

Technical Assistance Guide

Allied Healthcare Scholarship Program (AHSP)

Purpose

- The purpose of this technical assistance guide is to assist applicants and grantees with navigating the HCAI eApp Funding Portal to complete their application, update their contact information and submit program deliverables.

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*** Process is only applicable to award recipients/grantees.**

How To Check Eligibility?

- We understand it can be difficult to figure out which program's you may be eligible for.
- HCAI has created a Funding Eligibility Quiz to assist in determining which programs you may be eligible for.

How To Check Eligibility?

- You can use this link to access our Funding Eligibility Quiz <https://hcai.ca.gov/loans-scholarships-grants/eligibility/>.
- The quiz can also be accessed by clicking the “Check Eligibility” button located on each of the program pages on the HCAI website.

Funding Eligibility

Find out if you are eligible to apply for a Department of Health Care Access and Information (HCAI) loan repayment, scholarship, or grant program.



* Required

1. I will be applying for HCAI funding: *

- For myself as a student
- For myself as a practicing healthcare professional
- On behalf of an organization
- On behalf of a small, rural, or critical access hospital for a seismic compliance project
- None of the above

Next

Never give out your password. [Report abuse](#)

CHECK ELIGIBILITY

Find out if you are eligible for HCAI funding.

TAKE ELIGIBILITY QUIZ



Bachelor of Science Nursing Loan Repayment Program

Assists with the repayment of qualified educational loans for eligible health care professionals.

LEARN MORE

CHECK ELIGIBILITY



How To Check Eligibility?

- Based on your responses to the questions in the quiz, the last page will inform you of which programs you may be eligible for.
- You may click on the links provided to go directly to the program's page to learn more.
- You may also return to the quiz page to change your responses to see different results and see if you are eligible for multiple HCAI funding types.
- **NOTE: Completing the quiz is not applying to a program. Submitting your responses only assists us in improving our eligibility quiz.**

Funding Eligibility

Find out if you are eligible to apply for a Department of Health Care Access and Information (HCAI) loan repayment, scholarship, or grant program.

You may be eligible to apply for:

Allied Healthcare Loan Repayment Program (AHLRP)

For more information about this program go to:
<https://hcai.ca.gov/loans-scholarships-grants/loan-repayment/ahlrp>

Licensed Mental Health Services Provider Education Program (LMHSPEP)

For more information about this program go to:
<https://hcai.ca.gov/loans-scholarships-grants/loan-repayment/lmhspep>

California State Loan Repayment Program (SLRP)

For more information about this program go to:
<https://hcai.ca.gov/loans-scholarships-grants/loan-repayment/slrp>

