

VHWDA

VIRGINIA HEALTH WORKFORCE
DEVELOPMENT AUTHORITY

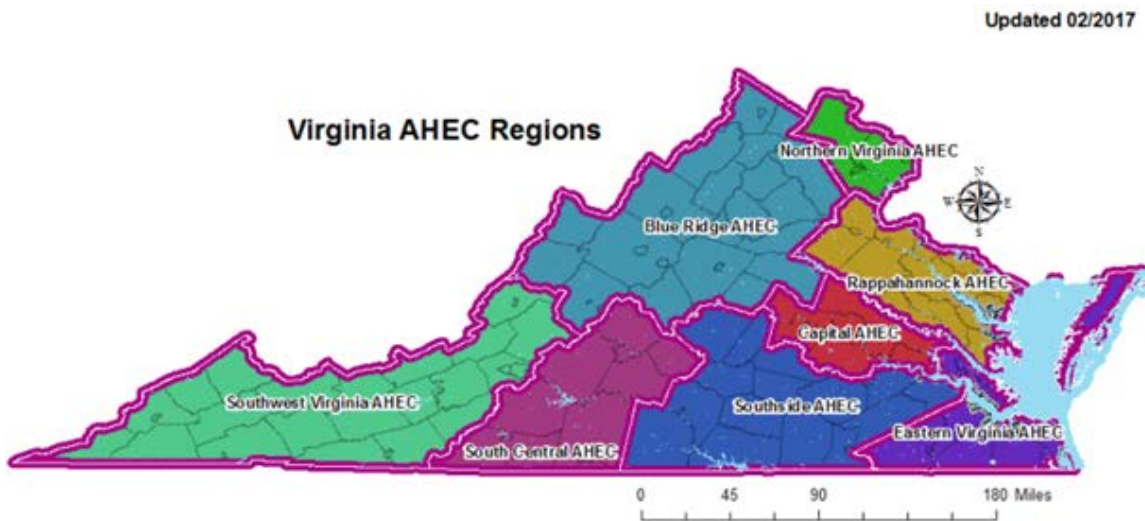
REQUEST FOR PROPOSAL

Virginia Area Health Education Centers (AHEC) Program

Mission Statement

The mission of the Virginia Area Health Education Centers Program is to promote health careers and access to primary care for medically underserved populations through community-academic partnerships.

The Virginia Area Health Education Centers Program strives to foster a continuum of interdisciplinary health professions education focusing on the health care needs of the most underserved in our state. This is accomplished through academic-community partnerships in collaboration with state agencies and organizations to improve the supply and distribution of a culturally sensitive and quality health care workforce.



INTRODUCTION AND BACKGROUND

PURPOSE OF THE REQUEST FOR PROPOSAL

The Virginia Area Health Education Centers (AHEC) Program is calling for proposals to allow candidates to apply to be the next AHEC Center in the Southwest region of the Commonwealth to include the counties of Alleghany, Bland, Botetourt, Buchanan, Carroll, Craig, Dickenson, Floyd, Giles, Grayson, Lee, Montgomery, Pulaski, Roanoke, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe, and the cities of Bristol, Covington, Galax, Norton, Radford, Roanoke, and Salem.

BACKGROUND

The Virginia AHEC Program is a partially federally-funded initiative that aims to: (1) educate and train students to become culturally competent primary care health professionals who will provide health care in underserved areas and to health disparity populations; (2) increase the number and variety of primary care health professionals who provide care to underserved populations in Health Professional Shortage Areas (HPSAs) and other medically underserved areas; and (3) recruit into health careers individuals from underrepresented minority populations or from disadvantaged or rural backgrounds. The applicant selected to host a Virginia AHEC Center will lead the collaborative effort to join other regional entities in developing new and enhancing existing programs while furthering state, higher education and community interests addressing health care workforce concerns.

