising to share advising practices and guidelines across institutions and RHHOs. The California Medicine Central Office will host and organize this Institute.

The partnering organizations within each RHHO and the RHHO Project Leads are expected to attend and participate in the following meetings and convenings.

- a. The RHHO Project Lead will participate in bimonthly (every other month) virtual meetings and up to one in-person regional convening, and up to two in-person

statewide convenings per year, organized and facilitated by the California Medicine Central Office.

- b. Institutional primary contacts for the RHHO will participate in the RHHO Project Lead virtual meetings on a quarterly basis.
- c. Participating institutions will ensure their CMSP Scholars can participate in an annual California Medicine organized CMSP statewide networking convening and attend at least one medical conference while enrolled in one of the participating community colleges and one while enrolled in a participating 4-Year undergraduate institution.

25. DATA AND STUDENT TRACKING (Page limit = 2 pages)- Each RHHO will work with the California Medicine central office and the other selected RHHO(s) to share aggregate and student level data as well as share progress and coordinate on the continuous improvement of student services. Describe how your RHHO will organize data collection and student tracking, the Institutional Primary Contacts (IPCs) at each higher education institution in the RHHO, and how this data will be collected and shared.

- a. Execute a cross-institutional IRB to provide for the sharing of student-identifying and institution or agency level data across the participating institutions and agencies of the RHHO and with the CMC central office and account for FERPA.
- b. Gather consent forms from each CMSP student along with the agreement to submit their transcripts each semester to their RHHOs IPC at each post-secondary institution.
- c. Describe how the RHHO will collect and submit non-identifying student-level and institution-level or agency level-data to the CMC central office.:
 - *Enrollment and demographic data including gender, race/ethnicity, year in school, California Promise grant eligibility and Pell-grant eligibility*
 - *Course completion and pass/fail rate data for CMSP scholars for the following courses:*
 - Calculus
 - Statistics
 - English (as required for GE completion)
 - Psychology
 - Intro Physics
 - General Physics
 - Intro Chemistry
 - General Chemistry (e.g., CHEM 1A and CHEM 1B or equivalent)
 - Organic Chemistry
 - Intro Biology
 - Human Anatomy
 - Human Physiology
 - General Biology
 - Biochemistry

- *Transfer rates and ADT completion rates*
 - *Financial aid data*
 - *Degree completion data*
- *Other data as specified by the California Medicine Coalition, including but not limited to the institutional and student outcome data specified in this RFA. This data includes:*
 - *Collect and submit non-identifying student-level and institution-level or agency level-data to the California Medicine Central Office:*
 - *Enrollment and demographic data including gender, race/ethnicity, year in school, California Promise grant eligibility and Pell-grant eligibility*
 - *Course completion and pass/fail rate data for CMSP scholars for the following courses:*
 - *Transfer rates and ADT completion rates*
 - *Financial aid uptake data*
 - *Degree completion data*
- d. Submit a plan for how each institution in the RHHO will identify CMSP students in their data system that is recognized and is transferable across all CMSP-participating institutions (e.g., having a “CMSP-tag” or other mechanisms of flagging students). (The California Medicine Central Office will share guidelines with selected RHHO’s and their institutions regarding the data to be requested for tracking student progress, how it will be collected and the criteria to identify a CMSP student.)

ENROLLMENT AND ADMISSIONS CONSIDERATIONS (Page limit = 2 pages)

26. Participating community colleges and 4-Year undergraduate institutions should be prepared to describe a plan to ensure priority enrollment or an equivalent guarantee of access to core courses as recommended under their Intersegmental Advising Guidelines.
- a. For community colleges in the RHHO, describe how community colleges will collectively ensure that they can offer all recommended and required pre-med courses as listed in the RHHO’s Intersegmental Advising Guidelines for students to take in either year 1 and year 2, whether in-person or online.
 - b. For 4-Year undergraduate institutions in the RHHO, describe how 4-year undergraduate institutions will ensure additional consideration or additional points to be awarded to CMSP Scholars who are applying to their institution after a minimum of two years of study at a CMSP participating California Community College.
 - c. For 4-Year Institutions and School(s) of Medicine in the RHHO, describe how they will give additional consideration in the admissions and/or interview process to CMSP Scholars who apply from a participating California Community College (for 4-Year admission) or a participating 4-Year undergraduate institution after

transferring from a CMSP participating California Community College (for SOM admission).

- d. For local community-based organizations, and specifically the proposed partnering community health center(s), describe how they will offer opportunities for shadowing, clinical exposures, lab, leadership, community service and/or other resources that will support the students' preparation for medical school based on the RHHO's Intersegmental Advising Guidelines.

PROPOSED BUDGET AND BUDGET NARRATIVE

27. In the blank budget template below, lists the items that the funding for RHHO implementation and program activities will support. Please also provide a budget narrative that describes how the program budget supports program implementation and activities beneath the listed items. This blank budget template illustrates a three-year grant budget.

Project Budget Needs	Year 1	Year 2	Year 3	Total
A. PERSONNEL				
Personnel needed to complete the project activities. These usually include project directors, staff assistants, release time or stipends for faculty.				
TOTAL PERSONNEL				
B. FRINGE BENEFITS				
Mandatory employee benefits or coverage required for employment				
TOTAL FRINGE BENEFITS				
TOTAL PERSONNEL with Fringe Benefits				
C. TRAVEL				
Travel needed to complete the project, which typically includes an RHHO project lead meeting mandated in the Request for Applications (RFA), additional in-region and in-state travel, and other project specific travel.				
TOTAL TRAVEL				
D. EQUIPMENT - Items with a unit cost over \$5,000				
Items with costing over \$5,000 must be listed as equipment. Specific equipment requires a justification of how it relates to the project's objectives and how it will be used.				
TOTAL EQUIPMENT				
E. SUPPLIES				
Any materials or supplies needed to support completion of the project's objectives. Equipment items less than \$5,000 may be listed in this category.				

TOTAL SUPPLIES				
F. CONTRACTUAL				
<p>If the project involves sub-awards to RHHO partners or external project partners, the amount they will receive is listed here as a contractual agreement amount.</p> <p>A description of the scope of work that each external project partner (not part of RHHO but an external partner such as a data analyst) will provide for the project is needed.</p> <p>Developing this scope of work can help determine the contractual agreement amount to provide to external project partners.</p>				
TOTAL CONTRACTUAL				
H. OTHER				
<p>This section will include costs for outreach/marketing, external or internal printing needs, and other costs incurred by the project.</p>				
TOTAL OTHER				
TOTAL DIRECT COSTS				
I. INDIRECT COSTS				
<p>Amount available for providing support to the RHHO. Noted as "cost-sharing" in the RFA.</p>				
TOTAL BUDGET				

Budget Narrative (Page limit = 2 pages) Please describe your program activities as related to the budget details in the table above.

APPENDIX A – GLOSSARY

California Medicine Coalition (CMC)

The California Medicine Coalition (CMC) is a program of the Foundation for the California Community Colleges (FoundationCCC). The CMC was first convened in 2016 as volunteer group of leaders and professionals in higher education and medicine to look at how health disparities in California's communities could be addressed through diversifying the field of medicine. The CMC has since proposed the CMSP to develop a supported, educational pathway through California's higher education institutions to diversify the primary care physician workforce starting with the California Community College students.

California Medicine Scholars Program (CMSP)

The California Medicine Scholars Program is a statewide, structured partnership pathway to increase the number of underrepresented in medicine (URiM) primary care physicians in the state of California to address health disparities across the state's diverse and medically underserved communities.

