SCRUBS Program

RFP for Coronavirus State and Local Fiscal Recovery Funds

Gateway Group of Asheville

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Application Form

Question Group
Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded $50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. To date, Buncombe County has awarded projects totaling $23,093,499, leaving a balance of $27,639,791 available to award. Visit http://www.buncombecounty.org/recoveryfunding for details.

This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:
- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

Click here for the full terms and conditions of the RFP

Organization Type*
Nonprofit

Nonprofit documentation
If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

Name of Project.*
SCRUBS Program
New/Updated Proposal*
Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

- New project proposal

Amount of Funds Requested*
$212,000.00

Category*
Please select one:
- Affordable Housing
- Aging/ Older Adults
- Business Support/ Economic Development
- Environmental/ Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/ Substance Use
- NC Pre-K Expansion
- Workforce

- Workforce

Brief Project Description*
Provide a short summary of your proposed project.

THE SCRUBS (Students Creating, Releasing, Unlimited Belief in Self) YOUTH ALLIED HEALTH CARE CAREERS GET A CAREER TRAINING AND WORKFORCE DEVELOPMENT TEAM DEFINE SYNERGY AS, “THE COMBINED POWER OF A GROUP OF THINGS WHEN WORKING TOGETHER BECOMES GREATER THAN THE TOTAL POWER ACHIEVED BY WORKING SEPARATELY.” WE ARE CONVINCED THAT OUR PROGRAM WORKING TOGETHER WITH COMMUNITY, EDUCATION, BUSINESS, AND HEALTHCARE STAKEHOLDERS CAN INSPIRE YOUTH, BUILD FUTURES AND CREATE A PATHWAY AND PIPELINE FOR THE NEXT GENERATION OF ALLIED HEALTH CARE PROFESSIONALS. The SCRUBS Get a Career Training Program empowers people to foster strong and viable communities. The Program has found its path in pursuing this mission by reaching out to youth in urban and rural-based communities. We expose and train the youth in three core categories, and provide them with the educational steps, resources, and mentoring to inspire and prepare youth for well-paying, meaningful careers that will sustain their future families.
**Project Plan**

Explain how the project will be structured and implemented, including timeframe.

- **Education:** Introduce, Motivate and Inspire Youth toward allied health careers. Teach middle and high school-aged youth the value of education, provide tools to study strategically, and provide guidance into seven specific health care careers. Programs that inspire young minds, particularly in the fields of science, technology, engineering, and math (STEM) will do well in the future—all of which are at the foundation of health careers. Youth Development: Teach young people the teamwork and leadership skills to succeed in school, at work, and in life through academics. By reaching children just prior to high school, youth are given context and purpose to take courses in high school that will impact their futures and capacity for careers that will sustain them for a lifetime. Healthy Lifestyles: Introduce youth to the concepts of holistic health as it pertains to Mind, Body, and Soul. SCRUBS training sessions guide and nurture children toward healthy respect and care of their bodies, especially for nutrition. For example, a student interested in nursing can start off as a CNA right after high school and work part-time while he or she goes to school to become a Practical Nurse (PN) within a year, then go to work at a long-term care facility and take evening courses to become a Registered Nurse (RN) in a two-year program—many of whom receive tuition coverage from their employer, then later enter a bridge program to earn a bachelor in Science in Nursing (BSN)—he or she can keep advancing towards a Masters in Nursing—even a Nurse Practitioner degree. You’ll find similar career ladders within allied health programs—Medical Lab Technology, Physical Therapy, Occupational Therapy, Respiratory Therapy, Infection Prevention. The SCRUBS Program exposes young people to a variety of careers that allow them to advance “up the ladder” while working and/or raising a family.