AHEC Centers coordinate and facilitate the training of health professions students, primary care residents and health care providers; and introduce high school students (grades 9-12) to health careers via health career fairs, internships and other hands-on experiences. AHECs and their partners develop community-based training programs at health service delivery sites in rural, underserved and other areas in the service region and offer practice support and CME opportunities. Applicants are required to carry out *some* activities from the following **AHEC Program Required Activities** under Title VII, Section 751(c)(1)(A-G) of the Public Health Service Act (42 U.S.C. 294a), as amended by Sec. 5403 of the Patient Protection and Affordable Care Act, Public Law 11-148:

- A) Develop and implement strategies to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions and support such individuals in attaining such careers;
- B) Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas;
- C) Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, FQHCs, rural health clinics, public health departments, or other appropriate facilities;
- D) Conduct and participate in interdisciplinary/interprofessional training that emphasizes primary care and involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals as practicable;
- E) Deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations;
- F) Propose and implement effective program and outcomes measurement and evaluation strategies; and
- G) Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

Each AHEC Center is *not* expected to carry out all AHEC Required Program Activities as long as the Virginia AHEC Program as a whole, with all of its affiliated regional AHEC Centers, addresses the AHEC Required Program Activities. Applicants should identify priority activities based on their Regional Needs Assessment (page 10) and how those activities and needs tie into the following federally designated **Core AHEC Activities** below:

AHEC Pipeline Activities. Develop and implement health careers recruitment programs, including career opportunities, in public health for pre-professional students and students (grades 9-12), and displaced or unemployed adults from under-represented minority, disadvantaged or rural backgrounds in health professional shortage areas ([HPSA](#)), medically underserved areas ([MUA](#)) or medically underserved population ([MUP](#)) areas of Virginia (AHEC Required Program Activities A and G).

Community-Based Experiential Training. Centers shall implement community-based experiential training in rural and underserved areas through field placements and clinical rotations for health professions students outside of the AHEC Scholars Program* (see below). Each training experience must be team-based and include a formal, didactic component addressing one or more of the Core Topic Areas: Recipients must ensure all educational and training activities support the following six (6) Core Topic Areas: Interprofessional Education; Behavioral Health Integration; Social Determinants of Health; Cultural Competency; Practice Transformation; and Substance Use Disorders (AHEC Required Program Activities B, C and D).

Professional Education and Support. AHECs shall sponsor continuing education and information dissemination programs and client service support for physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals with emphasis on primary care and interprofessional collaboration, serving underserved and health disparity populations (AHEC Required Program Activities D and E).

Program Evaluation. AHEC Centers shall work with the Virginia AHEC Program Evaluator to develop and implement necessary evaluation tools as required for HRSA reporting purposes (AHEC Required Program Activity F).

***AHEC Scholars Program.** All AHEC Centers shall work with the Virginia AHEC Program Office, academic and clinical partners, and other key stakeholders to develop and implement longitudinal, interdisciplinary program curricula that implements a defined set of clinical, didactic, and community-based training activities in rural and/or underserved areas for a cohort of health professions students (AHEC Required Program Activity B, C and D).

These activities are part of the Virginia AHEC Program's ongoing initiatives and are focused on connecting students to careers, professionals to communities, and communities to better health.

AHEC CENTER REQUIREMENTS

Each AHEC center shall meet the following requirements:

1. is a public or private organization whose structure, governance and operation is independent from the AHEC Program Office and the parent institution, the Virginia Health Workforce Development Authority;
2. is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;
3. designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;
4. fosters networking and collaboration among communities and between academic health centers and community-based centers;
5. serves communities with a demonstrated need of health professionals in partnership with academic medical centers;
6. addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and
7. has a community-based governing or advisory board that reflects the diversity of the communities involved.

ADMINISTRATIVE GUIDANCE FOR AHEC PROGRAMS

The following Administrative Guidance is intended to enhance on-going or new AHEC Programs:

- confirm through a written submission that a contractual arrangement, which includes a statement of work negotiated, is in place between the AHEC Program Office and the governing body of each AHEC Center;
- the Virginia AHEC Program Director, housed at the VHWDA, will assume responsibility for the overall direction and coordination of the statewide AHEC Program;
- the AHEC Center Director should have at least 75 percent time allocated solely to the conduct of Center duties and responsibilities;
- the AHEC Center should have an advisory board, reflecting the diversity of the communities involved, to advise the Center Director on all aspects of conduct of the program including administration, education and evaluation. It is mandatory that the board meet quarterly with the Center Director to review progress and barriers and collectively plan for further development of the program; and
- the AHEC Center community-based governing or advisory board should be responsible for the hiring and/or termination of the AHEC Center Director.