Equity

Ensuring equity in education is a necessary component in narrowing the achievement gap. Education leaders, administrators, student service professionals, and faculty ensure equity by recognizing, respecting, and attending to the diverse strengths and challenges of the students they serve. Educational programs that take equity into deep consideration can differentiate instruction, services, and resource distribution to respond effectively to the diverse needs of their students, with the aim of ensuring that all students are able to learn and thrive.

Institutional Primary Contact (IPC)

The individual who will serve as the primary institutional point of contact at their respective institution for the RHHO Project Lead, CMSP Scholars and the other participating institutions in the RHHO and could also be viewed the contact person at the participating institution for the partners and students in their RHHO.

Regional Hub of Opportunity (RHHO)

The RHHOs are charged with implementing and/or expanding current student supports that form a student pathway from community college to medical school. An RHHO must minimally include at least one school of medicine

(SOM); at least two 4-year accredited four-year undergraduate institutions; at least three community colleges; and at least three community partners, at least one of which should be a Community Health Center within the region.

RHHO Project Lead

The RHHO Project Lead is expected to receive and administer the grant funds and submit the reports required by the California Medicine Central Office and Executive Board to account for the use of grant funds; coordinate and manage the activities of the RHHO; and be responsible for the performance of any services provided through funds awarded under this grant by the partners, consultants, or other organizations. Additional responsibilities may be added as deemed necessary by the California Medicine Central Office.

Systems Change

Systems change includes a set of data informed strategies among one or more institutions that shift and/or add to current practices, facilitating greater access to an enhanced service that creates measurable gains in educational, health, economic and social opportunities.

Systems change work may include systems level interventions and is defined by a long-term commitment to improving equity and access for UriM students, engagement with an ongoing process of continuous improvement and strengthening of practices, outcomes, and cross sector relationships over time, in pursuit of lasting change of the systems engaged, and the outcomes for UriM students.

URiM

The term “underrepresented in medicine” or “URiM” is defined by the American Association of Medical Colleges as “Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.” This definition was adopted in 2003 to replace the term “underrepresented minority” or “URM” following the Supreme Court decision in *Grutter*. In the state of California, and therefore for the purposes of the California Medicine Coalition, this definition means that the students of focus are of the following racial and ethnic backgrounds: Black or African American, Hispanic/Latinx, American Indian and Alaska Native, Hawaiian and Pacific Islander as well as students from specific underrepresented Asian subpopulations including but not limited to Filipino, Vietnamese, Cambodian, Hmong, among others.

APPENDIX B – SCORING RUBRIC

The California Medicine Scholars Program RFA Review and Scoring Rubric for Submitted Applications

The grant proposal scoring rubric will be used to evaluate the RHHO grant applications submitted for consideration. Applications will be reviewed by a grant selection committee and will work with the California Medicine Coalition Executive Director for guidance and direction. The selection committee will use this rubric to guide their review.

SCORING DEFINITIONS

- Minimally Addressed or Does Not Meet Criteria - information not provided
- Met Some but Not All Identified Criteria - requires additional clarification
- Addressed Criteria but Did Not Provide Thorough Detail - adequate response, but not thoroughly developed or high-quality response
- Met All Criteria with High Quality - clear, concise, and coherent response

AREA(S) EVALUATED	SCORING RUBRIC (Possible points in each area)
Background, Description of RHHO including Regional Need	10 POINTS
RHHO Description of Ability & Capacity to Administer Program	5 POINTS
Data, Evaluation/Assessment, & Student Tracking	10 POINTS
Student Recruitment, Activities, Support, & Pathway	20 POINTS
RHHO Partner Participation, Campus, & Community-based Partnerships	15 POINTS
RHHO Branding/Communications Plan	5 POINTS
Course Enrollment and Admissions Considerations	15 POINTS
Budget & Budget Narrative	20 POINTS
TOTAL	100 POINTS

APPENDIX C – EVALUATION PLAN

The California Medicine Scholars Program Evaluation Plan/Performance Measures and Outcomes

1. RECRUITMENT: Conduct recruitment activities for community college students that will result in 50 CMSP Scholars per RHHO.

Performance Measures	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
Total # recruitment events Total # of attendees Total # students Total # adults Total # packets distributed Total # of students who sign up and provide contact information for additional CMSP information	URM students in the education pathway have increased awareness and knowledge of healthcare -related education and careers	Students know criteria for transfer to 4-year universities, understand pathway to medical school, understand entry into health professions, and health careers opportunities	Increase the number of URM students applying to healthcare-related education, specifically medical school, programs

2. FACILITATING ENTRY: 2.1: CMSP students receive advising regarding course planning and transfer requirements; 2.2: RHHOs have calendared and regular checkpoints for students and advisors; 2.3 RHHOs provide specific Intersegmental Advising Guidelines; 2.5 RHHOs provide workshops for transfer application process

Performance Measures	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
# and % of CMSP students who receive advising and how many times per student per academic year # and % of CMSP students who complete and submit transfer applications and number of applications per student # and % CMSP students in program and who transfer within 2 years	Students gain knowledge regarding healthcare-related careers, specifically careers as a general practitioner Students understand transfer requirements and plan course enrollment accordingly Students understand the specific transfer pathways from community college to 4-year universities	90% graduate from 4-year university 90% engage in post-bac internship and volunteer opportunities 90% prepare for MCATs	90% graduate from medical school 90% choose to work in under-served areas

Student evaluations from transfer workshops			
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3. COUNSELING, MENTORING AND CMSP STUDENT IDENTITY DEVELOPMENT: 3.1: Conduct a CMSP workshop for all participating advisers from RHHO community colleges; 3.2: Participating community colleges convene 4 student-centered events; 3.3: RHHOs hold 2 networking and peer relationship building events per semester; 3.4: CA Medicine Central Office convenes statewide and regional events and workshops for students. 3.5 Supported handoffs implemented between community colleges and 4-year universities; 3.6 RHHOs establish programs/workshops for students who are transferring to a 4-year university

Performance Measure	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
# of advisers who attend workshop Evaluation of workshop from advisers	60 students/yr. enroll Increase student awareness of HP opportunities	90% CMSP students transfer to 4-year universities	Increased number of URM students from community college to 4-year universities
# of students in attendance at each event/workshop Student evaluations of each event/workshop	30 students & faculty/yr. complete orientation 200-600 students receive counseling, mentoring & other services		Increased number of URM students who declare healthcare related major
# student advisers, staff and faculty/yr. who attend each event/workshop Adviser, staff and faculty evaluations of each workshop/event	200-600 students receive unstructured academic enrichment services		
# of students retained in CMSP program			

4. PRELIMINARY EDUCATION AND HEALTH RESEARCH TRAINING: 4.1: CMSP students participate in 2-4 physician focused workshops each in Year 1 and Year 2 of their participation 4.2: RHHO establish academic year internship and/or volunteer opportunities for CMSP students; 4.3 Summer 2023 and Summer 2025 Internship/Research Programs Implemented

Performance Measure	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
# Students in attendance at workshops Student evaluations of workshops	Increase knowledge and skill level development to become competitive students	90% of students transfer to 4-year university 90% complete college	Increase number of URM students successfully enter and graduate from college with science/health majors

<p>#Student participants in internship/volunteer opportunities Student evaluations of opportunities</p>		<p>90% retained in sciences/health majors and if not in these majors, those students remain pre-med in focus</p>	<p>90% enter and graduate from medical school</p>
<p>#Student participants in Summer programs Student evaluations of summer programs</p>		<p>90% of students advance to the next academic level.</p>	<p>Increase number of URM students successfully graduating from 4-year institutions</p>
<p># Students accepted into CMSP program # Students retained CMSP program # Students who complete CMSP program</p>		<p>90% students gain exposure to different aspects of being a healthcare provider</p>	

5. FINANCIAL AID INFORMATION DISSEMINATION: 5.1 Distribute information on financial aid to students at each participating higher education institution.

