

Notice of Funding Opportunity

State Agency Name:	Iowa Department of Workforce Development
Funding Opportunity Title	2025 Iowa Healthcare Credentialing Grant
Announcement Type:	Initial
Assistance Listing Number (formerly CFDA Number):	21.027 American Rescue Plan - Coronavirus State and Local Fiscal Recovery Funds

IMPORTANT DATES

Application Deadline:	Grant applications are due by Wednesday, March 5th, at 2:00 p.m. CST
Application Webinar Date:	<ul style="list-style-type: none">• Thursday, January 23, 2025, at 11:30 AM via Zoom• Wednesday, February 5, 2025, at 11:30 AM via Zoom
Application Notification:	A Notice of Funding Opportunity will be posted on the following websites: <ul style="list-style-type: none">• www.iowagrants.gov• https://workforce.iowa.gov/opportunities/work-based-learning/funding

PROGRAM DESCRIPTION

Purpose

The purpose of the 2025 Iowa Healthcare Credentialing Grant is to support healthcare employers to lead rapid entry training and education projects to equip new and/or upskill current healthcare employees to meet high-demand healthcare needs. The goal is to support implementation of registered apprenticeship or employer led earn and learn programs to address those needs. Eligible employers can use this opportunity to expand existing models or implement new registered apprenticeship programs or innovative employer designed earn and learn programs in high demand occupations.

The healthcare and social assistance industry in Iowa was the largest industry sector in Iowa between April-June 2024, with average total employment opportunities of 227,989. Several healthcare occupations are consistently represented on the top 25 job openings list in Iowa, and many are positions that require two years or less of education and training and/or are apprenticeable occupations.

The grant seeks applications from healthcare employers with a substantial presence in Iowa with a desire to implement or expand the following “earn and learn” models:

- Creating or expanding Registered Apprenticeship programs in healthcare occupations in approved health related fields, as identified in the “Eligible High-Demand Priority Occupations” list below, for the purpose of creating a workforce pipeline by upskilling current employees and providing a structured education and training option for new hires.
- Creating or expanding internal, employer-designed rapid entry earn and learn training programs for new and current employees in approved health related fields, as identified in the “Eligible High-Demand Priority Occupations” list below, for the purpose of creating a workforce pipeline by upskilling current employees and providing a structured education and training option for new hires.

Eligible High-Demand Priority Occupations for training and education:

- Dental Assistant or Hygienist
- Diagnostic Medical Sonographers
- Direct Support Professional
- Emergency Medical Technician (EMT)
- Health Technologist & Technicians
- Laboratory Assistant or Technician
- Licensed Practical Nurse
- Medical Assistant
- Medical Secretary
- Nursing Assistant
- Paramedic
- Pharmacy Technicians
- Phlebotomist
- Physical Therapy Assistants and/or Technicians
- Radiology Technician
- Respiratory Technician
- Registered Nurse
- Surgical Assistant and/or Technician

Funding Priorities

There are no specific funding priorities identified for this grant. Eligibility requirements must be met for applications to be considered.

Performance Measures

- Number of participants currently employed, who are working to upskill or re-skill into a new high-demand healthcare occupation.
- Number of participants, who have been newly hired, who are entering training program for a new high-demand healthcare occupation.
- Total active participants (incumbent and new hires) per quarter.
- Number of participants persisting in training per quarter.
- Number of participants completing the program
- Number of participants who earned formal credential and type of credential earned

Program Authority

IWD's authority to award these grants may be found in the American Rescue Plan Act of 2021, (H.R.1319), as delegated by Governor Kim Reynolds pursuant to her authority under the same act.

Definitions

- **Registered Apprenticeship:** *Registered* Apprenticeships are training experiences that provide on-the-job learning (OJL) with related instruction provided in a classroom, virtual or on-line setting, enabling students to earn compensation while they learn a career or trade. Registered Apprenticeships are accepted and recorded with the Iowa Office of Apprenticeship, result in receipt of a nationally recognized credential, require 2000 hours of work, 144 hours of related instruction per year and received regular wage increases. Apprentices are directly employed and treated as part- or full-time employees by the employer/organization during an apprenticeship.