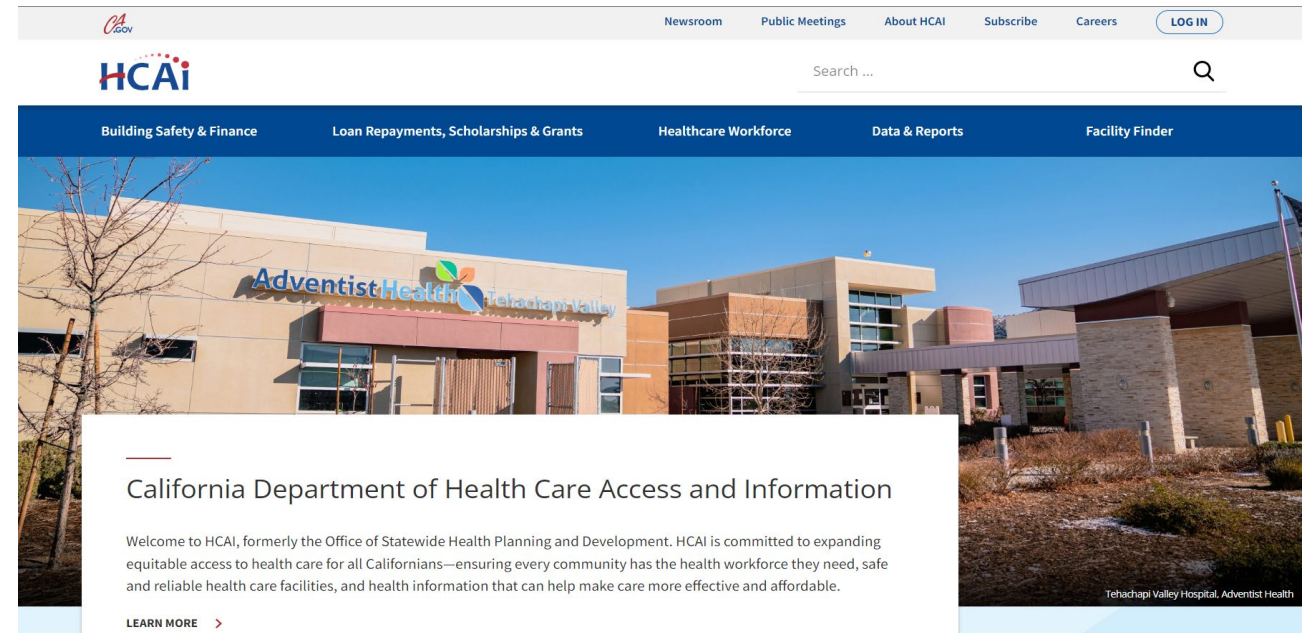
By clicking the Submit button, you are providing HCAI the answers you selected during this quiz. The information submitted will not be shared with any third party and will only be used to improve the HCAI program eligibility experience.

How To Find Application Release Dates?

- Each program will list their application cycle dates, which include when the application cycle will open or the anticipated month and year for the application cycle to open. You can only complete and submit a program application when the application cycle is open.
- However, you may create an eApp Profile at anytime.

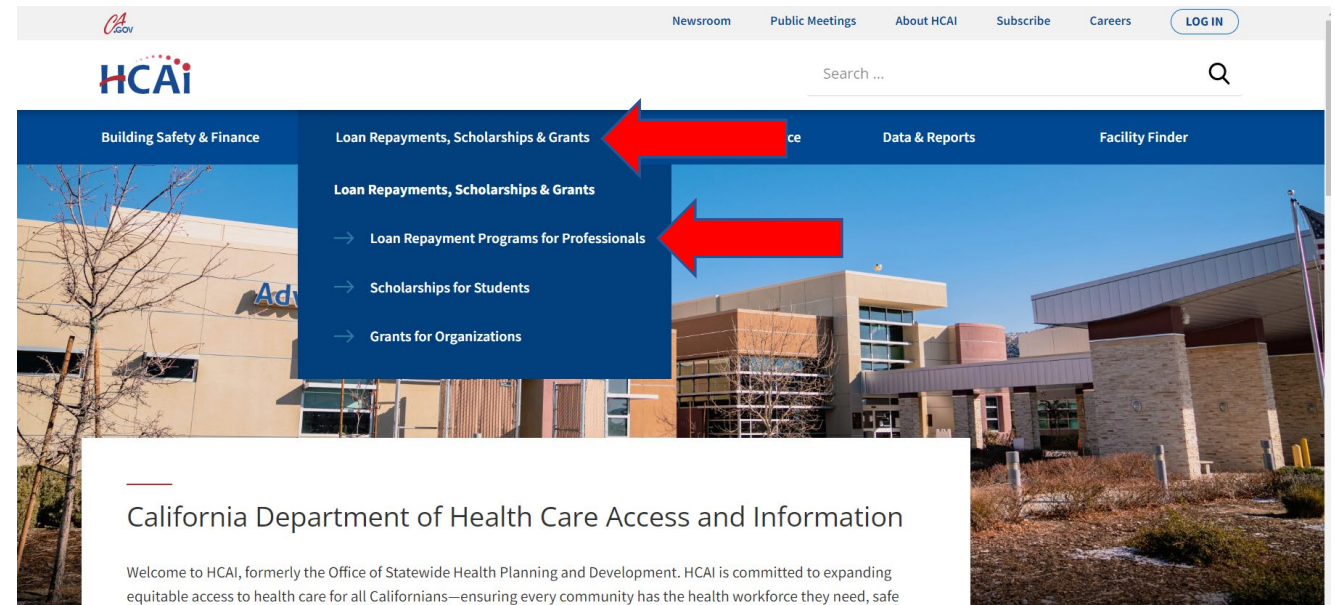
How To Find Application Release Dates?