AHEC Programs are encouraged to provide a response to Bureau Initiatives specific to developing linkages to Historically Black Colleges and Universities, Hispanic Serving Institutions, and/or Tribal Colleges and Universities and improving the quality of life for African Americans, Latinos, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives as strategies to obtain highly qualified, culturally competent, underrepresented minority health care professionals who will work in medically underserved areas.

The Virginia AHEC Program is seeking to identify and select a collaborative partner to perform the activities listed above.

ADDITIONAL AHEC OBLIGATIONS & ORGANIZATIONAL STRUCTURE

COOPERATIVE AGREEMENT OBLIGATIONS AND PARTNERSHIP GUIDELINES

The following commitments illustrate the shared risk/shared resources/shared benefit that will help foster successful and sustainable partnerships. The Virginia AHEC Program will serve as a resource to address health professional workforce issues in Virginia.

Virginia AHEC Program Office

- Commitment to send students of diverse health care disciplines to Virginia communities for health professions training.
- Commitment to provide current information to support rural students interested in health professions education.
- Commitment to provide access to university and community college faculty as resources for communities identifying and addressing health workforce needs.
- Commitment to increasing the delivery of continuing education at reputable locations throughout the region.
- Commitment of the AHEC Program Director and VHWDA staff.
- Staff assistance with data, tracking and evaluation.

Virginia AHEC Centers

- Commitment to provide leadership for establishing regional collaborations on health professions workforce issues and the development of health professions training opportunities.
- Commitment to provide assistance in seeking regional financial support to achieve Virginia AHEC Program objectives.
- Commitment to provide interdisciplinary health professions training opportunities for health professions students.
- Commitment to provide ongoing guidance and support in building health professions education networks for student training and delivery of health professional educational opportunities.
- Contribution of space, personnel, monetary and other resources as necessary to support Virginia AHEC Program mission and goals.

CENTER ORGANIZATIONAL STRUCTURE

501(c)(3) Status/Hosted Organizations

The Virginia AHEC Program office will work together with appropriate agencies to establish regional AHEC Centers as independent 501(c)(3) non-profit and/or hosted organizations. The Virginia AHEC Program Office, through the Virginia Health Workforce Development Authority, will serve as the fiscal agent for the AHEC funds and program support will flow through the Virginia AHEC Program Office to the regional AHEC Centers.

Regional AHEC Center(s) Advisory Board

Each regional AHEC Center Advisory Board will be comprised of 10-18 members and will include at least one-third community and/or consumer representation. Constitutional bylaws and governing procedures for the board will be developed within the region to reflect the interests of the region being served. If the applicant organization has an established Advisory Board or Board of Directors, the existing board may serve as the AHEC Center Advisory Board.

Financial Overview

The Virginia AHEC Program was awarded \$824,000.00 for FY2017. This funding includes ongoing support for the seven existing AHEC Centers as well as support to establish a new Southwest AHEC Center in Virginia. The funding year is September 1 through August 31 pending federal approval each year.

Seventy-five percent of AHEC funds will be passed through the program office to the regional AHEC Centers. Additional funding to support regional AHEC Centers is expected to be garnered through grants and other funding sources as initiated by each AHEC Center.

The Virginia AHEC Program is partially funded through the U.S. Department of Health and Human Services, Health Resources and Services Administration Grant (#U77HP26289). A one-to-one match of non-federal funds is required.

Sustainability

The Virginia AHEC Program is partially supported through a five-year federal grant, annually renewable based on availability of federal funds. The grant period is September 1, 2017 – August 31, 2022. The AHEC Program is currently in the first year of the grant. The Virginia AHEC Program works closely with community and academic partners to ensure program sustainability through community, state and federal funding sources in anticipation of a reduction in federal funds in the future. An early goal in the development of each AHEC Center is creating a sustainability plan for diversifying funding to support efforts into the future.