**Statement of Need**

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

The program offers forty targeted youth who are in under-served urban and rural areas within Afro-American, Latino, and Immigrant communities. This approach affords, 1. The commitment to encouraging diversity within communities and 2. Businesses and industries can access a platform that reaches deep within the community. The entire healthcare sector benefits from growing a pipeline of the educated and diverse workforce among our next generation of healthcare professionals and practitioners. A culturally relevant and sensitive workforce simply offers better care. Engagement with children and their families living in distressed urban and rural communities. Providing workforce development skills for underserved children from all ethnic backgrounds. Middle School and the early years of High School are pivotal points in a young person’s development to expose, explore and motivate them toward finding a career path. It will attract many students to health care careers because they find it rewarding to “help people.” But if they don’t know that they need to take math and science classes in high school, it’s often too late for them once they’ve started their junior year. The field of Health Care offers rewarding careers—personally and economically with predicted steady growth in the job market. The aging demographic of the United States is often referred to as the “Silver Tsunami” with baby boomers now in their mid-sixties and beyond driving the age wave. Allied Health Careers make on average between $35,000 to $45,000 per year following two-year programs with opportunities for additional certifications and degrees that advance along the pay scale. Registered Nurses make salaries in the mid-sixties and more. In fact, according to the U.S. Department of Labor, “Employment of healthcare occupations is projected to grow 19 percent from 2014 to 2024, much faster than the average for all occupations, adding about 2.3 million new jobs.”
Link to COVID-19*
Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

COVID-19 has disproportionately impacted minority and under-resourced populations both through direct effects (more severe illness, more fatalities) and indirectly through loss of jobs and other economic impacts. Racial and ethnic minorities have been more likely to experience more severe illness and death than other groups, as well as more likely to be exposed to COVID-19 infection. Therefore, COVID-19 recovery funding and efforts will only be just and equitable if an appreciable portion is devoted to helping those most-impacted communities and populations, as this project does. Further, some of the root causes of this disproportionate impact stem from occupational differences. Minority and under-resourced populations were more likely to have been employed in jobs that increased infection exposure (e.g., essential work settings like factories, food processing, accommodation and food services, retail services, grocery stores, and public transportation) and racial and ethnic minorities were more likely to lose employment and took longer to become re-employed. The proposed project will address this root cause, preparing a growing pipeline of an educated and diverse workforce to replenish, support, and encourage our next generation of healthcare professionals and practitioners for targeted, high-demand healthcare occupations.

Population Served*
Define the population to be served by this project, including volume and demographic characteristics of those served.

- Much diverse youth lack role models within their communities and families to mentor them towards and through the rigors of pursuing a health career. By meeting other diverse minorities who’ve been successful in a wide range of health professions that interact with them at SCRUBS events and fairs, the connection kids make is palpable and the impression is long-lasting with “people like me. The program offers forty (40) targeted youth who are in under-served urban and rural areas within Afro-American, Latino, and Immigrant communities. This approach affords, 1. The commitment to encouraging diversity within communities and 2. Businesses and industries can access a platform that reaches deep within the community. “SCRUBS”, a Career Training and Workforce Development Program that Introduces Minority Diverse, At-Risk, Low Income, and Underserved Youth populations in urban and rural areas. We introduce youth in Grades 6 through 12 to promising healthcare-related careers in a fun, inspirational, and engaging. The way that develops a skilled workforce for the 21st Century good-paying jobs meeting personal, community, and business needs.

Results*
Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

The goal of this project is to specifically engage sixth through eighth-grade students in Buncombe County who are under-resourced to increase the probability they will enter healthcare career pathways.

To assess the project, surveys will assess applicable methodologies, quantitative values, qualitative values, and benchmarks. Participating youth, participant parent(s)/guardian (s), program staff, program presenters/volunteers, and program partners will survey at the initiation of the project, at regular intervals during the program, and at the conclusion of the project.

Three sets of performance measures will be track and reported. 1. Demographic data: will include age, gender, race/ethnicity, and indicators of family income level.

GOAL: All program participants (students) will either be of minority race/ethnicity or will show another indicator of membership in an under-resourced population.

2. Educational activity participation and organization: will include the type and frequency of activities offered, the number of participants in each activity, and the attendance of individual students in each activity,
as well as assessments of program content/curriculum, program delivery, program staff, program presenter(s)/volunteer(s), program materials and program location/facility.

GOAL: Each student will participate in 80% of the activities or more, and participants will show general satisfaction with the program components.

3. Student perceptions and belief assessment: will be measured by pre-and post-participation surveys in Likert-scale format regarding the students’ perceptions about the possibility of becoming a successful healthcare worker, their beliefs about their ability to overcome obstacles, etc.

GOAL: Students will show a 20% improvement (averaged over the group) in beliefs regarding the capability to become a healthcare worker.

As the project has not yet been initiated and no data has been collected, we cannot offer baseline data for these measures.