- Application release dates are located on each program's designated page.
- To locate the application release date, navigate to our website: <https://hcai.ca.gov/>



How To Find Application Release Dates?

- Click on "Loan Repayment, Scholarships & Grants" located on the blue menu.
- Next, click on the section you want to visit. In this example, we will be looking for a loan repayment program.



How To Find Application Release Dates?

- When you reach the "Loan Repayment Programs" landing page, select the program name to access the program's page. You may have to scroll down to see your program.
- Let's look at the Allied Healthcare Loan Repayment Program.

Loan Repayment Programs

The image shows a grid of six loan repayment program cards. A red arrow points to the 'Allied Healthcare Loan Repayment Program' card. Each card includes a title, a brief description, a 'LEARN MORE' button, and a 'CHECK ELIGIBILITY' link.

Program Name	Description	Action Buttons
Allied Healthcare Loan Repayment Program	Assists with the repayment of qualified educational loans for eligible health care professionals.	LEARN MORE, CHECK ELIGIBILITY
Bachelor of Science Nursing Loan Repayment Program	Assists with the repayment of qualified educational loans for eligible health care professionals.	LEARN MORE, CHECK ELIGIBILITY
California State Loan Repayment Program	Assists with the repayment of qualified educational loans for eligible primary health care professionals	LEARN MORE, CHECK ELIGIBILITY
County Medical Services Program Loan Repayment Program		
Licensed Mental Health Services Provider Education Program		
Licensed Vocational Nurse Loan Repayment Program	Assists with the repayment of qualified educational loans for eligible health care	

How To Find Application Release Dates?

- The top of the page will provide the application cycle status.
- Make sure to read the program's grant guide as it will inform you of the program's requirements.
- Make sure to scroll down to review the rest of the page for more information.

The screenshot shows a web page for the Allied Healthcare Loan Repayment Program (AHLRP). At the top, there is a navigation link: Back to Loan Repayment Programs. Below this is the program title: Allied Healthcare Loan Repayment Program (AHLRP). The main content area displays the status: Application Cycle : CLOSED, with a red arrow pointing to the word 'CLOSED'. Below the status, there is a message: Check back here for information regarding the next application cycle in May 2023. There are two blue buttons: 'Check Eligibility' and 'Grant Guide', with a red arrow pointing to the 'Grant Guide' button. At the bottom of the screenshot, there is a paragraph of text: The CMSP Allied Healthcare Loan Repayment Program (AHLRP) increases the number of appropriately trained Allied Healthcare professionals in California and encourages those professionals to provide direct patient care in CMSP-designated counties in California. Below the text is a partial image of a woman's face wearing glasses.

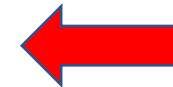
How To Find Application Release Dates

- Towards the bottom of the page, there is more information available about the program.
- For this program, the application cycle dates are May 1, 2023, to July 31, 2023. This is the timeframe you will want to come to our website to complete your application.
- Note: Make sure to review the times for when the application cycle is scheduled to open and close.



Application Dates

Opens May 1, 2023 at 3:00 p.m.
Closed July 31, 2023 at 3:00 p.m.