- **Earn and Learn:** *Earn and Learn* are training experiences that provide on-the-job learning (OJL) with related instruction provided in a classroom, virtual or on-line setting, enabling participants to earn compensation while they learn a career or trade. Participants are directly employed and treated as part- or full-time employees by the employer/organization during the training opportunity.
- **Preceptor:** An instructor or specialist who teaches, counsels, and serves as a role model and supports the growth and development of an initiate in a particular discipline for a limited time, with the specific purpose of training the novice in a new role. Preceptors fill the same role as mentors, but for a more limited time frame.
- **Mentor:** As defined in Iowa Code Chapter 84D, a mentor means an individual who has attained a level of skills, abilities, competencies knowledge of a trade or craft, either through formal apprenticeship or practice on-the-job experiences and training, to be recognized by an individual's employer as being qualified to perform the work of the trade or craft. "Mentor" or "journeyworker" may include a technician, specialist, or other skilled worker. For an apprenticeship program in an occupation subject to licensure under state law, a mentor or journeyworker must possess a valid license to perform the occupation.
- **Rapid-entry training:** Type of training provided through this project that is condense in nature and implemented quickly and easily, to create on-going and quick outcomes for those participating. Participants engaging in "rapid- entry" training should be able to easily enter and complete the training/education without significant barriers or costs.
- **Good Standing:** For purposes of this NOFO, an applicant is in good standing with the State of Iowa if it maintains the proper license(s) required by the State of Iowa to operate and if it is current with its unemployment contribution obligations and has no debts owed to the State of Iowa.
- **High-Demand HealthCare Occupations:** List of occupations identified from Iowa Workforce Development that are in a designated field and have multiple vacancies at any given time.
- **Healthcare Employer:** Healthcare employers are defined as a business or entity that provides healthcare services in Iowa in the following settings: Hospital, long-term care, assisted living care, ambulatory care, home health, emergency medical services, or dental facility.
- **Emergency Medical Services:** Emergency Medical Services or "EMS" means an integrated medical care delivery system to provide emergency and nonemergency medical care at the scene or during out-of-hospital patient transportation in an ambulance.
- **Substantial Iowa Presence:** Healthcare businesses employing 20 or more full-time employees and having three (3) or more years of operations at the location listed in the application, within the state of Iowa.

AWARD INFORMATION

Funding

Governor Kim Reynolds has reserved funding under the federal American Rescue Plan Act (H.R.1319) of State and Local Fiscal Recovery Funds E.C. 2.11 for this Notice of Funding Opportunity. As a condition of receiving the funds appropriated through this Notice of Funding Announcement (NOFO), the subrecipient shall testify upon the request of any committee or subcommittee of the State of Iowa General Assembly regarding the expenditures of such funds.

Estimated Award Amount

- The total allocation available to award is an estimated \$3,000,000.
- Individual project allocations will be considered up to a maximum of \$250,000 per grantee.

Funding decisions are made as funding is available. IWD is not obligated to provide the maximum grant amount requested.

State or Federal Match Requirement

Projects will require a 25% private match of total program cost.

- For example: If the applicant requests a total of \$250,000 for their project, they will be expected to provide a \$62,500 match first for total eligible program allocation of \$312,500. (\$250,000 grant request + 25% match (\$62,500) = \$312,500 total eligible program expenses).

Validated documentation of private match expenses must be expended and validated by IWD prior to grant funds becoming available. Grant funds are administered as reimbursement only and no advance payments will be provided. Indirect, In-kind and volunteer expenses are not eligible for the match requirement or reimbursement under this award.

Project and Award Period

Pursuant to the American Rescue Plan Act of 2021, (H.R.1319), funds received as part of this program must be entirely spent by September 30, 2026. Any funds not expended for activity completed by September 30, 2026, will be forfeited and IWD will not be obligated to provide additional funding for program completion. Awarded projects not meeting these timelines may result in a default of the award and all grant funds may be required to be returned to IWD.

The funds for this award are provided by the State and Local Fiscal Recovery Fund (SLFRF), part of the American Rescue Plan. SLFRF requires that all costs incurred for this project must align within the federal award period. The performance period for this program begins April 1, 2025, and ends September 30, 2026, providing up to 18 months for the performance period.

All projects must be completed by September 30, 2026. Expenses incurred related to this program outside of the period of performances are not eligible for reimbursement under this award. Under 2 CFR 200.334-338, subrecipients of this award will be required to maintain records for a minimum of three (3) years from the date of close out and allow access by federal and state auditor, as well as any oversight entities.

Type of Award

Awarded healthcare employers will be considered subrecipients under 2 CFR 200 and subject to subrecipient monitoring requirements in accordance with [2 CFR 200.332](#). Grant funds are administered as reimbursement only and no advance payments will be provided.

Use of Funds

Provided funds are designed to address various needs as a result of the economic impact of the COVID-19 pandemic.

Grant funds provided to eligible healthcare employers can only be used for expenses related to the project identified in the approved application. Expenses for related training must logically align with the proposed program.

Expenses related to the private match requirement must be expended and fully validated prior to subrecipients becoming eligible to submit reimbursements for grant awarded funds. Validation of both match and award funds will be subject to evidence that funds were expended in compliance with procurement processes outlined in 2 CFR 200.317-200.327 and defined by the contract agreement. To be considered, all expenses must be entered into and submitted on the IWD expense tracker document and must include proof of purchase and proof of payment documentation for consideration for reimbursement.

Specific expense categories eligible for grant and private match funds include:

- Third-party Tuition and Fee Expenses for coursework specific to the healthcare training program for program participants.
- Third-party Credentialing, Licensing, and/or Exam Expenses (excludes graduation or ceremonial expenses).
- Apprentice or Earn and Learn Participant Wages for eligible times throughout the program. Estimated hours for paid education and on-the-job training per participant will be identified in the program plan. Hours paid for studying time, vacation, sick, paid time off, or holidays are not eligible for match or reimbursement expenses.
- Internal Instructor Wages (Instructor must be an employee of the applicant agency).
- Mentor and Preceptor Wages for direct contact time with participants related to identified program activities. Estimated hours and amounts will be identified in application budget narrative.
- Administrative Expenses – maximum of 5% of grant award for each submission (not eligible as match expenses).

Ineligible Expenses

- Annual training and continuing education expenses for individuals to maintain credentials or licenses.
- Training not related to the specified high demand occupation. Examples include and are not limited to leadership training, general education courses, pre-requisite courses, developmental and remedial courses.
- Wages for studying time, vacation, sick, paid time off, or holidays.

Food, Travel and Transportation Reimbursements

Food, Travel and Transportation are not eligible expenses approved for reimbursement for this award.

Reporting Requirements

Successful applicants will be required to submit application invoices, receipts, expenditures, program participant logs and reports to document how funds were spent and certify funds were used in accordance with the approved grant application and grant program. Grantees will be required to submit progress reports quarterly as well as a final report prior to grant closeout. All grantees must provide a detailed final

report to Iowa Workforce Development by November 15, 2026.

Reports must include, but are not necessarily limited to:

- Number of participants currently employed, who are working to upskill or re-skill into a new high-demand healthcare occupation
- Number of participants, who have been newly hired, who are entering training for a new high-demand healthcare occupation
- Total active participants (incumbent and new hires) per quarter
- Number of participants persisting in the program per quarter
- Number of participants completing the program
- Number of participants who earned formal credential and type of credential earned

Final report will also include:

- Identified challenges and solutions.
- Success stories.

IWD may change, add or remove reporting metrics throughout the award period. Awardees must provide a detailed report of the progress of the project and the use of funds each quarter, beginning from the date the Agreement between the applicant and the State is fully executed.

If the reporting deadline falls on a weekend or holiday, the due date extends to the subsequent workday.

Reporting & Financial Period	Report	Due Date (No later than)
04/01/2025-06/30/2025	Quarter 1	July 31, 2025
07/01/2025 – 09/30/2025	Quarter 2	October 31, 2025
10/01/2025-12/31/2025	Quarter 3	January 31, 2026
01/01/2026-03/31/2026	Quarter 4	April 30, 2026
04/01/2026-06/30/2026	Quarter 5	July 31, 2026
07/1/2026 - 09/30/2026	Quarter 6	October 31, 2026
04/01/2025-09/30/2026	Final	November 15, 2026

In accordance with U.S. Treasury final rule (updated in October 2024), all projects and awards will be monitored to maintain compliance with federal 2 CFR 200 requirements and adherence to stated timelines.

Payment Schedule

The above chart provides details of the schedule for financial reporting and claim requests. The executed grant agreement will specify conditions for payment.

ELIGIBILITY INFORMATION

Eligible Applicants

- Healthcare organization must have a physical location, a substantial Iowa presence and be doing business in Iowa.
- Must currently be providing healthcare services to local residents through one of the following settings or physical locations: hospital, long-term care facility, assisted living care, ambulatory care, home health, emergency medical services, or dental practice/office.
- Must be in good standing with the State of Iowa.

- Must be registered with and establish a Unique Entity Identifier (UEI) through SAM.gov prior to submission of an application.
 - Applicants will be required to provide the unique entity identifier (UEI) with the application submission.
 - Subrecipients will be required to maintain an active registration in SAM.gov through December 31, 2029, or for three (3) years after the end of the close out period for this award.

In accordance with 2 CFR 200.318(c), applicants must disclose any or potential conflicts of interest at the time of application submission. If awarded, the subrecipient is required to disclose any potential conflicts of interest that occurs throughout the period of performance to the awarding agency.

Ineligible Applicants

Applicants who do not meet the stated eligibility requirements will not be considered for this award. Retail pharmacies are not eligible to apply for this award.

Additional Considerations

- Recipients of Iowa Healthcare Careers (IHC) 1.0 and 2.0 are eligible to apply and utilize these funds as a separate grant funding stream for new or additional “earn and learn” models. However, these funds may not be used toward IHC initiatives and goals and can only support new or additional healthcare occupation pipelines not included in the IHC 1.0 or 2.0 programs. Each applicant may only submit one (1) application for consideration and will only be eligible for up to one (1) award under this funding opportunity.
- Grant and matching funds may only be applied to program expenses related to the training program(s) listed in the application. Program participants must be employed by the organization located in and serving the Iowa location identified in the application.
- Participant program logs that include participant name and employee number, along with itemized timesheets and paystubs will be required as part of reimbursement submission to validate participant expenses.

APPLICATION AND SUBMISSION INFORMATION

Electronic Submission Instructions

- Applicants must submit applications electronically via IowaGrants.gov. IWD recommends that applicants create an account and begin the application in advance of the deadline. For registration guidance, refer to “IowaGrants.gov New User Registration Instructions” (See Appendix B).
- The applicant’s authorized representative must be the person who submits the application. The authorized representative must be using his or her own IowaGrants.gov account to sign and submit the application.
- Official email communication from IWD regarding this application will be issued from a representative from Iowa Workforce Development (IWD). Applicants are required to ensure these communications are received and responded to accordingly.

Content

Applicants will enter or attach the following components of a complete application in www.iowagrants.gov.

2025 Healthcare Credentialing Grant Overview and Project Plan:

- 1. Applicant Information
- 2. Program Overview
- 3. Program Description and Need
- 4. Program Goals
- 5. Program Training Plan and Timeline
- 6. Organizational Capability

2025 Healthcare Credentialing Grant Budget:

- 1. Description of proposed costs and an overview of how budgeted expenses are calculated.
- 2. Ensure totals reconcile with the amounts included on the 2025 Iowa Healthcare Credentialing Grant Budget Form.
- 3. Outline of anticipated reimbursed expenses, per budget category.
- 4. Include information on this document for the private match amount

Attachments to be Uploaded:

- Completed Organization W-9
- 2025 Healthcare Credentialing Grant Program Plan (use of provided template required-Appendix C)
- 2025 Healthcare Credentialing Grant Budget (use of provided template required – Appendix D)
- Other Attachments such as a Procurement Policy may be requested

See Appendix A for further information and application guidance.

Submission Dates and Times

- Please see the Important Dates section at the beginning of this announcement for the submission deadline. IWD reserves the right to extend the submission deadline, and any notice of such extension will be posted on IWD’s website and/or IowaGrants.gov.
- Attempted submission of a completed application after the stated due date and time will not be allowed by the system.
- If a submission is attempted after the published date and time, the applicant will receive a notice stating, “The Funding Opportunity is closed.”

APPLICATION REVIEW INFORMATION

Scoring Criteria

Program Description and Need	20 points
Program Goals	10 points
Training Plan and Timeline (Appendix C)	40 points
Organizational Capability	10 points
Budget Narrative and Form	20 points
TOTAL	100 points

See Appendix A for further information and application guidance.

Priority Points

There are no priority points available.

Review and Selection Process

A review team selected by Iowa Workforce Development (IWD) will use the criteria listed in this section to review applications under this funding announcement.

Applicant Clarification

Some applicants may receive requests to provide clarifying information and/or make changes to their application, including changes to their budget. This information is used by IWD in making funds recommendations. Applications may be recommended for funding even if they are not asked clarifying questions. A request for clarification does not guarantee a grant award. Failure to respond to requests adequately and in a timely manner may result in the removal of applications from consideration.

Selection for Funding

Decisions to award grants and the funding levels will be determined by application based upon compliance with the requirements of this funding announcement. Applicants may be selected to enter into a grant agreement, finalizing grant terms, budget, and scope-of-work provisions, at which time the final decision to make a grant award will be made. Submission of an application is not guaranteed of an award.

AWARDING AGENCY CONTACT(S)

Please direct any questions regarding this NOFO to:

Patrick Rice
Iowa Workforce Development
patrick.rice@iwd.iowa.gov
515-725-9077

Kathy Leggett
Iowa Workforce Development
Kathy.leggett@iwd.iowa.gov
515-204-1378

TECHNICAL ASSISTANCE

Technical Assistance (TA) will be provided throughout the application process, in the form of webinars and direct support. All technical assistance will be shared on the IWD [website](#).

OTHER INFORMATION

- If an applicant fails to meet any eligibility criteria at the time of an application deadline, the application may still be reviewed but the State will not make an award until all eligibility criteria are met.
- IWD reserves the right to request additional information from applicants to evaluate applications.
- IWD, at its sole discretion, reserves the right to reject all applications; to reject individual applications for failure to meet any requirement; to award in part or total, and to waive minor defects and non-compliance. Such a waiver will not modify the program requirements or excuse the applicant from full compliance with program specifications or grant agreement requirements if the grant is awarded. Submission of an application confers no right to an award or to a subsequent grant agreement.

- All application submissions become the property of IWD. If funds are awarded, the contents of all applications will be in the public domain at the conclusion of the selection process and will be open to inspection by interested parties subject to exceptions provided in Iowa Code Chapter 22 or other provision of law.
- IWD is not obligated to award any grants under this program, to pay any costs incurred by the applicant in the preparation and submission of an application or pay any grant-related costs incurred prior to the grant beginning date.
- Upon IWD’s approval, the successful applicant will receive a grant agreement via email from IWD. The applicant has 10 business days to sign the grant agreement. If the agreement is not executed within 10 business days, IWD reserves the right to cancel the award. IWD, at its sole discretion, may extend the timeframe for executing the grant agreement.
- Any grant agreement awarded by IWD shall include specific provisions, terms, and conditions.
- All decisions by IWD are final.

APPENDIX A: 2025 IOWA HEALTHCARE CREDENTIALING APPLICATION DOCUMENTS

Please review the following guidance when preparing your grant application in IowaGrants.gov. The application gathers general information, narratives, budget information, and attachments. Each section includes prompts that must be addressed.

2025 Healthcare Credentialing Grant Overview and Program Plan:

1. Applicant Information (required, not scored)

- Contact information of your organization’s Authorized Representative
- Contact information of your organization’s Fiscal Officer/Agent
- Identification of County(is) participating, involved, or affected by the proposal
- Identification of Congressional District(s), Iowa Senate District(s), and Iowa House District(s) involved or affected by the proposal
- Legal Organization Name
- Organization type
- Business Address

2. Program Overview (required, not scored)

- Program manager and contact information
- Program proposed start and end dates (within performance period)
- Grant request amount (maximum \$250,000)
- Previous recipient of IHC 1.0 or 2.0 grant?
- Program Model Earn and Learn or Registered Apprenticeship.

3. Program Description and Need

- Provide a summary (2-3 sentences) of the proposed training program.
- Provide an overview of the stated need for this program, identified workforce gaps and/or position openings that relate to this program. Provide information on how this need was determined.

- List the specific occupation(s) the training plan will support. Provide details of how these occupations reflect both the needs of the organization, timeline of trainings associated with each occupation listed, and the amount of grant funds associated with each occupation.

4. Program Goals

- State the anticipated number of program participants to be upskilled (currently employed in other positions). Provide information regarding participants current roles or positions along with the goals for new roles or positions by participation of this program.
- Provide specific information regarding the number and type of credentials to be completed per participant per occupation, along with any additional industry-recognized certifications or licenses, if applicable.

5. Program Training Plan and Timeline (complete 2025 Healthcare Credentialing Grant Program Plan)

- *If applying for more than one occupation – applicants must complete and attach a Program Plan template for each occupation.*
- Provide details of the training programs to be implemented as part of the work-based learning model/approach identified. List related training third party providers, internal instructor(s) and curriculum to be implemented or expanded. Provide experience of the chosen related instructor provider(s).
- Provide a detailed timeline for the program including the anticipated length of the training program, number of education hours and on-the-job training hours and provide key milestone activities, timeline for key activities, measures and goal for program success.
- Describe the recruitment plan to ensure the program can achieve the desired participation.
- Provide information on the support measures the program will provide the participants to ensure successful completion of the training program.

6. Organizational Capability

- Describe the staff and partners who will be involved with this project including the roles and scope of their involvement. Provide details of roles such as training, partners and employee communication, marketing, program instruction, financial and grant reporting.
- Describe any previous experience the organization has implementing registered apprenticeship and/or earn and learn training models.

7. 2025 Healthcare Credentialing Grant Budget:

- Complete the budget template, which will include a description of proposed costs, and an overview of how budgeted expenses are calculated. Outline expenses separated by the approved budget categories. Include expenses on the Budget Spreadsheet for the private match amount
- Provide a detailed narrative of budget expenses separated by match and grant funds. For wages, include details such as number of hours, \$/hr, number of participants, etc. Ensure totals reconcile with the amounts included on the 2025 Iowa Healthcare Credentialing Grant Budget Form

Application Attachments

Upload the following in the Attachment section in IowaGrants.gov:

- W-9 as a PDF

- 2025 Healthcare Credentialing Grant Project Plan & Timeline: Appendix C
- 2025 Healthcare Credentialing Grant Budget (Excel File): Appendix D

Minority Impact Statement

Pursuant to 2008 Iowa Acts, HF 2392, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa must include a Minority Impact Statement. This requires applicants to consider the potential impact of the grant project’s proposed programs or policies on minority groups. This form includes a series of questions for the applicant to complete identifying either a potential positive impact, negative impact, or no impact.

APPENDIX B: IOWAGRANTS.GOV NEW USER REGISTRATION INSTRUCTIONS

Follow these basic instructions to create an account and begin your grant application.

1. Watch this 4 min video <https://dom.iowa.gov/iowa-grants-login>
2. Go to www.iowagrants.gov
3. Always select the blue button “Click Here to Access Single Sign-On Tool” no matter if this is your first time accessing the system or you’re already registered.
 - a. Do not use the “enter your user ID and password” options
4. If you do not have an account, select “Sign Up” at the bottom of the screen.
5. Enter your first name, last name and valid email address.
6. Complete the Set Up for security methods, including setting your password.
7. Verify your email and enter the verification code that was sent by the system.
 - a. This email is sent by Admin@id.iowa.gov.
 - b. This provides you with a one-time code to complete the verification process.
8. Complete your registration by entering your contact information on the Registration page. Enter your basic information and select your Program Area of Interest. While the system instructions do not make this clear, it is important that you select a program area of interest from the drop-down list. This will expedite registration.

Once complete, your registration is pending final system approval. You will receive a confirmation email once your approval is complete.

If you have any questions regarding these instructions or want additional assistance, please contact Patrick Rice at patrick.rice@iwd.iowa.gov or 515-725-9077.