

*Thank you for joining*

**Virginia's Earn to Learn Nursing Education  
Acceleration Program  
Information Webinar**

We will begin shortly.

All lines are muted for attendees.

Please use the chat box for questions. Questions will be answered throughout the webinar.

Captioning is available for you, please make your request via ZOOM.

This webinar will be recorded.



# Virginia's Earn to Learn Nursing Education Acceleration Program

Preproposal Conference Call  
Wednesday, March 4, 2026

# Today's Agenda....

## Welcome

**Sandra Serna**, Office Director, Office of Health Equity  
Virginia Department of Health

## RFP Review VDH-26-551-0267

**Veronica Cosby**, Program Manager, VAP3/ETL, Office of Health Equity  
Virginia Department of Health

**Kaneik Ferguson**, Procurement Manager, Office of Procurement and  
General Services  
Virginia Department of Health

## Questions

# REQUEST FOR PROPOSAL (RFP) VDH-26-551-0267

**Issue Date:** February 25, 2026

**Close Date:** March 24, 2027

**Number/Title:** VDH-26-551-0267

Virginia's Earn to Learn Nursing Education Acceleration Program

**Period of Contract:** July 1, 2026 - June 30, 2027 (\*Non-Renewable)

The maximum amount available for the 12-month project period is \$400,000 for each recipient. (Multiple Awards)

The Virginia Department of Health, Office of Health Equity is seeking proposals for the **Virginia's Earn to Learn Nursing Education Acceleration Program (ETL)**. The purpose of this Request for Proposal (RFP) is to establish contracts with nursing academic/clinical partnerships to transform nurse clinical education and accelerate the development of practice ready nurse graduates as part of Virginia's Earn to Learn Nursing Education Acceleration Program.

Through the **ETL program**, the Commonwealth will support collaborative clinical training arrangements between educational institutions, hospitals, and healthcare providers to increase the number of nursing students receiving necessary clinical training to achieve certification or licensure, creating employment opportunities for nursing students to produce nurses who transition to nursing practice more effectively and efficiently, and to retain nurses in Virginia.



Application Deadline  
March 24, 2026

## Virginia's Earn to Learn Nursing Education Acceleration Program

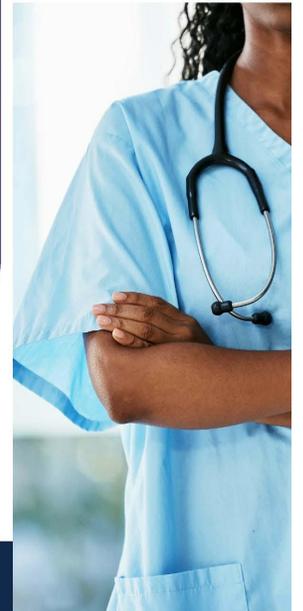
Now Accepting Applications

Visit [eVA.virginia.gov](http://eVA.virginia.gov) to review the Request for Proposals (RFP) and find additional requirements and guidance. Funding for this grant is competitive and based on the guidelines within the RFP: **VDH-26-551-0267**.



Prospective applicants with questions about the specifications or application documents should contact the Program Officer by March 13, 2026.

Contact: [Kaneik.Ferguson@vdh.virginia.gov](mailto:Kaneik.Ferguson@vdh.virginia.gov) and [Veronica.Cosby@vdh.virginia.gov](mailto:Veronica.Cosby@vdh.virginia.gov)



# The Earn to Learn Model

The ETL model is based in a growing body of evidence that suggests that better workforce program outcomes come from programs that incorporate hands-on, work-based trainings alongside academic training and include access to one-on-one career navigation assistance and other wraparound services. For healthcare professionals, there are several ELT models around the country. The [California Department of Health Care Access and Information](#) has an ETL program that offers grants to organizations that provide education and paid job experience to students getting Substance Use Disorder certified in California. The American Hospital Association has spotlighted the ELT efforts at the [University of Virginia Medical Center](#), as well as Germanna Community College's and Mary Washington Healthcare's [Nursing Assistant pilot program](#) – both created after the COVID-19 pandemic to address the lack of sufficiently trained and licensed applicants to fill the healthcare workforce vacancies seen post-pandemic. Their experience and others have been captured in an Earn While You Learn Clinical Education Model Toolkit published by the Virginia Hospital and Healthcare Association. The toolkit is available as a potential resource for parties interested in responding to this RFP and can be accessed at [Earn While You Learn Toolkit – VHHA](#).



Earn While You Learn Clinical Education Model  
(EWL CEM)

Tool Kit

November 2023

Submitted by:  
Eileen L. Dohmann MBA, BSN, RN  
Patti Lisk DACCE, BSN, RN

# “Earn While You Learn Clinical Education Model” (EWL CEM)

## Phase I

Nursing Students employed by a clinical partner while in school.