Resources

- [2022 CMSP-Contracted Provider Roster](#)

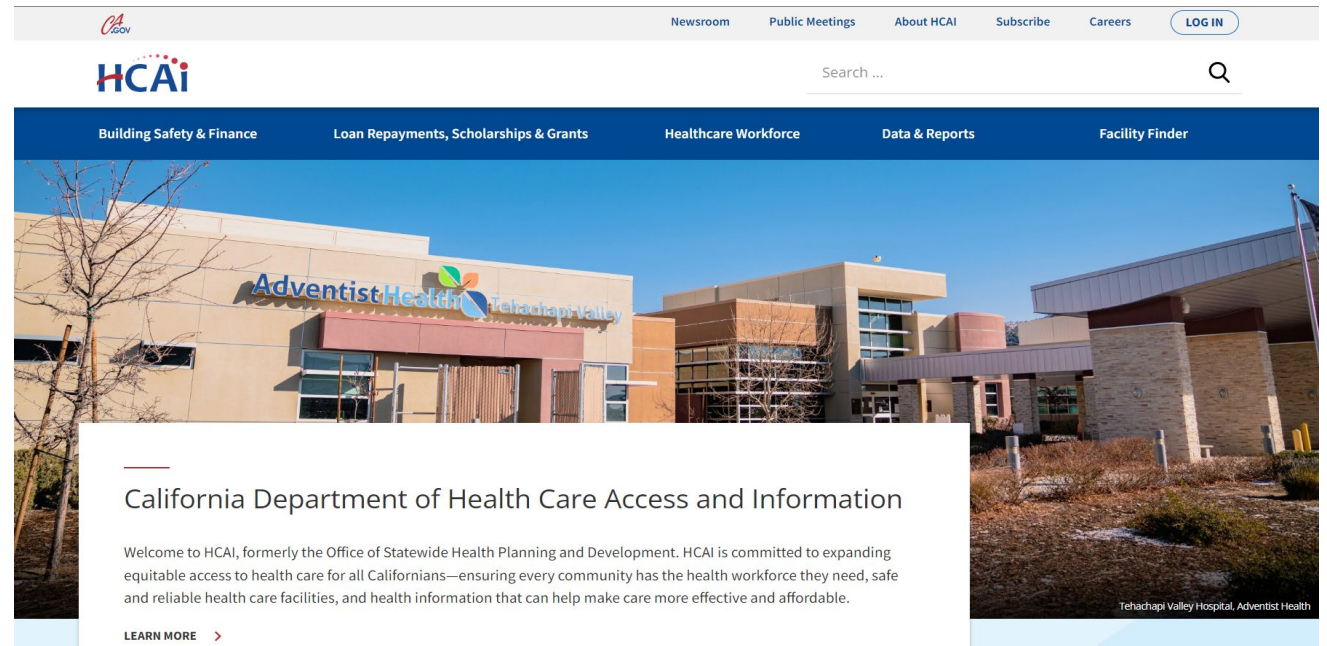
Contact Us

Email: HWDD-LRP@hcai.ca.gov

Phone: (916) 326-3700

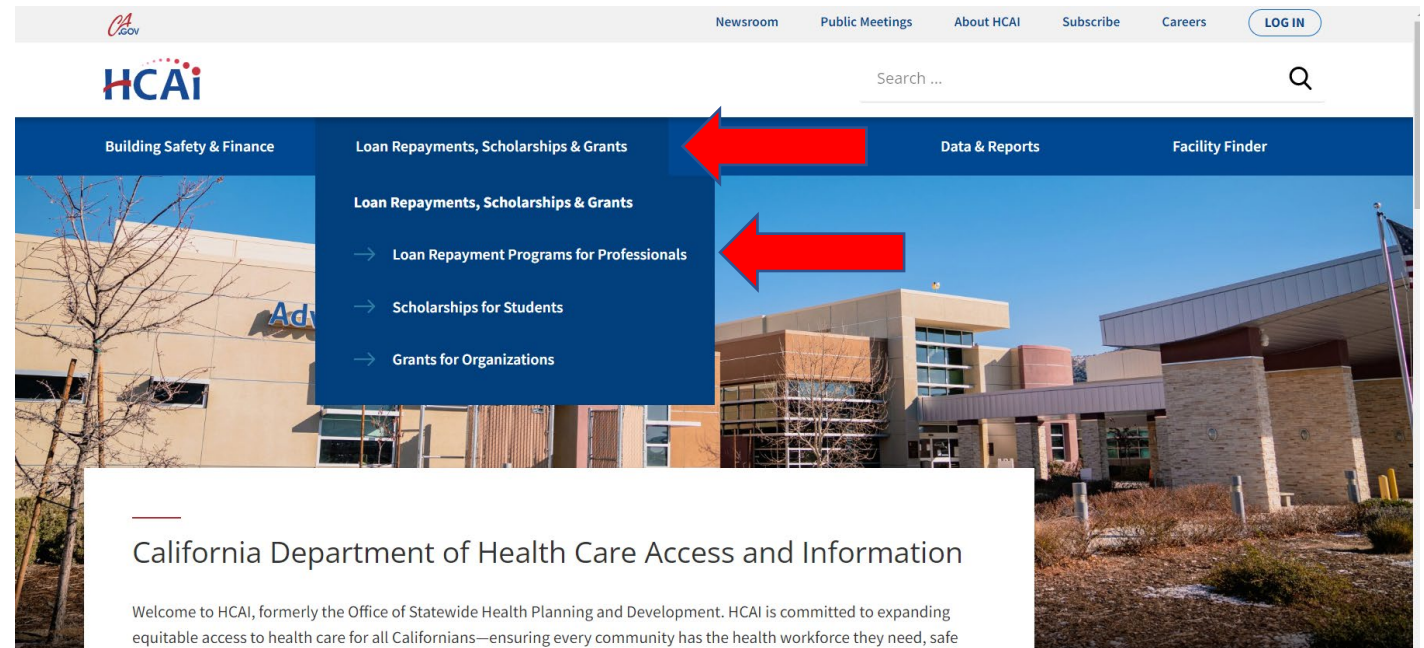
How To Find My Program's Grant Guide?

- Program Grant Guides are located on each programs designated page.
- The Grant Guide is intended to serve as a comprehensive resource of program information and details. Applicants will find steps to complete their application and Grantees can review program requirements to complete their service obligation.
- To locate a program's Grant Guide, navigate to our website:
<https://hcai.ca.gov/>



How To Find My Program's Grant Guide?

- Click on "Loan Repayment, Scholarships & Grants" located on the blue menu.
- Next, click on the section you want to visit. In this example, we will be looking for a loan repayment program.



How To Find My Program's Grant Guide?

Loan Repayment Programs

- When you reach the "Loan Repayment Programs" landing page, select the program name to access the program's page. You may have to scroll down to see your program.
- Let's look at the Allied Healthcare Loan Repayment Program.

The screenshot displays a grid of six loan repayment program cards. A red arrow points to the first card, "Allied Healthcare Loan Repayment Program". Each card includes a title, a brief description, a "LEARN MORE" button, and a "CHECK ELIGIBILITY" link.

Program Name	Description	Action Buttons
Allied Healthcare Loan Repayment Program	Assists with the repayment of qualified educational loans for eligible health care professionals.	LEARN MORE, CHECK ELIGIBILITY
Bachelor of Science Nursing Loan Repayment Program	Assists with the repayment of qualified educational loans for eligible health care professionals.	LEARN MORE, CHECK ELIGIBILITY
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County Medical Services Program Loan Repayment Program		
Licensed Mental Health Services Provider Education Program		
Licensed Vocational Nurse Loan Repayment Program	Assists with the repayment of qualified educational loans for eligible health care	

How To Find My Program's Grant Guide?

- The Program Grant Guide is located at the top of the page.
- Click the blue “Grant Guide” button to open a pdf version of the Grant Guide.
- Make sure to read the program's grant guide in its entirety prior to applying as it will inform you of the program eligibility and requirements.