Performance Measure	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<p># events # packets distributed # students reached # students receiving federal and private financial aid # of FASFA and scholarship applications Student evaluations of each event/workshop</p>	<p>Financial aid information disseminated and available to students regularly</p> <p>Students know/understand where to look for financial aid information</p>	<p>Increase the number of URM students applying for financial aid and private scholarships</p>	<p>Increased number of URM students graduating from science/health majors</p>

APPENDIX D -- FUNDING DETAILS

CMSP Funding Background

The California State Budget Request, through which funding for up to 4 RHHOs was granted, provides details on the CMSP along with state requirements and expectations. The Budget Act of 2021 provides the Department of Healthcare Access and Information (HCAI) with funding appropriation for the California Medicine Scholars Program to establish a regional pathway program for community college students to pursue premedical training and enter medical school. *The following outcomes are aggregate and consider all RHHOs.*

The selection of and awards to Regional Hubs of Healthcare Opportunity is contingent upon funding.

1. The competitive selection and establishment of up to four RHHOs across California with a full-time RHHO Project Lead in each RHHO, and the participation of at least the following institutions per RHHO by June 30, 2022: three community colleges, one four-year undergraduate institution, one medical school, three local community organizations or agencies of which at least one must be a local community health center.
2. The implementation and adoption of pre-medicine advising standards or standardized guidelines as set out by CMSP and specific to each Regional Hub of Healthcare Opportunity by at least nine CCCs and three 4-year undergraduate institutions across the four proposed RHHOs and endorsed by the participating Schools of Medicine by August 30, 2022.
3. The implementation and adoption of a student-identifying marker in the institutional data systems of the RHHO participating CCCs and 4-year undergraduate institutions to identify students as “California Medicine Scholars” by September 30, 2022.
4. The application and selection of at least 200 full-time enrolled students in the CCCs who have completed a minimum of one term in a CCC, and who are identified as “California Medicine Scholars” in their participating colleges by January 1, 2023.
5. At least 200 California Medicine Scholars’ enrollment and completion of a health internship, research apprenticeship or at least 6 weeks of part-time employment in a health, public health or primary care related position or setting by Fall, 2023 while they are enrolled as California Community College students.
6. An overall increase in the rate of acceptance to a CMSP-participating four-year undergraduate institution for CMSP transfer students applying from a CMSP-participating CCC.
7. At least 80% of the California Medicine Scholars be eligible to transfer and accepted to a participating 4-year undergraduate institution after completing two years of full-time enrollment in a CCC.
8. The execution of memorandums of understanding and data sharing agreements among all participating entities within each of the awarded RHHOs with each other and with the statewide California Medicine central office by June 30, 2022.

APPENDIX D – SCOPE OF WORK AND CONTRACT

Agreement No. 0000xxxx

This Subgrant Agreement ("Agreement") is entered into by [INSERT AWARDEE] and the Foundation for California Community Colleges, a California 501(c)(3) nonprofit organization (collectively referred to as the "Parties"), for the purpose of supporting the California Medicine Scholars Program and its mission to develop a more diverse and competitive pool of medical school applicant from the California Community Colleges (CCC/CCCs) who intend to join the primary care physician workforce. SUBGRANTEE is awarded these funds through the California Medicine Scholars Program RFA conducted by the FoundationCCC as part of the Department of Health Care Access and Information's ("Grantor" or "HCAI") Grant Agreement with the FoundationCCC. During the Term of this Agreement, the SUBGRANTEE will use these funds to comply with its responsibilities as described in Exhibit A and as outlined in SUBGRANTEE's application in response to the California Medicine Scholars Program RFA. By signing this Agreement, the Parties acknowledge their acceptance of all the terms and conditions in this Agreement and any exhibits attached hereto (collectively the "Agreement").

For the purposes of this Agreement, the Foundation for California Community Colleges is referred to as "FoundationCCC" and [INSERT AWARDEE] is referred to as "SUBGRANTEE".

The term of this Agreement is [INSERT] through [INSERT]

The maximum amount of this Agreement is \$[INSERT]

The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A	Services and Deliverables	Page 2
Exhibit B	Budget & Payment Terms	Page 7
Exhibit C	Special Terms	Page 9
Exhibit D	Notices	Page 15
Exhibit E	General Terms	Page 16
Exhibit F	SUBGRANTEE Certifications	Page 18
Exhibit G	CMSP Allowable Cost Guidelines	Page 22

THE PARTIES HEREBY EXECUTE THIS AGREEMENT.

SUBGRANTEE

FOUNDATION FOR CALIFORNIA
COMMUNITY COLLEGES

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

SUBGRANTEE – second signature, if required

FOUNDATION FOR CALIFORNIA COMMUNITY
COLLEGES – second signature, if required

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

EXHIBIT A

SERVICES AND DELIVERABLES

Agreement No. [TO BE INSERTED BY FOUNDATIONCCC CONTRACTS]

1. SUBGRANTEE's Regional Hub of Healthcare Opportunity (also referred to as a "RHHO") shall minimally include and be prepared to establish partnership agreements with:
 - a. at least one school of medicine (SOM);
 - b. at least two 4-year accredited four-year undergraduate institutions;
 - c. at least three community colleges;
 - d. at least three community partners, one of which should be a federally qualified health clinic (FQHC) within the region of at least one of the community colleges.
2. SUBGRANTEE'S Partner Institutions are the following institutions:
 - a. [INSERT WHEN KNOWN]
3. SUBGRANTEE shall develop a plan for how its partner institutions will provide supports to students that accounts for the potential for student movement outside of the geographic bounds of their RHHO and the state in the student's road to practice primary care as a medical physician in California.
4. SUBGRANTEE shall work collaboratively with FoundationCCC to ensure the grant funds are expended properly, and that all fiscal and data reports will be submitted on time and complete.
5. SUBGRANTEE shall meet the following requirements:
 - a. The SUBGRANTEE and its RHHO partners must participate in a minimum of 20% cost sharing, including funding commitments and/or the leveraging of institutional support from program partners sufficient to support the ongoing costs of the program.
 - b. Ensure RHHO partners:
 - i. Agree to participate as an active partner in the RHHO committed to providing services and resources to support the California Medicine Scholars Program ("CMSP").
 - ii. Sign partnership agreements that specifically outline the responsibilities of the partners and the services each RHHO member agrees to provide.
 - c. SUBGRANTEE shall:
 - i. Receive and administer the grant funds and submit the reports required by FoundationCCC or the Grantor to account for the use of grant funds.
 - ii. Identify a Project Lead to coordinate and manage the activities of the RHHO and its responsibilities to CMSP.
 - iii. Be responsible for the performance of any services provided through funds awarded under this grant by the partners, consultants, or other organizations.