ADMINISTRATIVE

TECHNICAL CONTACT

Any questions concerning the application requirements should be directed to:

Name	Keisha L. Smith
Address	3831 Westerre Parkway, Suite 2, Richmond, VA 23233
Phone	(804) 562-4928
FAX	(804) 658-4193
Email	KSmith@vhwda.org

SCHEDULE OF EVENTS

Event	Date
1. Request for Proposals (RFP) Process Opens	April 2, 2018
2. RFP Due Date	April 25, 2018 5PM (EST)
3. Review of Proposals	April 27 – 30, 2018
4. Presentations by Final Candidate Communities and Site Visits	May 2– 3, 2018
5. Anticipated decision and selection of AHEC Center	On/before May 7, 2018

Individuals, institutions or organizations are encouraged to submit RFPs *electronically* to **Keisha L. Smith** at Ksmith@vhwda.org. A notification of receipt will be sent during regular business hours. Applications received *after* 5PM (EST) on April 25, 2018 shall be considered late and will not be evaluated for award.

GUIDELINES FOR PROPOSAL

PROPOSAL SUBMISSION

The RFP shall be submitted in one document with eight sections as set forth below. Applicants will confine their submission to those matters sufficient to define the proposal.

In order to address the needs of this procurement, the Virginia AHEC Program encourages proposals to include collaborative partnerships with other organizations in the Southwest region to offer the best combination of resources and delivery for the next Virginia AHEC Center.

Proposals should include each of the following sections:

1. Executive Summary
2. Regional Needs Assessment
3. AHEC Program Required Activities and how they will be accomplished
4. Critical Factors
5. Leadership
6. Budget Justification Narrative
7. Appendix A: Partners
8. Appendix B: Letters of Support (excluded from the total page count)

The detailed requirements for each of the above-mentioned sections are outlined on subsequent pages.

PROPOSAL FORMATTING

Proposals are to include the nine sections listed above as subject headings. Proposals should *not* exceed **25 pages** (Letters of Support are excluded from the total page count). Proposals must:

- be typed on standard letter sized paper (8.5"x 11");
- be double-spaced in 12-point font with one-inch margins;
- include the applicant's name or name of organization and page number on each page; and,
- be submitted in Word or PDF format.

*****Final proposals are to be emailed to Keisha L. Smith at KSmith@vhwda.org by 5PM (EST) on April 25, 2018*****

DETAILED RESPONSE REQUIREMENTS

EXECUTIVE SUMMARY

The Executive Summary should include: the name of the applicant organization's Executive Director and a short bio highlighting relevant experiences and qualifications; the proposed location/address of the AHEC Center; the benefits/advantages/value of an AHEC Center in the proposed location; a brief summary explaining how the proposed center will be successful in meeting the AHEC Program Required Activities (page 3) and Core AHEC Activities (page 4) based on the applicant's Regional Needs Assessment; acknowledgment that the proposed Center meets the AHEC Center Requirements (see page 5); and, a brief summary on the proposed Center's sustainability plan and resources in addition to the federal award.

REGIONAL NEEDS ASSESSMENT

Proposals should include a needs assessment of the Southwest region and how the proposed Center will address those needs. Proposals should identify any source(s) used in the needs assessment and the sources should be both relevant and timely. The needs assessment may be conducted internally by the proposed Director or Center or data may be pulled from outside resources such as the, [Virginia Department of Health](#), [Department of Health Professions Healthcare Workforce Data Center](#) or another reputable source.

AHEC PROGRAM REQUIRED ACTIVITIES

The proposal should include a detailed plan to address the Regional Needs Assessment by incorporating some/all of the AHEC Program Required Activities (A-G below) and the Core AHEC Activities (bottom of page):

- A) recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions;
- B) provide community-based training and education to individuals seeking careers in health professions;
- C) prepare individuals to more effectively provide health services to underserved areas through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, FQHCs, rural health clinics, public health departments, or other appropriate facilities;
- D) conduct and participate in interdisciplinary/interprofessional training that emphasizes primary care and involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals as practicable;
- E) deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations;
- F) propose and implement effective program and outcomes measurement and evaluation strategies; and
- G) establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

Core AHEC Activities (see page 4 for additional information): AHEC Pipeline Activities; Community-Based Experiential Training; Professional Education and Support; Program Evaluation; and AHEC Scholars Program.