How To Create an eApp Account?

- If you are interested in applying for a Department of Health Care Access and Information (HCAI) program, administered through the Funding eApp Portal, you must first create an account. You will not be able to proceed with accessing a program's application without an eApp account.
- All personal/contact information on your profile page must be up to date and maintained. This will ensure HCAI has the most current contact information in case you need to be contacted.
- **NOTE: Completing your account/profile is not the same as applying for a program. After you create your account and complete your profile, you will need to navigate to the "Apply Here" tab, to apply for the appropriate program.**

How To Create an eApp Account?

- Navigate to the HCAI Funding Portal: <https://funding.hcai.ca.gov> and click on, “Create Account” on the upper right-hand side.

The screenshot shows the HCAI Funding Portal website. At the top, there is a navigation bar with links for Newsroom, Boards & Committees, About HCAI, and Subscribe. On the right side of this bar, there are buttons for 'SIGN IN' and 'Create Account', with a red arrow pointing to the 'Create Account' button. Below the navigation bar is the HCAI logo and a search bar. A dark blue horizontal bar contains several menu items: Building Safety & Finance, Loan Repayments, Scholarships & Grants, Workforce Capacity, Data & Reports, and Facility Finder. The main content area is titled 'HCAI Funding Portal' and is divided into two columns. The left column contains information about who can apply, steps for eligibility, creating an account, and applying, along with a 'Contact Us' button. The right column is titled 'APPLICATIONS – OPEN OR COMING SOON' and contains a table of funding programs.

Program ↑	Release Date	Due Date	Who Can Apply
2023 Bachelor of Science Nursing Loan Repayment Program	05/01/2023 3:00 PM	07/31/2023 3:00 PM	Healthcare Professional
2023 Licensed Mental Health Services Provider Education Program	05/01/2023 3:00 PM	07/31/2023 3:00 PM	Healthcare Professional
2023 Licensed Vocational Nurse Loan Repayment Program	05/01/2023 3:00 PM	07/31/2023 3:00 PM	Healthcare Professional
2023 Steven M. Thompson Physician Corps Loan Repayment Program	05/01/2023 3:00 PM	07/31/2023 3:00 PM	Healthcare Professional
Small & Rural Hospital Relief Program	04/17/2023 12:00 PM	12/31/2029 11:30 PM	Organization seismic construction

How To Create an eApp Account?

- Next, you will be required to provide a valid email address and create a password for your profile.
- **NOTE: Make sure to use an email address you have access to, as HCAI will use this email to send communications. We do not recommend using your employer email address as that may change in the future.**
- **Password must be 8 to 12 characters long and include at least one upper and lowercase letter, a number (0-9), and a special character (such as !@#\$%) and must match in both text boxes.**

The screenshot shows the HCAI website's account creation interface. At the top, there is a navigation bar with links for Newsroom, Boards & Committees, About HCAI, Subscribe, and buttons for SIGN IN and Create Account. Below this is a search bar and a secondary navigation bar with links for Building Safety & Finance, Loan Repayments, Scholarships & Grants, Workforce Capacity, Data & Reports, and Facility Finder. The main content area features buttons for Sign in, Create Account, and Redeem invitation. A red warning message states: "Password must be at least 8 characters long and include at least one upper and lowercase letter, a number (0-9), and a special character (such as !@#\$%)." Below this is the heading "Register for a new local account" and three input fields for Email, Password, and Confirm password. A CAPTCHA image with the code "8dHdyN7" is displayed, along with links to "Generate a new image" and "Play the audio code". A text box for entering the CAPTCHA code is provided, followed by a "Create Account" button.

How To Complete My eApp Profile?