Employment enhances students’ comfort and confidence in clinical settings.

Employment addresses immediate workforce need for clinical partner.

## Phase II

Nursing students employed by clinical partner while in school.

RN Mentors trained in student’s clinical and learning objectives.

Revised clinical rotation model engages bedside RN Mentors to invest in education

of students while seeing benefit from student’s assistance with patient care.

Revised clinical rotation model is mutually beneficial to student, RN Mentor and patient.

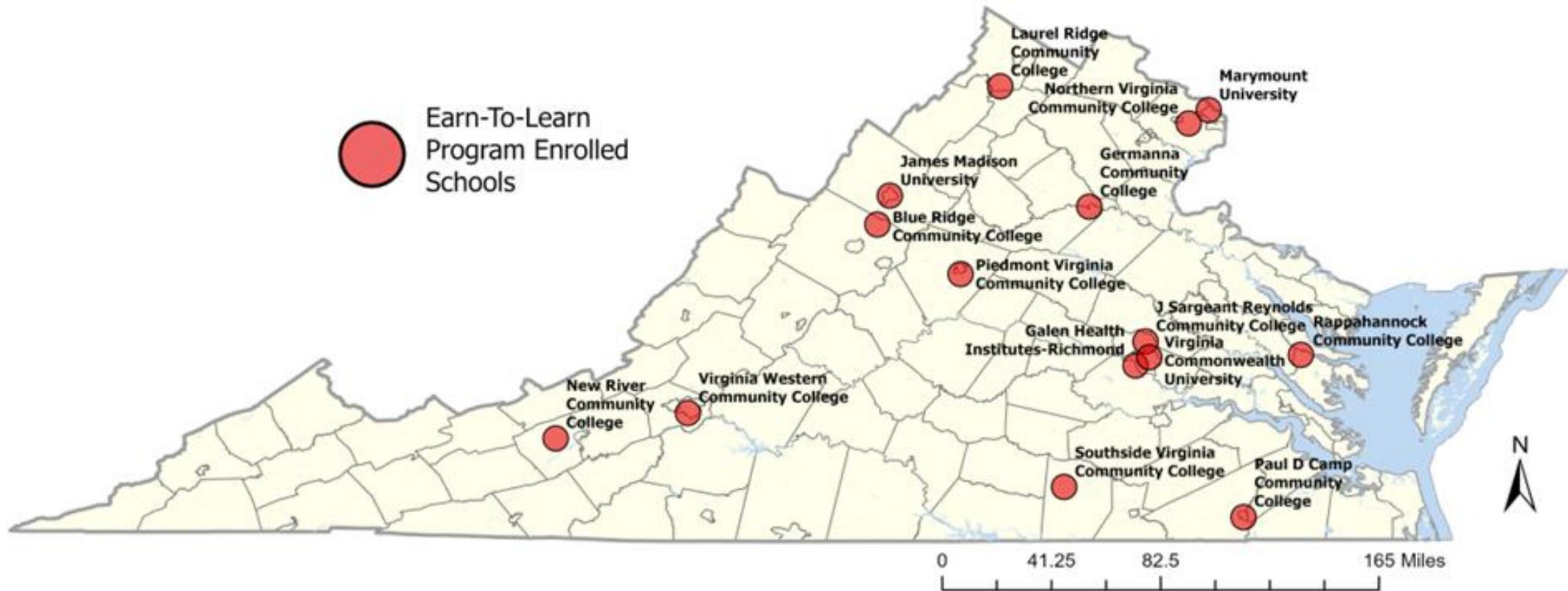
Faculty retains responsibility for students. RN Mentor retains responsibility for patient care.

Nurse Manager “owns” student and staff experiences on the unit.

Nurse Manager and staff integrate faculty and students into unit operations.

[Earn While You Learn Toolkit – VHHA](#)

# Geographical Locations of Earn-To-Learn Enrolled Colleges





Business Opportunities | Transparency | Contracts & Sources | Resources



Search eVA

Buyer Login

Supplier Login

Register Now

Forgot Username/Password

Get Help - Customer Care

## eVA Customer Care

### BUYER & SUPPLIER HELP

SUPPORT INFORMATION ADVICE PROBLEM SOLVING HELP SOLUTION **Get Help!**

I SELL TO VIRGINIA

I BUY FOR VIRGINIA

WHAT VIRGINIA BUYS

### Virginia Distribution Center

Over 1,000 top-quality line items are available, including staple foods, frozen foods, janitorial supplies, paper and plastic products, safety supplies, and other select items.

VDC SHOP VDC

Intro to Selling to Virginia -Workshop #1

Generating Leads with eVA -Workshop #2

## eVA Supplier Outreach

# EVENTS

Sign up today!

Learn about doing business with the Virginia government.

The Commonwealth of Virginia buys more than \$10 billion in goods and services, including construction, each year. Find out how to tap into this market.