CRITICAL FACTORS

Include detailed responses to each of the critical factors listed below. Proposals are to include existing collaborative relationships as well as ideas for new collaboration. Successful responses will also address workforce, education and health care needs of the applicant's region. Considerations of the critical factors as they relate to the mission of the Virginia AHEC Program are encouraged.

- **Critical Factor 1: Collaboration and Community Engagement.** What partnerships are in place or will be developed to conduct AHEC Program Required Activities? (i.e., health professions schools, community health centers, workforce training centers, local businesses, chamber of commerce, education organizations, local and regional health and human services organizations, etc.)
- **Critical Factor 2: Resources.** What resources are needed to implement AHEC Program Required Activities?
- **Critical Factor 3: Sustainability.** Include a sustainability plan for the Southwest AHEC that identifies financial support for Years 2-5 of the federal AHEC grant project period (the Virginia AHEC Program is currently in Year 1).

LEADERSHIP

Please indicate if the AHEC Center Director will be a new-hire or if an existing employee will perform the duties of the AHEC Center Director. Please include the proposed Director's resume and evidence that the proposed Director has appropriate education and experience.

BUDGET JUSTIFICATION NARRATIVE

Requirements of the HRSA federal grant include a 1:1 cost match for grant awardees. The estimated award for the Southwest AHEC Center for remainder of FY17 (September 1, 2017 – August 31, 2018) project period is \$50,000.00. Please include a narrative of financial support, both direct support and in-kind support for the proposed Center, and indicate the source(s) of the support. Direct support should be at least 25% (\$12,500.00) cash match. Each AHEC Center must have a Director who spends a minimum of 75% time on AHEC related activities. (See page 12-13 for specific Budget Justification Guidelines.)

APPENDIX A: PARTNERS

Provide the following for each collaborative partner:

- Partner business name, address, telephone number and web site address (if available).
- Key contact name, title, address, telephone number and email address.
- Brief mission of organization, year established, and how the organization will enhance or support the proposed AHEC Center.

APPENDIX B: LETTERS OF SUPPORT *(Letters are excluded from total page count)*

Provide letters of support from collaborative partners listed in Appendix A and any other key stakeholders on the local, regional or state level who endorse your proposal to open a new AHEC Center. Letters from collaborative partners should detail the support provided.

BUDGET JUSTIFICATION GUIDELINES

BUDGET JUSTIFICATION

Provide a narrative that explains the federal and non-federal support. Indicate the source of non-Federal funds including cash (state, county, or municipal government or private sector funds), in-kind contributions, and other forms of match. The budget justification should specifically describe how each item will support the achievement of proposed objectives in the RFP. Please include the following in the Budget Justification Narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from federal and non-federal funds, name (if possible), position title, percent full time equivalency, and annual salary. Reminder: As noted in the Administrative Guidance, the AHEC Center Director should have at least 75 percent time allocated solely to the conduct of center duties and responsibilities.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. Attendance of at least one staff member from each AHEC Center at an annual Virginia AHEC Program meeting and at the biennial National AHEC Organization meeting is encouraged.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000.00 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential subrecipients that entities receiving subawards must be registered in the Central Contractor Registration (CCR) and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, awardee's rent; utilities and insurance fall under this category if they are not included in an approved indirect cost rate. Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural

brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Trainee Expenses: Funds for trainee travel are necessary for the training experience and must include the purpose, number of trips involved, travel allowance used, destinations, and number of individuals requesting funds. Daily commuting and/or routine local travel costs are not allowable.