6. SUBGRANTEE shall establish an RHHO Advisory Board with at least one representative from each entity in the RHHO. The Advisory Board is to be minimally responsible for:
 - a. Establishing management policies.
 - b. Selecting, appointing, and providing direction to the RHHO Project Lead.
 - c. Budgetary decisions.
 - d. Maintaining the required level of matching funds (leveraging institutional support and/or soliciting private/corporate funds).
 - e. Establishing RHHO goals and programmatic outcomes including, but not limited to:
 - The number of students expected to be served in each year of the RHHO's participation in CMSP, if beyond the minimum of 50 students for every three participating community colleges.
 - The target for the overall number of under-represented minority students from the proposed RHHO community colleges who will complete the program as competitive applicants to the RHHO participating medical school(s), to any California medical school, and to medical school in general.
 - The target number of students who will be retained and continue to pursue a medical school pathway
 - Some CMSP Scholars may choose not to pursue a path to medical school in a health-related pathway or in a STEM field of study and the RHHO is expected to provide advising and guidance regarding other health related fields, majors, and graduate study.
 - Provide unique services, cross-institutional interventions, and/or regional approaches to services that the RHHO will offer CMSP scholars.
 - Ensure that the RHHO's specific Intersegmental Advising Guidelines for CMSP Scholars meets the minimum course requirements for CMSP and any further requirements of the participating institutions in the RHHO.
 - With the support of the RHHO Project Lead, the advisory board should inform an RHHO-wide communication and training plan to ensure the effectiveness of the guidelines for any students interested in pursuing a career in medicine through their enrollment in a participating RHHO institution.
 - f. Monitor the effectiveness of the RHHO's interventions, and recommending the continued implementation, scaling, or elimination of the interventions based on their effectiveness with CMSP Scholars.
7. SUBGRANTEE shall recruit a CMSP Scholar cohort of at least 50 California Community College students (with at least 15-20 at each proposed partner community college in the RHHO) beginning in July 2022. The first cohort of CMSP Scholars should be selected to initiate the CMSP pathway in the California Community Colleges by January 2023. SUBGRANTEE will recruit the second cohort in Summer and Fall 2023, with their participation beginning in January 2024. SUBGRANTEE will recruit the third cohort in Summer and Fall 2024, with their participation beginning in January 2025.

8. SUBGRANTEE shall connect, align, and test improvements on existing equity focused strategies and other pre-medicine or transfer student strategies, and demonstrate and alignment of these strategies to the goals of California Medicine. To that end, SUBGRANTEE shall document the following as well as how they will leverage these relationships:
 - a. The processes and resources on each proposed participating campus that are used to connect student support programs and learning communities (such as EOPS / EOP, DSPS, CalWorks, TRIO, Puente, Umoja, AANAPISI, PACE, etc.) with transfer counselors, faculty, and staff to promote and increase transfer success of CMSP participants.
 - b. Any existing partnerships or agreements participating institutions may have with each other or other higher education institutions in California that demonstrate the potential for more Under-represented Minority CCC transfer students to be competitively prepared for and apply to a SOM in California.
 - c. How the RHHO will include direct involvement from each proposed participating institutions' staff in daily operations, demonstrating effective integration of CMSP objectives and institutional services. The collaboration within the RHHO shall support a regional infrastructure with a culture that values the inherent potential of community college students to be successful and competitive medical school applicants and the future primary care doctors for the region and the state.
9. SUBGRANTEE shall promote CMSP identity and pride among students as California Medicine Scholars.
10. SUBGRANTEE shall implement strategies that leverage and avoid duplication of equity-focused services to eligible students and to maximize the use of current institutional resources [and RHHO grant funding]. Examples of other programs that may serve these students include: GEAR UP, MESA EAOP, EOP, EOPS, UMOJA, TRIO, AANAPISI, DSPS, CalWorks, among others.
11. Provide orientation, advising, and sufficient support to CMSP Scholars so they can successfully meet the following CMSP Scholar expectations to participate:
 - a. Prior to their induction or selection to become CMSP scholars, students must have completed at least 12 units in a California Community College.
 - b. Completion of all CMSP recommended pre-medicine courses (as outlined in the RFA) and any other coursework as required through the RHHO's Intersegmental Advising Guidelines, participate in at least one CMSP student engagement activity per year, and complete at least two research and two clinical/field experiences prior to degree completion from one of the participating CMSP 4-year undergraduate institutions.
 - c. Completion of at least 75% of the CMSP recommended and required courses as outlined in the Intersegmental Advising Guidelines of the RHHO in any of the CMSP participating postsecondary institutions across all of the participating RHHOs in California.
 - d. CMSP scholars meet transfer admission requirements to the 4-year universities in their RHHO, in addition to completing the CMSP pre-med course sequence.
12. The partnering organizations and SUBGRANTEE are expected to attend and participate in the following meetings and convenings.
 - a. The SUBGRANTEE Project Lead will participate in bimonthly (every other month) virtual meetings and up to one in-person regional convening, and up to two in-person statewide convenings per year, organized and facilitated by the California Medicine Central Office.

- b. Institutional primary contacts for the RHHO will participate in the RHHO Project Lead virtual meetings on a quarterly basis.
 - c. Representatives from the RHHO will participate or identify alternative members of the RHHO to do so in opportunities to share best practices and advocate for policy or other opportunities to increase the visibility of California Medicine, CMSP and/or the RHHO.
 - d. Work with their Institutional Primary Contacts to identify at least one or more faculty or agency champion at each institution and other partners in the RHHO.
 - e. Participating institutions will ensure their CMSP Scholars can participate in an annual California Medicine organized CMSP statewide networking convening and attend at least one medical conference while enrolled in one of the participating community colleges and one while enrolled in a participating 4-Year undergraduate institution.
13. SUBGRANTEE shall collaborate with FoundationCCC, the California Medicine Central Office, and the other selected RHHO(s) to share aggregate level data, share progress and coordinate on the continuous improvement of student services, consistent administrative and advising procedures and effective project activities.
 14. SUBGRANTEE shall implement a plan for how each institution in the RHHO will identify CMSP students in their data system that is recognized and is transferable across all CMSP-participating institutions. This plan will be shared with the FoundationCCC.
 15. Execute a cross-institutional data sharing agreement to provide for the sharing of student-identifying and institution or agency level data across the participating institutions and agencies of the RHHO and with the FoundationCCC and Grantor in compliance with FERPA and any other student privacy regulations.
 16. SUBGRANTEE shall collect and submit the following non-identifying student-level and institution-level or agency level-data to FoundationCCC:
 - a. *Enrollment and demographic data including gender, race/ethnicity, year in school, California Promise grant eligibility and Pell-grant eligibility*
 - b. *Course completion and pass/fail rate data for CMSP scholars for the following courses:*
 - c. *Transfer rates and ADT completion rates*
 - d. *Financial aid uptake data*
 - e. *Degree completion data*
 - f. *Other data as specified by the California Medicine Coalition, including but not limited to the institutional and student outcome data*
 17. SUBGRANTEE shall use the California Medicine logo and branding on all CMSP related materials. The logo will be tailored and personalized for SUBGRANTEE.
 18. SUBGRANTEE shall develop and adhere to a communications plan for students, staff, faculty, and other members of the RHHO to ensure CMSP requirements, opportunities, student resources are made publicly available, online and are promoted through various methods, including, but not limited to social media.
 19. SUBGRANTEE shall develop and submit a social media plan to share information and news that is at minimum geared to students, policymakers and the greater community interested in the field of diversity in medicine.
 20. SUBGRANTEE shall ensure each proposed RHHO partner institution or agency will:
 - a. Lead and coordinate external and internal communication from and within their institution as needed across departments, campus-based organizations, programs and/or learning communities.
 - b. Track the institution and students' progress to meet CMSP outcomes at their institution with the support of the institutional research and data contact.

- c. Coordinate the sharing of data and collaboration of CMSP best practices across departments, programs and learning communities at their institution.
- d. On a quarterly basis, participate in the virtual meetings for RHHO Project Leads to share data, troubleshoot challenges in program implementation and share best practices from their institution.
- e. Provide leadership with the RHHO's Project Lead in the coordination of students to participate in RHHO and statewide engagements to build a CMSP and regional network and mentorship model for students.
- f. Build or strengthen relationships with existing programs, student associations and student groups at their institution to connect CMSP scholars to these resources.
- g. Work with the Project Lead to identify at least one Faculty Champion, preferably a tenured faculty, who can serve as an advocate for CMSP and CSMP scholars from their institution, support the mentorship of scholars, and participate in the planning and execution of the RHHO's regional convening for CMSP scholars.

SUBGRANTEE deliverables shall be reported in accordance with Exhibit C, Section 4.1 (Reporting).

EXHIBIT B

BUDGET & PAYMENT TERMS

1. Compensation

A. Grant Information

SUBGRANTEE as an awarded applicant under the CMSP RFA conducted by FoundationCCC shall receive up to \$[INSERT AMOUNT] per year for 3 years – based on their budget, for a total not-to-exceed award of \$ [INSERT AMOUNT]. A 20% Cost Share is required from SUBGRANTEE, and Cost Share should be reflected on SUBGRANTEE’s budget. Additional Year 4 funding may available as bridge funding to assist SUBGRANTEE in planning for program sustainability and will be awarded at FoundationCCC’s sole discretion.

B. SUBGRANTEE Funding Details and Cost Sharing Requirements

1. Non-Appropriations Clause

In the event funds are not appropriated to FoundationCCC by Grantor, FoundationCCC may terminate and/or pause funding for SUBGRANTEE without penalty. SUBGRANTEE will be provided guidance by FoundationCCC in the event funding is delayed, and/or paused, and/or terminated.

2. Cost Sharing Requirements

Applicants are required to provide 20% Cost Share. Cost Share must occur during the period of program implementation and reporting. To be “counted” as cost sharing, contributed effort and resources must be expended and not just obligated within the approved project period.

The type of costs contributed as Cost Share must be considered “allowable” by FoundationCCC and its Grantor. Such costs must be allocable to the project.

3. GAAP

Accounting for grant funds shall be in accordance with Generally Accepted Accounting Principles consistently applied, regardless of the source of funds. Supporting records must include sufficient detail to show the exact amount and nature of expenditures and shall be available to FoundationCCC upon request. Unused funds shall be returned to the FoundationCCC.

C. Allowable and Non-allowable Activities and Costs

SUBGRANTEE shall comply with the California Medicine Scholar’s Program Allowable Cost Guidelines attached hereto as Exhibit G.

D. Payment Schedule

[TO BE DETERMINED FOLLOWING RFA]

EXHIBIT C

SPECIAL TERMS

1. Term, Termination, Stop Work Notice

1.1 Term. This Agreement shall be from [INSERT] through [INSERT], at which time, this Agreement will automatically terminate. Any extension to this Agreement must be in writing and signed by authorized signatories of FoundationCCC and SUBGRANTEE.

1.2 Termination for Funding Contingency. FoundationCCC shall have the right to terminate this Agreement if appropriate funds are not granted to the FoundationCCC to operate this grant program from FoundationCCC's Grantor.

1.3 Termination for Cause. FoundationCCC shall have the right to terminate this Agreement, without penalty, within a reasonable time period should SUBGRANTEE be found to be in material breach of this Agreement as determined in FoundationCCC's sole discretion or if SUBGRANTEE fails to comply with any legal and regulatory provisions referenced in the Agreement.

1.4 Procedures at Termination. SUBGRANTEE must cease or reduce work immediately upon receiving the notice of termination or as required by the written notice and take all steps possible to mitigate losses. FoundationCCC shall only be liable to SUBGRANTEE for the actual amount of time SUBGRANTEE devoted to performing Services pursuant to this Agreement, up until the effective date of the cancellation or as otherwise identified, in writing, by FoundationCCC. This provision does not preclude FoundationCCC from raising disputes concerning SUBGRANTEE's Services rendered.

1.5 Stop Work Notice. FoundationCCC reserves the right to issue an order to stop work in the event that: (1) a dispute should arise regarding the Services of SUBGRANTEE; (2) funding for the program is reduced, suspended, terminated, discontinued, or fully expended for any reason. The stop work order will be in effect until the dispute has been resolved or as otherwise agreed to by FoundationCCC.

2. Intellectual Property

Exclusive Property of FoundationCCC and the State of California

SUBGRANTEE agrees that any and all Services rendered and proposals, plans, specifications, designs, drawings, sketches, resource materials, curricula, training materials, renderings, models, reports, or other documents, materials, inventions, processes, and/or trademarks or servicemarks first created, first developed or first produced pursuant to this Agreement ("Work Product") whether by SUBGRANTEE, or any employees or subcontractors to SUBGRANTEE or its Partner Institutions, shall be assigned to the FoundationCCC and its Grantor (HCAI/State of California). This explicitly includes the electronic copies of all above stated documentation. "Documents and Materials" does not include previously created materials acquired or produced by or on behalf of SUBGRANTEE. The copyright for all Work Product first created, first developed, or first produced as a result of this Agreement shall belong to FoundationCCC and the State of California and all rights, title, and interest in and to the Work Product first created, first developed, or first produced under this Agreement or under any subcontract shall be assigned and transferred to FoundationCCC and the State of California. This clause shall survive the expiration or early termination of this Agreement. Accordingly, without limiting the generality of

the foregoing, FoundationCCC and the State of California shall be deemed to own, without any restrictions or limitations whatsoever, the sole and exclusive rights to prepare derivative works based on the Work Product and to reproduce, adapt, distribute, publicly perform and display, sublicense and otherwise exploit the Work Product and such derivative works, by any and all means and in any and all media now or hereafter known throughout the world and in perpetuity.

SUBGRANTEE hereby irrevocably and unconditionally assigns, transfers, releases, and conveys to FoundationCCC and the State of California all rights, title and interest to such Work Product, including but not limited to all other patent rights, copyrights, trademark rights, and trade secret rights. SUBGRANTEE agrees to take such further steps as may be reasonably requested by FoundationCCC and/or the State of California to implement the aforesaid assignment. If for any reason said assignment is not effective, SUBGRANTEE hereby grants FoundationCCC and the State of California and any assignee of FoundationCCC and the State of California an express royalty-free license to retain and use said Work Product. FoundationCCC's rights under this section shall apply regardless of the degree of completion of the Documents and Materials and whether or not SUBGRANTEE's services as set forth in Exhibit A of this Agreement have been fully performed or paid for.

If this Agreement is terminated, SUBGRANTEE will promptly, upon request, provide to FoundationCCC all Work Product prepared, in both hard and soft format. FoundationCCC retains the right to use Work Product regardless of any disputes including but not limited to disputes over compensation.

Subcontracts

If SUBGRANTEE enters into a subcontract for work first developed under this Agreement, the subcontract must incorporate the intellectual property provisions in this Agreement, modified accordingly. The subcontract must include a provision that all rights, title, and interests in such work shall be assigned to FoundationCCC and the State of California.

Patents

Subject to the requirements of law, all rights to any patentable inventions or discoveries conceived and first actually reduced to practice in the performance of the Scope of Work shall belong to FoundationCCC and the State of California.

Public Records Act

All reports and the supporting documentation and data collected during the funding period which are embodied in those reports, shall become the property of the State and subject to the California Public Records Act (Gov. Code § 6250 et seq.).

3. Insurance and Indemnification

3.1 Indemnification. SUBGRANTEE, its heirs and/or its assigns ("Indemnitor") will indemnify, defend and hold FoundationCCC, and its directors, officers, and employees, (collectively "Indemnitees") harmless from all losses, liabilities, claims, demands, costs, expenses and damages, including reasonable attorneys' fees and costs, resulting from, arising out of, or connected with (a) the performance of Services or omissions relating to same by Indemnitor, Indemnitor's employees, Indemnitor's subcontractors, or any person or entity for whom Indemnitor is responsible; (b) any breach by Indemnitor of this Agreement; (c) Indemnitor's or Indemnitees' infringement or misappropriation of any intellectual property rights relating, in any way, to the performance of Services and/or (d) any willful or negligent act or omission by Indemnitor or any

person or entity for whom Indemnitor is responsible. Indemnitor’s indemnification obligations will not be limited by any assertion or finding that (1) Indemnitees are liable by reason of non-delegable duty, or (2) losses were caused in part by the negligence, breach of contract, or violation of law by Indemnitees. FoundationCCC must approve the extension of all settlement offers and approval will not be unreasonably withheld. The duty to defend (including by counsel) shall arise regardless of any claim or assertion including, but not limited to, those claims or assertions that Indemnitees caused or contributed to the losses, liabilities, claims, demands, costs, expenses or damages. Nothing in this Agreement shall constitute a waiver or limitation of any rights which Indemnitees may have under applicable law, including without limitation, the right to implied/equitable indemnity.

3.2 Insurance

SUBGRANTEE, at SUBGRANTEE’s sole cost and expense, will obtain, keep in force, and maintain insurance as listed below. Coverages required will not limit any liability of SUBGRANTEE and will include:

- Commercial general liability insurance with a combined single limit of no less than \$1 million per occurrence;
- Workers’ compensation as required under the Workers’ Compensation and Safety Act of the State of California, as amended from time to time.

Insurances required by this Agreement shall contain a thirty (30) day notice of cancellation provision. SUBGRANTEE shall transmit all certificates of insurance to the FoundationCCC, within 15 days of SUBGRANTEE’s execution of this Agreement. All insurance required to be carried by SUBGRANTEE and/or Indemnitor shall be primary, and not contributory, to any insurance carried by FoundationCCC. Any failure of FoundationCCC to require Certificates of Insurance shall not operate as a waiver of these requirements.

4. Reporting

4.1 Reporting. SUBGRANTEE is responsible to report on student and institutional outcomes no less than time per year as determined by FoundationCCC. Such reports shall be delivered to FoundationCCC. SUBGRANTEE shall complete the following reports:

Occurrence	Description	Due Date
Annually	SUBGRANTEE shall also collect data and provide HCAI with an annual CMSP Activities Report by SUBGRANTEE for each cohort of CMSP students that includes but is not limited to the following: Number of: <ul style="list-style-type: none"> • Students in attendance at recruitment events • Students accepted into the CMSP 	January 1, 2023 January 1, 2024 January 1, 2025

	<ul style="list-style-type: none"> • Students that received transfer specific advising. • Community college advisors that attended a CA Medicine workshop on pre-med advising activities. • Students that participated in a health internship, research apprenticeship, and/or part-time employment in a health, public health, or primary care related position or setting. • Students that completed and submitted transfer applications, and to which four-year institutions. • Students accepted into four-year institutions. <p>For each cohort of students at each RHHO that participates in the CMSP, each RHHO will include the following data in the annual CMSP Activities Report to the California Medicine Coalition Central Office:</p> <ul style="list-style-type: none"> • Languages spoken • Race/ethnicity • Date of birth • Sex/gender identity • Sexual orientation • First member of family to attend college 	
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5. Accessibility for Persons with Disabilities

All data processing, telecommunications, and/or electronic and information technology (including software, equipment, or other resources) developed, procured, or maintained by SUBGRANTEE, whether purchased, leased, or provided under some other arrangement for use in connection with this Agreement, shall comply with the regulations implementing Section 508 of the Rehabilitation Act. (36 C.F.R. § 1194.1, Apps. A & C.)

Design of computer or web-based materials, including instructional materials, shall conform to guidelines of US Section 508 Standards (<https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh>) and/or the WCAG 2.0 Level AA criteria (<https://www.w3.org/TR/WCAG20/>), or similar guidelines developed by the Chancellor's Office.

SUBGRANTEE shall indemnify, defend, and hold harmless the FoundationCCC, and their respective officers, agents, and employees, from any and all claims by any person resulting from the failure to comply with the requirements of this section.

6. Non-Discrimination

Neither SUBGRANTEE, nor any director, officer, agent, employee, or subcontractor of SUBGRANTEE may discriminate in the provision of services, allocation of benefits, accommodation in facilities, or employment of personnel on the basis of ethnic group identification, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military and veteran status, or any other characteristic protected by law, in the performance of this Agreement.

To the extent relevant to the Scope of Work, SUBGRANTEE, and any director, officer, agent, employee, or subcontractor of SUBGRANTEE shall comply with the provisions of Section 508 of the federal Rehabilitation Act of 1973, the Federal Civil Rights Act of 1964 (P.L. 88-352), the Americans with Disabilities Act of 1990 (42 U.S.C. §1210 et seq.), and the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the Chancellor's Office to implement such article.

7. Records Retention and Audit:

- A. SUBGRANTEE shall permit access to records maintained on source of income and expenditures of its CalMSP program, for the purpose of audit and examination, by any of the following or their authorized representatives: FoundationCCC, the HCAI Director, the California State Auditor, and the State Controller. SUBGRANTEE agrees to maintain such records for possible audit for a minimum of three (3) years after final payment or termination. If any litigation, claim, or audit is anticipated prior to the expiration of the retention period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken.
- B. SUBGRANTEE agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who are reasonably believed to have information related to such records. Further, SUBGRANTEE agrees to include a similar right of the FoundationCCC and the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7; Pub. Contract Code §10115 et seq.; Cal. Code Regs., tit. 2, §1896.)
- C. SUBGRANTEE agrees to refund to the FoundationCCC any amounts claimed for reimbursement and paid to SUBGRANTEE which are later disallowed by the State after audit or inspection of records.

EXHIBIT D

NOTICES

Notices

All notices and other communications required or permitted to be given under this Agreement, including but not limited to any notice of change of address, must be directed to the following individuals:

FoundationCCC:

PROGRAM DIRECTOR (All Programmatic Issues):

Rowena Robles
Executive Director, California Medicine
Foundation for California Community Colleges
1102 Q Street, Suite 4800
Sacramento, CA 95811
rrobles@cal-medicine.org

CONTRACTS (Contracts Issues Only, including but not limited to Contract Notices):

Contracts Department
Foundation for California Community Colleges
1102 Q Street, Suite 4800
Sacramento, CA 95811
contracts@foundationccc.org

SUBGRANTEE:

Name
Title/Department
Phone
Email

Invoicing Attn:

All notices shall be in writing and shall be emailed, personally delivered, certified mail, postage prepaid and return receipt requested, or by overnight courier service. Notice shall be deemed effective on the date emailed, personally delivered, or if mailed, five (5) days after deposit of the same in the custody of the United States Postal Service or overnight courier service.

EXHIBIT E

GENERAL TERMS

1. General Terms

1.1 Captions and Interpretation. Paragraph headings in this Agreement are used solely for convenience, and shall be wholly disregarded in the construction of this Agreement. Paragraph headings shall not be deemed to define, limit or extend the scope or intent of the paragraphs to which they appertain.

1.2 Assignment and Delegation. This Agreement may not be assigned or otherwise transferred by either party without the prior written consent of the other party; however, either party will have the right to assign its rights and obligations under this Agreement in connection with a merger, acquisition, or sale transfer of substantially all of its assets. Any assignment by SUBGRANTEE not in accordance with this paragraph will be void, at the option of FoundationCCC.

1.3 Subcontracting Conflicts. SUBGRANTEE may not employ subcontractors, unless SUBGRANTEE submits a request to FoundationCCC to employ subcontractors and FoundationCCC approves said request in writing. All subcontracts approved by FoundationCCC and entered into by SUBGRANTEE with an approved subcontractor shall include a Intellectual Property Provision in substantial compliance with EXHIBIT C (Intellectual Property) above, by which all materials, procedures, processes, and/or trademarks or servicemarks first created.

1.4 Legal and Regulatory Compliance. SUBGRANTEE shall perform all Services in compliance with the applicable requirements of laws, codes, rules, regulations, ordinances, and standards of the State of California, and applicable federal and local law. Books and records relating to this Agreement will be maintained in accordance with generally accepted accounting principles by SUBGRANTEE. SUBGRANTEE will preserve Records as required by applicable federal, state or local laws, but in no event for a period of less than three (3) years from the date of final payment under this Agreement. This paragraph is deemed material to the formation of this Agreement.

1.5 Anti-lobbying. SUBGRANTEE shall not use any part of the funds rendered for Services to directly or indirectly pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a political candidate for public office or a Member of Congress, a jurisdiction, or an official of any government, or to favor, adopt, or oppose, by vote or otherwise, any legislation.

1.6 Debarment and/or Suspension. SUBGRANTEE shall comply with Executive Order 12549, Debarment and Suspension. SUBGRANTEE represents and warrants that SUBGRANTEE is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency or any California state department or agency.

1.7 Entire Agreement. This Agreement constitutes the entire, complete, final and exclusive agreement between the parties with respect to the subject matter hereof and supersedes and replaces any and all prior and contemporaneous communications between FoundationCCC and SUBGRANTEE regarding such subject matter.

1.8 Modification of Agreement. This Agreement may be modified only by a written agreement dated subsequent to the effective date and signed by authorized representatives of each party.

1.9 Law to Govern; Venue. This Agreement shall be interpreted, governed and construed in accordance with the internal substantive laws of the State of California. Any dispute or claim arising from this Agreement shall be resolved in a state or federal court in Sacramento, California.

1.10 Taxpayer Identification. A Federal Form W-9, Request for Taxpayer Identification number and Certification must be completed by SUBGRANTEE immediately following execution of this Agreement and shall thereafter be promptly transmitted to FoundationCCC.

1.11 Time of the Essence. Time is of the essence with respect to all provisions of this Agreement.

1.12 Construction of Agreement. Both parties have participated in the negotiation and drafting of this Agreement. Therefore, the terms and conditions of this Agreement shall not be construed against either party as the drafting party.

1.13 Execution of this Agreement. The Parties agree that this Agreement may be executed in counterparts, each of which shall be deemed to be an original, but both of which together shall constitute one and the same instrument, and that a photocopy or facsimile may serve as an original. If this Agreement is executed in counterparts, no signatory hereto shall be bound until both the parties have fully executed a counterpart of this Agreement.

1.14 Authority to Bind. The parties each represent and warrant that the signatories above are authorized to sign this Agreement on behalf of themselves or the party on whose behalf they execute this Agreement.

1.15 Severability. If any part of this Agreement is found invalid or unenforceable, that part will be amended to achieve as nearly as possible, the same economic effect as the original provision and the remainder of this Agreement will remain in full force and effect.

1.16 Non-waiver. The failure of either FoundationCCC or SUBGRANTEE, whether purposeful or otherwise, to exercise in any instance any right, power or privilege (including but not limited to waiver) under this Agreement or under law of this Agreement shall not constitute a waiver of any other right, power or privilege in any other instance. Any waiver by FoundationCCC must be in writing.

1.17 Force Majeure. Neither FoundationCCC nor SUBGRANTEE shall be liable or deemed to be in default for any delay or failure in performance under this Agreement or interruption of Services resulting, directly or indirectly, from acts of God, civil or military authority, acts of public enemy, terrorism, war, strikes, labor disputes, shortages of suitable parts, materials, labor or transportation, or any similar cause beyond the reasonable control of FoundationCCC or SUBGRANTEE.

EXHIBIT F
SUBGRANTEE CERTIFICATION FORM

Required Flow-Down from State Grant Agreement

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective SUBGRANTEE to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>SUBGRANTEE/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	

SUBGRANTEE CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: SUBGRANTEE has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)
2. DRUG-FREE WORKPLACE REQUIREMENTS: SUBGRANTEE will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
 - c. Every employee who works on the proposed Agreement will:
 - 1) Receive a copy of the company's drug-free workplace policy statement; and, agree to abide by the terms of the company's statement as a

condition of employment on the Agreement.

- 2) Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and SUBGRANTEE may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the SUBGRANTEE has made false certification or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)
3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: SUBGRANTEE certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against SUBGRANTEE within the immediately preceding two-year period because of SUBGRANTEE's failure to comply with an order of a Federal court, which orders SUBGRANTEE to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)
4. EXPATRIATE CORPORATIONS: SUBGRANTEE hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1 and is eligible to contract with the State of California.
5. SWEATFREE CODE OF CONDUCT:
 - a. All SUBGRANTEES contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The SUBGRANTEE further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.
 - b. The SUBGRANTEE agrees to cooperate fully in providing reasonable access to the SUBGRANTEE's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the SUBGRANTEE's compliance with the requirements under paragraph (a).
6. DOMESTIC PARTNERS: For contracts of \$100,000 or more, SUBGRANTEE certifies that SUBGRANTEE is in compliance with Public Contract Code section 10295.3.

7. GENDER IDENTITY: For contracts of \$100,000 or more, SUBGRANTEE certifies that SUBGRANTEE is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: SUBGRANTEE needs to be aware of the following provisions regarding current or former state employees. If SUBGRANTEE has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

2. No officer or employee shall engage in any employment, activity, or enterprise from which the officer or employee receives compensation or has a financial interest, and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
3. No officer or employee shall contract on his or her own behalf as an independent SUBGRANTEE with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- a. For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
 - b. For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.
 - c. If SUBGRANTEE violates any provisions of above paragraphs, such action by SUBGRANTEE shall render this Agreement void. (Pub. Contract Code §10420).
 - d. Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment preparatory time and payment for per diem. (Pub. Contract Code §10430 (e)).
4. LABOR CODE/WORKERS' COMPENSATION: SUBGRANTEE needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and SUBGRANTEE affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

5. AMERICANS WITH DISABILITIES ACT: SUBGRANTEE assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)
6. SUBGRANTEE NAME CHANGE: An amendment is required to change the SUBGRANTEE's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.
7. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.
8. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the SUBGRANTEE shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.
9. PAYEE DATA RECORD FORM STD. 204: This form must be completed by SUBGRANTEE if they are not another state agency or other governmental entity.

EXHIBIT G

Allowable Costs Guidelines

California Medicine Scholars Program (CMSP) Grant Funds

California Medicine Scholars Program (CMSP) grant award funds may be used exclusively to support costs directly associated with supporting students and student services associated with the CMSP. Awardees of the California Medicine Scholars Program may be subject to examination and/or audit by the California Medicine Coalition Central Office and/or the California State Auditor (CSA) for a period of three years after receipt of Final Fiscal and/or Progress Reports.

Per the contract, awardees shall maintain receipts, records, and other documentation substantiating the use of all grant funds for a period of three years after receipt of Final Fiscal and/or Progress Reports, which shall be promptly produced upon the request of the California Medicine Coalition Central Office and/or the CSA. Any examination and/or audit will be confined to those matters connected with the performance of the award, as defined, and determined by the Central Office and/or the CSA. The determination of which costs are directly associated with supporting students and student services associated with the CMSP is subject to change; awardees will be notified of any such changes.