# Virginia's Earn to Learn

## Nursing Education Acceleration Program

[OHE/Virginia Earn To Learn Nursing Acceleration Program/ VDH-26-551-0267 \(2026\)](#)



# General Instructions

ONLY ELECTRONIC RESPONSES WILL BE ACCEPTED.

Responses must be submitted through the Commonwealth of Virginia's eProcurement Portal eVA

([eVA.virginia.gov](http://eVA.virginia.gov)). **Proposals received via email and fax will not be accepted.** If an Offeror requires assistance submitting an electronic response, the Offeror must contact eVA Customer Care at **866-289-7367** or email **eVACustomerCare@dgs.virginia.gov**.

No other distribution of the proposal shall be made by the Offeror.



# Proposal Format and Content

- Proposal Format
- Proposal Content
  - Cover Sheet
  - Proposal Narrative
- Description of Proposal & Proposed Activities
- Program Purpose and Need
- Description of Staff and Responsibilities
- Program Goals and Objectives
- Activities/Outcomes Workplan
- Budget/Budget Narrative

# PROPOSAL FORMAT AND CONTENT

## Proposal Format:

Proposals should be as thorough and detailed as possible so that VDH may properly evaluate your organization's capabilities to provide the required services. The proposal narrative must be formatted to 8 ½" X 11" in a font size of 11 or 12 using a conventional font such as Times New Roman, Arial, or Courier. All pages of the narrative should be numbered. Proposals must be organized in the order in which the requirements are presented in the Proposal Content and Required Forms. Proposals submitted should not exceed 30 pages including attachments.

# PROPOSAL FORMAT AND CONTENT

**Proposal Content:** Applicants are required to submit the following items as a complete proposal:

- **COVER SHEET:** Proposal cover sheet must include the following information:
  - Legal name of applicant organization
  - Address
  - City, State Zip plus four
  - Authorized Representative Point of Contact Name, Email Address, and Contact Number
  - Signature of Authorized Organization Representative and Date
  - Secondary Point of Contact Name, Email Address, and Contact Number
  - EVA Registration Vendor ID
  - Virginia Board of Nursing (VBON) program code
  - Total amount requested
  - Project start date & end date
  - Project Title

# PROPOSAL FORMAT AND CONTENT

PROPOSAL NARRATIVE: Each section of the narrative should be clearly labeled as written below (such as **Description of Proposal**) and in the order presented.

- **Description of Proposal**: Provide a narrative description of the purpose and goals of the applicant organization/institution; organizational history; geographic areas served; and student, faculty, and staff demographics. Description should also include the information on current nursing education programs, including student, faculty, and staff demographics, and any previous programmatic accomplishments.

# PROPOSAL FORMAT AND CONTENT

PROPOSAL NARRATIVE: Each section of the narrative should be clearly labeled as written below (such as **Description of Proposal**) and in the order presented.

- **Description of Proposed Activities**: Provide a descriptive summary of the proposed project(s)/activities. Be as specific and detailed as possible. Eligibility for funding will be based on the quality, feasibility, and effectiveness of proposed activities with the intent of producing qualified, competent, and confident nurses with the knowledge and skills necessary to provide quality care to patients.
- **Program Purpose and Need**: Describe the need for specific project/activities compared to existing nursing workforce shortages and nursing education enrollment and needs within specified service area(s), how such needs were identified, and how the ETL model proposed will address these needs.

# PROPOSAL FORMAT AND CONTENT

PROPOSAL NARRATIVE: Each section of the narrative should be clearly labeled as written below (such as **Description of Proposal**) and in the order presented.

- **Description of Staff and Responsibilities**: Identify all academic and clinical partner staff responsible for project implementation, coordination, and activities. Provide the number, position descriptions, and qualifications of individuals who will be involved in the project. Describe how staff/roles will be recruited, if not already in place. If the service is subcontracted, provide the name, qualifications, and experience of proposed subcontractor. Describe any technical assistance and support that will be provided to key project personnel and how success will be measured. Provide organizational chart(s) which clearly identifies where this project will fit and all existing and proposed positions listed in this section, the activities/outcomes workplan, and budget.

# PROPOSAL FORMAT AND CONTENT

PROPOSAL NARRATIVE: Each section of the narrative should be clearly labeled as written below (such as **Description of Proposal**) and in the order presented.

- **Program Goals and Objectives**: Clearly define and discuss the project goals and objectives and describe how they will be met. The goals and objectives must align with the goals and objectives on the Activities/Outcomes Workplan in the following section.

# Application Format and Content Cont.

## 3. ACTIVITIES/OUTCOMES

**WORKPLAN:** Provide a project activities/outcomes workplan detailing the strategies and activities necessary to achieve the project goals, objectives, and outcomes. Include specific target dates for the beginning and end of each activity, including specific planning activities and personnel responsible. Specify any details for subcontracting by clearly tying any key activities to each clinical or other sector partner contracted as appropriate.