Data Collection Activities: The Virginia AHEC Program currently utilizes the iAHEC Data Collection System for data collection and reporting. AHEC Centers contribute \$500.00 each year to share the cost of data collection and reporting services. Other funds may be used to support appropriate and justifiable costs directly related to meeting evaluation and data reporting requirements as well. Identify and justify how these funds will be used under the appropriate budget category; Personnel, Contracts or Other.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Dues for institutional membership in business, technical and professional organizations including National AHEC Organization membership dues of \$750.00 may be allowable under indirect costs with justification for the request provided. Membership dues that are paid through grant funds cannot be used to support lobbying activities. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees, and subgrants and subcontracts in excess of \$25,000.00 are excluded from the actual direct cost base for purposes of this calculation.

EVALUATION FACTORS FOR AWARD

CRITERIA

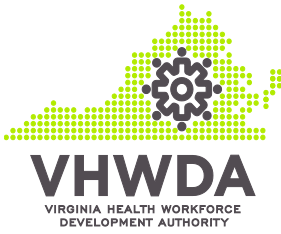
The following criteria will be considered when evaluating all submitted proposals. Please reference the **Scoring Matrix** (pages 15-16) for full evaluation criteria:

1. Completion of all required responses listed in **Proposal Submission** (see page 9) in the correct format;
2. The extent to which the proposal fulfills the Virginia AHEC Program's stated mission and requirements as set out in this RFP;
3. An assessment of the applicant's ability to deliver the indicated educational programming in accordance with the specifications set out in this RFP;
4. The applicant organization's stability, experiences and record of past performance in delivering collaborative educational and health care programming; and,
5. The applicant's approach to sustainability of programming and services if/when federal funding ceases.

The Virginia AHEC Program may, at their discretion and without explanation to the prospective applicants, at any time choose to discontinue this RFP without obligation to such prospective applicants.



Virginia Health Workforce Development Authority
Keisha L. Smith, Executive Director
3831 Westerre Parkway
Suite 2
Henrico, VA 23233
Phone: (804) 562-4928 | Email: KSmith@vhwda.org



**SOUTHWEST AHEC CENTER
REQUEST FOR PROPOSAL SCORING MATRIX**

Required Sections:	Quality of Submission 10 = exceptional 3 = subpar 7 = good 1 = poor 5 = average	Strengths:	Weaknesses:
Executive Summary Name of applicant org director, bio, address of Center, summary of AHEC required activities, brief sustainability plan.	10 7 5 3 1		
Regional Needs Assess. Conduct needs assessment of Southwest region, identify sources used in assessment.	10 7 5 3 1		
AHEC Prog Req Activities Proposal should include detailed plan to address AHEC Program Required Activities, Core AHEC Activities and Regional Needs Assessment.	10 7 5 3 1		
CF1: Collab & Comm. Engagement Name established partnerships or ones to be developed to meet the seven AHEC Program Required Activities.	10 7 5 3 1		
CF2: Resources What resources are needed to implement AHEC Prog Req Act.	10 7 5 3 1		
CF3: Sustainability Include a plan that identifies a diverse, short-term and long-term approach.	10 7 5 3 1		
Leadership Is AHEC Center Director a new hire? Or existing employee? Include Director's resume, education and experience.	10 7 5 3 1		
Budget Justification Narrative Include narrative of direct and in-kind support, with 1:1 cost match.	10 7 5 3 1		

Appendix A: Partners Provide contact info and name of each partner, the org, mission of org and how it will enhance or support AHEC.	10 7 5 3 1		
Appendix B: Letters of Support Provide letters of support from collaborative partners listed in Appendix A.	10 7 5 3 1		
Criterion 1 Completion of all required responses listed in Proposal Submission in correct format.	10 7 5 3 1		
Criterion 2 Extent to which applicant fulfills AHEC's mission.	10 7 5 3 1		
Criterion 3 Applicant's ability to deliver indicated educational programming.	10 7 5 3 1		
Criterion 4 Applicant org's stability, experiences and record of past performance in delivering collaborative educational and health care programming.	10 7 5 3 1		
Criterion Applicant's approach to sustainability of programming and services if/when federal funding ceases.	10 7 5 3 1		
TOTAL (Max points = 150)			

Comments:

Concerns:

Highlights: