

**STATE OF DELAWARE
OFFICE OF THE SECRETARY
DELAWARE HEALTH CARE COMMISSION**

APPENDIX F

DOMAIN AND PERMISSIBLE USES TEMPLATE

Complete this form and submit it with your proposal. Each proposal must identify *at least one* Domain. Proposals may address more than one Domain. If you are submitting proposals for more than one Domain, complete a separate form for each.

Section 1: Applicant Information

Organization Name	
Primary Contact Name	
Title	
Phone	
Email	
Proposed Project Period	

Section 2: Domain Selection

Select one or more Domains per proposal. See Appendix B, Section B for full Domain descriptions.

<input type="checkbox"/>	Domain 1: Expansion of Existing Training Programs
<input type="checkbox"/>	Domain 2: Development of New Training Programs
<input type="checkbox"/>	Domain 3: Workforce Pipeline and Career Pathway Development
<input type="checkbox"/>	Domain 4: Applicant-Proposed Domain

Section 3: Target Profession(s)

List the healthcare professions(s) this proposal will train or create pathways toward. See Appendix B, Section C for more information.

--

**STATE OF DELAWARE
OFFICE OF THE SECRETARY
DELAWARE HEALTH CARE COMMISSION**

Section 4: Priority Clinical Focus Area (s)

List the clinical focus areas this proposal addresses. See Appendix B, Section C.

Section 5: Permissible Uses of Funds

Check each category your proposal includes. Categories 14 and 15 are required for all proposals. Your cost proposal (Appendix E) must include a budget for each selected category below. See Appendix B, Section D for full category descriptions.

Select	#	Category
<input type="checkbox"/>	1	Program Design, Curriculum, Accreditation
<input type="checkbox"/>	2	Faculty Recruitment, Retention and Development
<input type="checkbox"/>	3	Preceptor Recruitment, Training and Compensation
<input type="checkbox"/>	4	Academic-Clinical Partnerships and Service Commitments
<input type="checkbox"/>	5	Capital Expenditures and Infrastructure
<input type="checkbox"/>	6	Equipment and Supplies
<input type="checkbox"/>	7	Technology and Innovative Training Delivery
<input type="checkbox"/>	8	Education Awards
<input type="checkbox"/>	9	Program Administration and Staffing
<input type="checkbox"/>	10	Workforce Pipeline and K-12 Career Exposure
<input type="checkbox"/>	11	Accelerated Training and Career Change Pathways
<input type="checkbox"/>	12	Stackable Credentials and Certification Pathways
<input type="checkbox"/>	13	Recruitment and Community Engagement
<input type="checkbox"/>	14	Data Collection and Outcome Reporting (REQUIRED)
<input type="checkbox"/>	15	Sustainability Planning (REQUIRED)
<input type="checkbox"/>	16	Other Proposed Uses (describe below)

If you selected "Other Proposed Uses", describe the proposed use of funds below.

**STATE OF DELAWARE
OFFICE OF THE SECRETARY
DELAWARE HEALTH CARE COMMISSION**

Authorized Signature: _____

Printed Name and Title: _____

Date: _____