The image displays two overlapping templates for a project work plan. The top template is titled "Virginia's Earn to Learn Nursing Education Acceleration Program" and includes a "Contact Information" section with fields for "Applicant:" and "Main Contact Name:". Below this is a "Project Activities:" section featuring a table with five columns: "Activity/Strategy", "Description", "Timeline", "Key Staff and Partners (please use staff titles)", and "Estimated #". The first row of the table contains instructional text: "What is your proposed project activity? Multiple activities can be listed separately as Activity 1, Activity 2 etc.", "Detail the strategies and activities necessary to achieve the project goals, objectives and outcomes.", "Include specific target dates for the beginning and end of each activity", "Who will be the staff or Partners responsible for this activity?", and "Identify target population, numbers of participating students, staff and/or clinical partner associated with each objective and activity." The bottom template is a smaller version of the same form, showing the table structure without the instructional text. Below the table in the bottom template is a note: "Detailed Work Plan (Word format preferred; please limit to no more than 5 pages). This template provided will be a required document for proposal submissions."

# Application Format and Content Cont.

**Virginia's Earn to Learn Nursing Education Acceleration Program**

BUDGET/BUDGET NARRATIVE 2026-2027					
Institution Name:		Project Name:			
<b>Personnel</b>					
Personnel (Name & Title)	Salary Cost Calculation e.g. rate/hr x hrs/wk. for 12 mos.	Total Salary	% Fringe	Fringe Total	Line Total
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
		\$	%	\$	\$
Total for Personnel Costs		\$0.00			
<b>Contractual Services</b>					
e.g. subcontracts to partner organizations, etc.					
Sub-contractor Name	Description of Services	Total			
		\$			
		\$			
		\$			
		\$			
Total for Contractual Services		\$0.00			
<b>Supplies</b>					
Include in-kind costs if applicable					
Item Name	Item Description	Qty	Per Unit Cost	Total	
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total for Supplies		\$0.00			
<b>Other Project Costs</b>					
Include in-kind costs if applicable					
Item Name	Item Description & Cost Calculation	Total			
		\$			
		\$			
		\$			
		\$			
Total for Other Project Costs		\$0.00			
Total Project Budget		\$0.00			
Signature: _____					
Date: _____					

4. **BUDGET AND BUDGET NARRATIVE:** See Section IV. A budget narrative must justify all proposed expenditures by explaining the cost, how the costs were determined, and calculations to support the expense. All requested costs must be linked to the program goals and objectives. Not doing so could result in individual line-item requests not being approved.

# Budget Line-Item Categories

## **Personnel & Fringe:**

This includes costs for staff paid under the grant that are employees of the applicant organization.

## **Contractual:**

This should include detail of any subcontractors, including clinical partners vital to your Earn to Learn program, as well as funds paid to consultants, outside trainers, maintenance of equipment, or for bookkeeping/accounting services that are outsourced.

## **Supplies:**

This category should include programmatic and office supplies, including educational materials, incentives, printing or purchase of brochures and posters, envelopes, and paper. The limit is under \$5,000 per item.

## **Other:**

This may include items not listed in the above categories such as travel, rent, insurance, utilities, or postage.

## **Funding Restrictions**

The applicant organization may request no more than \$400,000 for the 12-month period. Funds may not be applied to any of the following:

- any land acquisition projects or construction projects
- general operating costs not related to program activities
- fundraisers or raffles
- alcohol, meals, decorations, and entertainment costs
- invention, patent, or licensing costs
- lobbying
- sponsorships & endowments
- direct clinical service provision (including billable services)
- equipment exceeding \$5,000
- any pre-award costs
- No Indirect Costs

# Proposal Content

## Attachments:

- Project clinical/academic partner MOU or Clinical Affiliation Agreement (REQUIRED)
- Organizational chart(s)
- List of current Earn to Learn Advisory Group members including names and job title (if applicable)
- Current job descriptions for ELT paid nursing student role(s), RN or LPN mentors, ELT Program Coordinators, etc. (if applicable)

## Contract Administration

The Department will assign a Contract Administrator to oversee the contract. The Contract Administrator is responsible for making sure that the services are provided in accordance with the terms of the contract and cannot make any changes to the contract. Any changes to this contract shall be in accordance with Section VIII, Paragraph O, of this contract and will come from VDH's Office of Procurement and General Service (OPGS).

# Specific Proposal Instructions

Proposals should be as thorough and detailed as possible so that the Virginia Department of Health may properly evaluate your capabilities to provide the required goods/services. Offerors are required to submit the following items as a complete proposal:

- The RFP cover sheet and all addenda acknowledgments, if any, signed and filled out as required.
- Completed Vendor Data Sheet (**Complete Attachment A**) and other specific items or data requested in RFP.
- Small Business Subcontracting Plan (**Complete Attachment B**)
- Fill out Virginia State Corporation Commission (SCC) Registration information (**Complete Attachment C**).
- Completed Pricing Schedule (Budget/Budget Narrative)

# Estimated RFP Timeline:

The estimated timeline for this RFP process is as follows:

RFP Issue Date	Wednesday, February 25, 2026	by 5:00 PM EST
Preproposal Conference	Wednesday, March 4, 2026	by 1:00 PM EST
Deadline for Submission of Questions	Friday, March 13, 2026	by 12:00 PM EST
Post Final Questions and Answers	Wednesday, March 18, 2026	by 5:00 PM EST
RFP Closing Date	Tuesday, March 24, 2026	by 12:00 PM EST
Anticipated Date of Award	Thursday, April 23, 2026	by 12:00 PM EST

# Evaluation and Award Criteria

## Proposal Review Information

An initial review for adherence to the guidelines of the proposal will be completed and proposals failing to provide the required information may be removed from consideration. Each complete proposal from eligible organizations will be read by a review panel who will rate the proposals using the evaluation criteria indicated in this RFP. VDH will endeavor to ensure awards are made within each region of the state to ensure ETL program opportunities are available across the Commonwealth.

Proposals will be rated using the criteria in the following table.

RATING CRITERIA	
Criteria	Points Available
<b>Project Quality</b> <ul style="list-style-type: none"> <li>The applicant demonstrates a clear understanding of the goals and objectives of the RFP.</li> <li>Activities identified in the activities/outcomes work plan are consistent with the activities, goals, and objectives described in the proposal narrative and the timeframes in which the objectives will be met are reasonable.</li> <li>The applicant effectively demonstrates readiness to support the collection of required program evaluation metrics.</li> <li>The proposal describes how the academic and clinical partners plan to sustain ETL opportunities for nursing students beyond the 12-month project period or in the event state general funds are not made available.</li> <li>The proposal reflects congruence between all components in the RFP.</li> </ul>	33
<b>Project Need</b> <ul style="list-style-type: none"> <li>The applicant clearly defines nursing workforce need(s) the project will address, the geographical area(s) of service delivery/ location of clinical training sites; and any nursing program student, faculty, and staff or other population demographic information relevant to need.</li> <li>The applicant demonstrates that the project does not duplicate existing programs and services currently provided by the applicant organization.</li> </ul>	10
<b>Applicant Capacity</b> <ul style="list-style-type: none"> <li>The applicant identifies well qualified personnel and partners with the expertise to implement activities, goals, and objectives described in the proposal narrative.</li> <li>The applicant has adequate facilities and organizational infrastructure to implement the project.</li> <li>The applicant provides evidence of the establishment of an academic/clinical partnership ready and committed to enhance nursing education through coordinated educational training, paid clinical experience, and mentorship for RN and/or LPN students.</li> </ul>	15
<b>Applicant Capacity – Meets Preferred Eligibility Requirements</b>	
<ul style="list-style-type: none"> <li>Strategies as to how the proposed program will support an inclusive and diverse workforce via the recruitment of students typically underrepresented in the nursing profession are clearly delineated</li> </ul>	2
<ul style="list-style-type: none"> <li>Applicant plans to provide at least 50% of the ETL paid employment opportunities to nursing students demonstrating financial need</li> </ul>	2
<ul style="list-style-type: none"> <li>Applicant currently partners or will partner with hospitals or clinical sites operating in underserved or health professional shortage areas</li> </ul>	2
<ul style="list-style-type: none"> <li>Applicant aims to create clinical simulation space that will be shared with other educational institutions</li> </ul>	2
<ul style="list-style-type: none"> <li>Applicant offers or is in the process of offering transferable and/or “stackable” course credits with higher-level nursing program so that credits transfer when the nursing student upsills</li> </ul>	2
<ul style="list-style-type: none"> <li>Applicant’s RN and/or LPN education programs have demonstrated higher-than-average National Council Licensure Examination NCLEX exam pass rates</li> </ul>	2
<b>Price</b>	10
<b>Small Business Subcontracting Plan</b> Participation of Small, Women-Owned, and Minority Business or Plan <ul style="list-style-type: none"> <li>(Attachment B)</li> </ul>	20
<b>TOTAL</b>	<b>100 Points</b>

# Reporting Evaluation Requirements

## Program Evaluation Requirements

Over the course of 12 months, all contractors awarded through the Virginia Earn to Learn Nursing Education Acceleration Program should demonstrate progress in the evaluation areas listed below. (RFP p. 17)

## Program Requirements

In addition to tracking the above metrics, all grantees must submit a project status report that describes progress in work plan implementation and spending funds. Because the period of performance is for 12 months, formal status reports will be required every six months (see table below).

Please note that baseline data for identified project measures is due on August 29, 2025, so that baseline performance for each grantee is established. The next submission will occur with the initial 6-month status report. After that, grantees will be expected to collect and submit any pertinent data on a semi-annual basis. Reporting will be submitted through REDCap.

Due Date	Items Due
Friday, August 28, 2026	Baseline data collection is due to VDH
Friday, January 29, 2027	Progress report & data reflecting performance period July 1, 2026 – Dec 31, 2026
Friday, July 23, 2027	Progress report & data reflecting performance period January 1, 2027 – June 30, 2027

# Special Terms and Conditions

**Audit:** The contractor shall retain all books, records, and other documents related to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner.

**Award:** Selection shall be made of two or more offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals, including price, if so, stated in the Request for Proposals.

**Cancellation of Contract:** The purchasing agency reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the contractor.

**eVA Orders and Contracts:** The solicitation/contract will result in multiple purchase order(s) with the applicable eVA transaction fee assessed for each order.

**Renewal of Contract:** This contract may not be renewed.

**Bid Acceptance Period:** Any bid in response to this solicitation shall be valid for (90) days. At the end of the days the bid may be withdrawn at the written request of the bidder. If the bid is not withdrawn at that time it remains in effect until an award is made or the solicitation is canceled.

# Special Terms and Conditions

## **SUBMISSION OF SMALL BUSINESS SUBCONTRACTING PLAN, EVIDENCE OF COMPLIANCE WITH SMALL BUSINESS SUBCONTRACTING PLAN, AND SUBCONTRACTOR REPORTING:**

- Submission of Small Business Subcontracting Plan
- Evidence of Compliance with Small Business Subcontracting Plan
- Prime Contractor Subcontractor Reporting

**Subcontractors:** No portion of the work shall be subcontracted without prior written consent from the purchasing agency.

**Confidentiality of Personally Identifiable Information**

**Continuity of Services**

**State Corporation Commission Identification Number**

**Certification of Internal Controls**

# Method of Payment

Invoices shall be submitted electronically by the 20th of the month following the end of the month for which cost reimbursement is sought. Invoices must be submitted in a timely manner.

All copies of the invoice shall be forwarded to:

[SBSCentralOfficesAP@vdh.virginia.gov](mailto:SBSCentralOfficesAP@vdh.virginia.gov)

or

Virginia Department of Health  
109 Governor Street 7th Floor  
Richmond, VA 23219-0331

## Pricing Schedule

Submit a detailed price proposal which includes any and all costs associated with providing the service, proposed cost savings measures for the Board, and any other price or cost related factors that should be considered in evaluation of the proposal using the Sample Budget and Budget Narrative.

# Attachments

## Attachment A

### Vendor Data Sheet

#### Attachment A

#### VENDOR DATA SHEET

Note: The following information is required as part of your response to this solicitation.

1. Qualification: The vendor must have the capability and capacity in all respects to satisfy fully all of the contractual requirements.
2. Vendor's Primary Contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Years in Business: Indicate the length of time you have been in business providing this type of good or service:  
\_\_\_\_\_ Years \_\_\_\_\_ Months
4. Vendor Information: eVA Vendor ID or DUNS Number: \_\_\_\_\_
5. Indicate below a listing of at least four (4) current or recent accounts, either commercial or governmental, that your company is serving, has serviced, or has provided similar good. Include the length of service and the name, address and telephone number of the point of contact.
  - A. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Project: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_
  - B. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Project: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_
  - C. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Project: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_
  - D. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Project: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_ \$ Value: \_\_\_\_\_

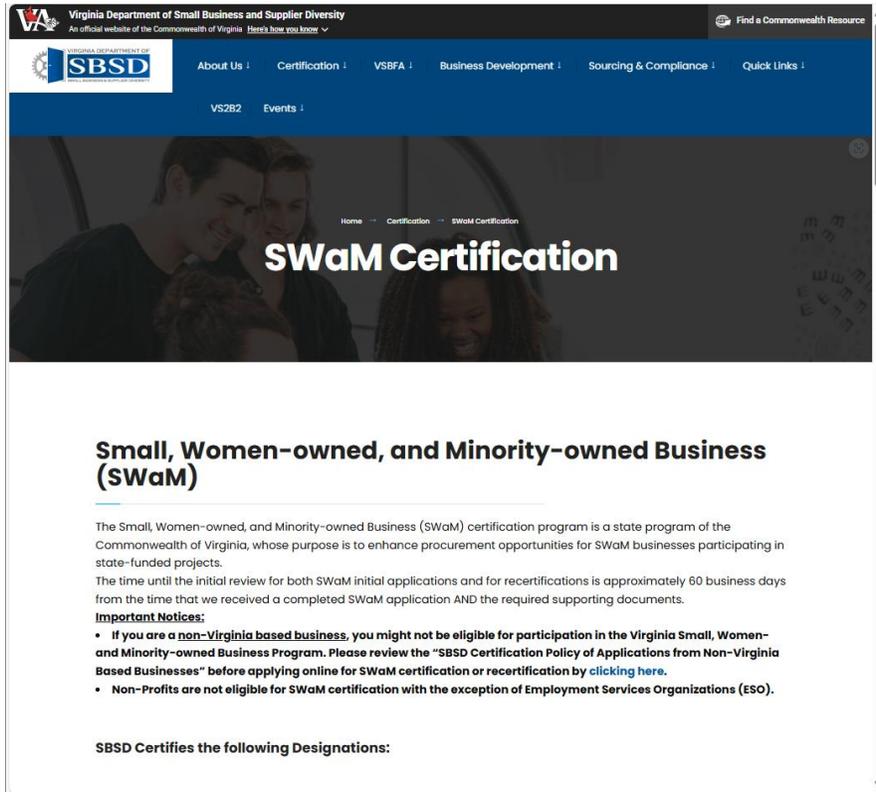
I certify the accuracy of this information.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Attachment B

## Diversity & Small Business Subcontracting Plan



[www.SBSD.virginia.gov](http://www.SBSD.virginia.gov)

Please note, completion of **Small Business Subcontracting Plan (SWAM)** is a component of your **rating criteria**.

### Attachment B

#### DIVERSITY & SMALL BUSINESS SUBCONTRACTING PLAN

##### Small Business Subcontracting Plan

It is the goal of the Commonwealth that over 42% of its purchases be made from small businesses. All potential offerors are required to return this document with their response.

**Small Business:** "Small business (including micro)" means a business which holds a certification as such by the Virginia Department of Small Business and Supplier Diversity (DSBSD) on the due date for proposals. This shall also include DSBSD-certified women-owned and minority-owned businesses and businesses with DSBSD service disabled veteran owned status when they also hold a DSBSD certification as a small business on the proposal due date. Currently, DSBSD offers small business certification and micro business designation to firms that qualify.

Certification proposals are available through DSBSD online at [www.SBSD.virginia.gov](http://www.SBSD.virginia.gov) (Customer Service).

Offeror Name: \_\_\_\_\_

Preparer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Who will be doing the work:  I plan to use subcontractors  I plan to complete all work

##### Instructions

- A. If you are certified by the DSBSD as a micro/small business, complete only Section A of this form.  
B. If you are not a DSBSD-certified small business, complete Section B of this form. For the offeror to receive credit for the small business subcontracting plan evaluation criteria, the offeror shall identify the portions of the contract that will be subcontracted to DSBSD-certified small business for the initial contract period in Section B.

Offerors which are small businesses themselves will receive the maximum available points for the small business participation plan evaluation criterion, and do not have any further subcontracting requirements. Offerors which are not certified small businesses will be assigned points based on proposed expenditures with DSBSD-certified small businesses for the initial contract period in relation to the offeror's total price for the initial contract period.

Points will be assigned based on each offeror's proposed subcontracting expenditures with DSBSD-certified small businesses for the initial contract period as indicated in Section B in relation to the offeror's total price.

##### Section A

If your firm is certified by the DSBSD provide your certification number and the date of certification.

Certification Number: \_\_\_\_\_ Certification Date: \_\_\_\_\_

##### Section B

If the "I plan to use subcontractors box is checked," populate the requested information below, per subcontractor to show your firm's plans for utilization of DSBSD-certified small businesses in the performance of this contract for the initial contract period in relation to the offeror's total price for the initial contract period. Certified small businesses include but are not limited to DSBSD-certified women-owned and minority-owned businesses and businesses with DSBSD service disabled veteran-owned status that have also received the DSBSD small business certification. Include plans to utilize small businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc. It is important to note that the proposed participation will be incorporated into the subsequent contract and will be a requirement of the contract. Failure to obtain the proposed participation dollar value or percentages may result in breach of the contract.

##### B. Plans for Utilization of DSBSD-Certified Small Businesses for this Procurement

**Subcontract #1**  
Company Name: \_\_\_\_\_ SBSB Cert #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ SBSB Certification: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Value % or \$ (Initial Term) \_\_\_\_\_ Contact Address: \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**Subcontract #2**  
Company Name: \_\_\_\_\_ SBSB Cert #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ SBSB Certification: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Value % or \$ (Initial Term) \_\_\_\_\_ Contact Address: \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**Subcontract #3**  
Company Name: \_\_\_\_\_ SBSB Cert #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ SBSB Certification: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Value % or \$ (Initial Term) \_\_\_\_\_ Contact Address: \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**Subcontract #4**  
Company Name: \_\_\_\_\_ SBSB Cert #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ SBSB Certification: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Value % or \$ (Initial Term) \_\_\_\_\_ Contact Address: \_\_\_\_\_  
Description of Work: \_\_\_\_\_

**Subcontract #5**  
Company Name: \_\_\_\_\_ SBSB Cert #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ SBSB Certification: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Value % or \$ (Initial Term) \_\_\_\_\_ Contact Address: \_\_\_\_\_  
Description of Work: \_\_\_\_\_

# Attachment C

## Virginia State Corporation Commission (SCC) registration information.

### The Offeror:

- is a corporation or other business entity with the following SCC identification number: \_\_\_\_\_ **-OR-**
- is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust **-OR-**
- is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the offeror in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from offeror's out-of-state location) **-OR-**
- is an out-of-state business entity that is including with this proposal an opinion of legal counsel which accurately and completely discloses the undersigned offeror's current contracts with Virginia and describes why those contracts do not constitute the transaction of business in Virginia within the meaning of § 13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

**\*\*NOTE\*\*** >> Check the following box if you have not completed any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for proposals (the Commonwealth reserves the right to determine in its sole discretion whether to allow such waiver):

# Questions on RFP# VDH-26-551-0267

To ensure timely and adequate consideration of proposals, Offerors are to limit all contact, whether verbal or written, pertaining to this RFP to **Veronica Cosby and Kaneik Ferguson** for the duration of this proposal process. Submit all inquiries concerning this RFP in writing by **email, *Friday, March 13, 2026, at 12:00 PM EST***, with the subject line “Questions on RFP # VDH-26-551-0267 to:

**Veronica Cosby**  
**Program Manager, VAP3/Earn To Learn (ETL)**  
Office of Health Equity  
email: [veronica.cosby@vdh.virginia.gov](mailto:veronica.cosby@vdh.virginia.gov)  
and  
**Kaneik Ferguson**  
**Procurement Manager**  
Office of Procurement and General Services  
email: [kaneik.ferguson@vdh.virginia.gov](mailto:kaneik.ferguson@vdh.virginia.gov)

# Questions?

The Virginia Department of Health (VDH) offers a variety of impactful programs to attract primary health professionals to underserved areas of Virginia. Many of these initiatives help reduce medical education debt while enabling professionals to join vibrant communities and deliver care to those most in need. Loan repayment awards are competitive and often prioritized for those serving in Virginia's most underserved regions, with funding dedicated solely to repaying educational loans tied to health professional licensure.

VDH also offers nursing scholarships, a nurse preceptor program, and a grant program for academic institutions to offer nursing apprenticeships with clinical partners. It also offers federal programs to support international clinicians participating in exchange visitor programs.

For a printable list of all the programs the VDH administers, click here [Health Workforce Incentive Programs](https://www.vdh.virginia.gov/health-equity/incentive-programs/).

The Commonwealth of Virginia offers several incentive programs to attract primary health professionals to Virginia's underserved areas.

**Nursing Scholarship Options:**

- Mary Marshall Nursing Scholarship Program (CNA)
- Mary Marshall Nursing Scholarship Program (RN)
- Mary Marshall Nursing Scholarship Program (LPN)
- Long-Term Care Facility Nursing Scholarship Program (LTC-LPN)
- Long-Term Care Facility Nursing Scholarship Program (LTC- CNA)
- Nurse Practitioner/Nurse Mid-Wife Nursing Scholarship Program (NP/NM)Nurse
- Educator Nursing Scholarship Program (NE)

**Loan Repayment Options:**

- Virginia State Loan Repayment Program (VA-SLRP)
- Virginia Behavioral Health Loan Repayment Program (BH-LRP)

**Incentive Program Options:**

- Nursing Preceptor Incentive Program (NPIP)
- Virginia Conrad 30 Waiver Program (Conrad 30)
- National Interest Waiver Program (NIW)
- Appalachian Regional Commission J-1 Waiver Program (ARC J-1 Waiver)
- Health and Human Services J-1 Waiver Program (HHS)

**Grant Option:**

- Earn to Learn Program (ETL)



For more information: [www.vdh.virginia.gov/health-equity/incentive-programs/](https://www.vdh.virginia.gov/health-equity/incentive-programs/)

# Thank you for Joining!



Application Deadline  
**March 24, 2026**

## Virginia's Earn to Learn Nursing Education Acceleration Program

*Now Accepting Applications*

Visit [eVA.virginia.gov](https://eva.virginia.gov) to review the Request for Proposals (RFP) and find additional requirements and guidance. Funding for this grant is competitive and based on the guidelines within the **RFP: VDH-26-551-0267**.



Prospective applicants with questions about the specifications or application documents should contact the Program Officer by March 13, 2026.

**Contact:** [Kaneik.Ferguson@vdh.virginia.gov](mailto:Kaneik.Ferguson@vdh.virginia.gov) and [Veronica.Cosby@vdh.virginia.gov](mailto:Veronica.Cosby@vdh.virginia.gov)