**Evaluation***

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

The Gateway Foundation and MAHEC will be jointly responsible for tracking performance measures and measurable objectives and conducting data analyses. The Gateway Foundation will be responsible for completing grant reports with data contributions by MAHEC as appropriate. Survey results will be analyzed to identify program strengths, program needs, program modifications, and program benefits. Reports will be reviewed by project staff on a quarterly basis at a minimum for the purposes of quality assurance monitoring and will be used to modify project procedures as needed to meet project goals.

More specific data collection, sharing, and storage planning will be conducted in the circumstances that this grant is awarded, as it will include some additions to existing MAHEC data collection and data management. Integration of data from this project into a larger data and evaluation plan to track healthcare career pipeline participants for long-term outcomes is the desired goal.

Evaluation results and reports will be presented and disseminated to stakeholders using the Results-Based Analysis (RBA) framework. Results from measures of type and frequency of activities offered, the number of participants in each activity, and the attendance of individual students in each activity will support the answers to “How much did we do?”. Results from measures of demographic data and assessments of program content/curriculum, program delivery, program staff, program presenter(s)/volunteer(s), program materials, and program location/facility will be used to answer “How well did we do it?”. Data from measures of participant change such as pre-and post-participation surveys in Likert-scale format regarding the students’ perceptions about the possibility of becoming a successful healthcare worker, their beliefs about their ability to overcome obstacles, etc. will answer “Is anyone better off?”.

**Equity Impact***

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

Youth who are in under-served urban and rural areas within Afro-American, Latino, and Immigrant communities to health care careers. This approach reflects the commitment to encouraging diversity within healthcare communities and that businesses and industries can access a platform that reaches deep within the community recognizes the importance of diversity and equity that can use and build on the increasing need for a growing pipeline of a prepared, educated and diverse workforce among our next generation of healthcare professionals and practitioners.

Middle School and the early years of High School are pivotal points in a young person’s development to expose, explore and motivate them toward finding a career path. Weekly training sessions and workshops...
will expose and train the youth in core categories, that provide them with the educational steps, resources, and mentoring to inspire and prepare them for well-paying, meaningful careers.

Studies show many youths in the targeted areas are limited in their exposure, knowledge of, and attraction to the diversity of health care careers for many reasons. This program brings attention to the rewards of "helping people", knowing that math and science classes in middle and high school are important in everyday life and for rewarding careers from a CNA right after high school to Medical Lab Technology, Physical Therapy, Occupational Therapy, Respiratory Therapy, Infection Prevention and Nursing with average salaries ranging from between $35,000 to over $80,000 per year with experience and opportunities for additional certifications and degrees that advance along the pay scale. The percentage of active physicians by race/ethnicity. Among active physicians, 56.2% identified as White, 17.1% identified as Asian, 5.8% identified as Hispanic, and 5.0% identified as Black or African American. Note that the race of 13.7% of active physicians is Unknown, making that the largest subgroup after White and Asian -https://www.aamc.org/

Project Partners*
Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

1.) What products and/or services are to be supplied by that subcontractor and;
2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

It is a tremendous honor to collaborate with a trailblazer organization that has made an impact in the medical professional field with education and training. MAHEC - Minority Medical Mentoring Program focuses on minority young adults 9th -12th graders to expose them to the medical profession. With MAHEC's length of experience in medical training and the vast cutting edge technology and their willingness to reach deeper into lower age brackets 6th -8th grade to lay an early foundation of education in medical training by opening their training center, professional educators, with resources and higher-level mentors 9th-12th. There will be after-school services provided for this educational process. MAHEC has submitted a budget representing their partnership in the process seeing this as an opportunity to increase the percentage of minorities in the medical field with a partnership to transition SCRUBS students into the MMM Program. We also have the support of the WNC Bridge Foundation which sees the importance and significance of the collaboration, especially during these past two years with the decrease of first-line professionals and the hit the medical field took during the 2020 Covid outbreak.

Capacity*
Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

Gateway Group of Asheville here in Asheville, North Carolina is in Partnership/ Mentorship with ACF Foundation a non-profit 501 (c) (3) Program in Harrisburg, Pennsylvania with founders David and Finesse Cobb. ACF Foundation with its length of experience has to establish a strong partnership in Pennsylvania with the Nursing Foundation of Pennsylvania to provide resources, education, and educators for instructors. Another partner is the PA of Labor which has come alongside to support the value and needs of the professions listed in training by SCRUBS. You can leave the PAsmart program as an educational apprenticeship training program in collaboration with the Department of Labor and Industry. ACF in operation for over 10 years of service. ACF has committed to mentorship Gateway Group of Asheville SCRUBS Program here in Asheville and works alongside MAHEC in accomplishing a successful program. ACF with its wealth of experience in educating youth along with MAHEC's previous experience in educating youth with be a partnership that will fulfill experience and capacity - www.acfscrubs.com
**Budget**

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

SCRUBS BUDGET PROPOSAL (1).docx

**Special Considerations**

Provide any other information that might assist the County in its selection.

MAHEC - SCRUBS Budget.xlsx

It is Gateway Group of Asheville (SCRUBS Program) and Mountain Area Health Education Center (MAHEC) desire to enhance and expand the horizons of youth in the sixth through the eighth-graders in low-income communities that wouldn’t have the education opportunity to pursue a career in the medical profession. It is our collaborative effort to give young minorities of different ethnicities an equal footing and opportunity. It's also our desire to increase the percentage of minorities in a profession that has held a low percentage of minorities graduating from medical colleges. Studies have shown that people of color and low socioeconomic status populations shoulder the burden of illness-related morbidity and mortality in the U.S. leading to prominent disparities in healthcare. Even when controlling for insurance status, challenges accessing quality healthcare remain and numerous studies have documented significant differences in healthcare access and quality among people of color.

Only 23% of African Americans, 26% of Hispanics, and 39% of Asian Americans have a physician that shares their race or ethnicity, compared to 82% of White Americans. Healthcare providers (HCP), physicians, dentists, Physician Assistants (PAs), and Nurse Practitioners (NPs), from diverse backgrounds, tend to understand better the culture, background, and historical events affecting people of color. Racial concordance between the HCP and patient correlates with improved patient health outcomes, patient satisfaction, and communication. Patients with HCP of the same race report greater mutual respect compared to patients with an HCP of a different race. These factors play a large role in determining whether a patient will feel comfortable disclosing certain information to their provider and whether they will be given treatment that is culturally sensitive and given the resources of the patients.

Attached is MAHEC’s budget proposal.
File Attachment Summary

Applicant File Uploads

- Gateway Group of AVL 501-C-3 Pg 1.pdf
- SCRUBS BUDGET PROPOSAL (1).docx
- MAHEC - SCRUBS Budget.xlsx
Date of this notice: 07-22-2016

Employer Identification Number:
81-3327994

Form: SS-4

Number of this notice: CF 575 A

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-3327994. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940 01/31/2017
Form 944 01/31/2017

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.
SCRUBS BUDGET PROPOSAL

**Contracted Services**

Legal $450.00 per month - $5,400.

Accounting $450.00 per month - $5,400.

Facility Rental $1800.00 per month - $21,600.

Networking/Media/Graphics Contracted Yearly - $8,800,

Staff and Curriculum Development Contracted Yearly - $10,500.

NC State Nurses Association

Greater Works Church of God in Christ Contracted Yearly - $6,500.

Week-End Programs

Food Service Providers Contracted Yearly - $6,500.

Non-Instructional Supplies/Equipment Yearly - $4,500.

AT&T

Select Office Equipment

USPS Mailing Services and Supplies

Drug Prevention Series - $2,285.

**Total Contracted Services - $71,485.00**

**Salaries and Fringes**

Executive Director - $30,000.

Project Manager - $20,000.

Workers Comp 1.68% - $840

FICA 6.20% - $3100

Medicare 1.45% - $725
Health Insurance - $950

GSA Standard @$0.56 per mile - $1,000.
Yearly Maximum $1,000.

**Total Salaries and Fringes $56,615.00**

**Training Units**

4@$450
Software Training Packages - $1,800.

5@$500
Chemistry Labs/Apparatus Units - $2,500.

4@$2000
Simulated Hospital Module - $8,000.

5@2200
Medical Mannequins - $11,000.

4@$650
On Site Medical Field Trips - $2,600.

200@$26.50
SCRUBS Uniforms and Medical Kits - $5,300.

**Total Training Units $26,900.00**

**Total Budget Program - $155,000. Per one location.**
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<th>Total Cost Per Session</th>
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