Allowable Costs

The following costs constitute expenses that may be paid by a California Medicine Scholars Program grant:

Contractual and Consultant Costs purchasing goods and/or procuring services performed by an individual or organization other than the Awardee in the form of a procurement relationship. Procurement of services must be in direct support of the CMSP. Procured services must be in accordance with the organizations established procurement policy.

Faculty Development costs associated with faculty development designed to enhance faculty skills as educators, improve quality and patient safety, fostering the wellbeing of faculty and their residents, and improvement of in-patient care based on practice-based learning and improvement efforts. This may include travel for training conferences and training conference registration fees.

Information Technology (IT) Systems education training software costs that relate to the direct advancement of graduate medical education. Examples include education modules, E-learning development software, lab training, and other medical education

Meals are included so long as the cost are reasonable and can be justified as maintaining the continuity of graduate medical education. Meals consumed during conference travel are considered per diem expenses and should be reimbursed in accordance with the organization's established written travel policies or the General Services Administration fees (GSA). <https://www.gsa.gov/travel/plan-book/per-diem->

[rates/per-diem- rates-lookup/?action=perdiems_report&state=CA&fiscal_year=2020&zip=&city=](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup/?action=perdiems_report&state=CA&fiscal_year=2020&zip=&city=)

Medical Equipment Education equipment used solely to enhance the advancement of pre-medical and medical education. Funds may be used for simulation equipment and any other equipment that is required for training and education. The costs associated with medical equipment constitute allowable expenses of up to 10% maximum of the total CMSP grant amount. A justification and appropriate documentation that equipment is required for resident training must be provided upon request.

Memberships, Subscriptions, and Professional Activity Costs fees for resident or faculty membership in professional or technical organizations/associations. Subscriptions to professional and technical periodicals are also permitted. Publications. Non-Medical Benefits reasonable relocation costs, and other non-medical benefits that contribute to the well-being of residents.

Salaries, Benefits and Wages funds used to support residents, including stipends and medical benefits. Funds used to support supervising faculty to the extent they supervise residents. For example, supervising faculty that spend 50% of their dedicated time supervising residents may have only 50% of their salary and/or medical benefits supported by grant funds. Funds may be used to support administrative personnel that directly involve/manage the awarded residency program. Administrative costs must detail the number of full-time employees (FTE), role, and tasks in budget reporting. Documentation of the use of these funds must be made available promptly upon request and must show direct benefit to the residency program.

Training and Education Costs textbooks, software strictly used for resident's educational benefit, and other training education material. Travel and Conferences travel to conferences, presentations, faculty development and training. Expenses claimed for travel costs must be in accordance with per diem rates established by the U.S. General Services Administration (GSA). For more information visit the following site: <https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup>. This also includes registration fees for conferences. A conference is defined as a meeting, retreat, seminar, symposium, workshop, or event whose primary purpose aligns with the graduate medical education program.

Overhead Costs

The following costs constitute allowable overhead expenses of up to 10% of the total CMSP grant amount:

Administrative costs include expenditures for general items that support the operational needs of the program such as printing, telephone, office supplies and other general administrative expenses that are necessary to directly support the needs of the residency program. The grant may not be used to support administrative costs incurred by the sponsoring institution.

Unallowable Costs

The following costs constitute expenses that may NOT be paid by a CMSP grant:

Alcoholic Beverages a liquor that contains ethanol and has the potential to intoxicate drinkers, and it can be burned as fuel. Liquor, wine, and beer are examples of alcoholic beverages.

Construction, Renovation, and Land or Building Acquisition. Acquiring buildings, facilities, or land or to make additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations, or alterations of an existing building or facility (including site grading and improvement, and architecture fees). Building means any permanent structure that is designed or intended for support, enclosure, shelter, or protection of a person, animals, or property having a permanent roof that is supported by columns or walls.

Contributions and Donations including cash, property, and services, from the awardee to other entities.

Entertainment amusement, diversion, and social activities and any costs directly associated therewith (such as bands, orchestras, dance groups, tickets to shows, meals, lodging, rentals, transportation, and gratuities).

Fines, Penalties, Damages, and Other Settlements costs resulting from violations of, alleged violations of, or failure to comply with, federal, state, tribal, local, or foreign laws and regulations.

Fundraising organized fundraising, including financial campaigns, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions, regardless of the purpose for which the funds will be used. This includes the salaries of personnel involved in activities to raise capital.

Information Technology (IT) Systems IT personnel or IT services, or for costs associated with the use of electronic health records. This includes firmware and hardware.

Lobbying and Political Activity attempts to influence the outcomes of any federal, state, or local election, referendum, initiative, or similar procedure, through in kind or cash contributions, endorsements, publicity, or similar activities.

Medical Equipment acquisition costs of general-purpose equipment not used for graduate medical education purposes.

Organization Costs For costs such as incorporation fees, brokers' fees, fees to promoters, organizers or management consultants, attorneys, accountants, or investment counselors.

Pre-Award Costs any pre-award costs incurred prior to the execution date of the CMSP grant award agreement.

Salaries and Wages salaries, wages, and fringe benefits for project staff that devote time and effort that does not directly correlate with the advancement of the California Medicine

Scholars Program. Any costs that cannot be specifically identified and easily and accurately traced to activities that solely align with the graduate medical education program. For example, events, meetings, programs, conventions, symposia, and seminars.

Travel to states that authorize discrimination or repeal existing laws prohibiting discrimination based on sexual orientation, gender identity, and gender expression or any other travel that would violate the restrictions of Assembly Bill No. 1887. (An up-to-date list of all banned travel can be found <https://oag.ca.gov/ab1887>) Grantees must comply with this rule for any/all grant-related travel using state funds.

Agreement No. 0000xxxx

This Subgrant Agreement ("Agreement") is entered into by [INSERT AWARDEE] and the Foundation for California Community Colleges, a California 501(c)(3) nonprofit organization (collectively referred to as the "Parties"), for the purpose of supporting the California Medicine Scholars Program and its mission to develop a more diverse and competitive pool of medical school applicant from the California Community Colleges (CCC/CCCs) who intend to join the primary care physician workforce. SUBGRANTEE is awarded these funds through the California Medicine Scholars Program RFA conducted by the FoundationCCC as part of the Department of Health Care Access and Information's ("Grantor" or "HCAI") Grant Agreement with the FoundationCCC. During the Term of this Agreement, the SUBGRANTEE will use these funds to comply with its responsibilities as described in Exhibit A and as outlined in SUBGRANTEE's application in response to the California Medicine Scholars Program RFA. By signing this Agreement, the Parties acknowledge their acceptance of all the terms and conditions in this Agreement and any exhibits attached hereto (collectively the "Agreement").

For the purposes of this Agreement, the Foundation for California Community Colleges is referred to as "FoundationCCC" and [INSERT AWARDEE] is referred to as "SUBGRANTEE".

The term of this Agreement is [INSERT] through [INSERT]

The maximum amount of this Agreement is \$[INSERT]

The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A	Services and Deliverables	Page 2
Exhibit B	Budget & Payment Terms	Page 7
Exhibit C	Special Terms	Page 9
Exhibit D	Notices	Page 15
Exhibit E	General Terms	Page 16
Exhibit F	SUBGRANTEE Certifications	Page 18
Exhibit G	CMSP Allowable Cost Guidelines	Page 22

THE PARTIES HEREBY EXECUTE THIS AGREEMENT.

SUBGRANTEE

FOUNDATION FOR CALIFORNIA
COMMUNITY COLLEGES

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

SUBGRANTEE – second signature, if required

FOUNDATION FOR CALIFORNIA COMMUNITY
COLLEGES – second signature, if required

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____