- First, indicate the type of user for the profile that is being created. Program applications will only be accessible depending on the user type(s) selected.
- Healthcare Professional – This user type is for individuals currently working and looking to apply for a loan repayment program.
- Student – This user type is for individuals currently in school/training and looking for scholarship programs.
- Organization – This user type is for organizations looking to apply for grants on behalf of their organization.
- For organizations, click on the “magnifying glass” icon to search for your organization. If you are unable to locate your organization, click on the “Request New Organization” button. A new window will open, and a new organization can be entered and submitted for review.

The screenshot shows the HCAi user profile page. At the top, there is a navigation bar with the HCAi logo, a user profile icon for Michael Zandrjich, and links for Profile and Sign Out. Below this is a dark blue navigation menu with options: Apply Here, Applications - In Progress/Submitted, Awards, Payments/Deliverables, and Messages. The main content area is titled "Profile" and contains a user profile card for Michael Zandrjich, a "My Security Settings" section with links for Change Password and Change Email, and a "Select your user type" section. The user type selection includes checkboxes for Healthcare Professional and Student, both of which are checked. Below this are input fields for Prefix (Mr.), First Name (Michael), Middle Initial (D), Last Name (Zandrjich), Suffix, and Title (MD).

How To Complete My eApp Profile?

- All fields indicated with a red asterisk “*” will need to be completed, starting with the first and last name of the individual creating the account.
- **NOTE: Please ensure that the first and last name entered are the legal spelling of your name and match what is on record with the Social Security Administration and Internal Revenue Service (IRS).**

The screenshot shows the HCAI user profile page. At the top, there is a navigation bar with the HCAI logo, a user profile button for 'MICHAEL ZANDRIJICH', and links for 'Profile' and 'Sign Out'. Below this is a dark blue navigation bar with links for 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments/Deliverables', and 'Messages'. The main content area is titled 'Profile' and contains a user profile card for 'Michael ZAndrijich' with a 'My Security Settings' dropdown menu (containing 'Change Password' and 'Change Email'). To the right, there is a 'Select your user type. (Choose all that apply) *' section with checkboxes for 'Healthcare Professional' and 'Student', both of which are checked. Below this are form fields for 'Prefix' (Mr.), 'First Name *' (Michael), 'Last Name *' (ZAndrijich), 'Middle Initial' (D), 'Suffix' (empty), and 'Title' (MD). Red asterisks are present next to the 'First Name', 'Last Name', and 'Title' labels.

How To Complete My eApp Profile?

- Next, you will need to complete all fields related to demographics.
- **NOTE: If the user type is organization, the fields related to demographics will not appear nor be required.**

What sex were you assigned at birth, on your original birth certificate?*

Do you consider yourself to be .. *

How do you describe yourself?*

Are you Hispanic, Latino/a, or of Spanish Origin?*

No

Yes: Mexican, Mexican American, or Chicano/a

Yes: Puerto Rican

Yes: Cuban

Yes: Another Hispanic, Latino/a, or Spanish origin (Please specify)

Other Hispanic, Latino/a, or Spanish Origin

Decline to state

Race*

American Indian, Native American, or Alaska Native

Asian, Asian Indian

Asian, Chinese

Asian, Cambodian

Asian, Filipino

Asian, Indonesian

Asian, Japanese

Asian, Korean

Asian, Laotian

Asian, Singaporean

Asian, Thai

Asian, Vietnamese

Asian, Other Asian (Please specify)

Other Asian

Black, African-American, or African

Middle Eastern

Pacific Islander, Guamanian

Pacific Islander, Hawaiian

How To Complete My eApp Profile?

- Next, enter your residential address by clicking on the “+ Select Address” button. This will bring up an address search bar where you can enter your address. Click on your address and the system will auto populate your address fields that are highlighted in “grey”. If your address is not found, try entering only your street number and name, and/or removing punctuation marks to see if this resolves the issue.
- **NOTE: Addresses cannot be entered manually as those fields are greyed out. However, if you have a suite and/or apartment number, you can enter that number in the “Suite/Apt/Dept” field. Please do not include “#” along with your entry.**
- It is highly recommended that you use your residential address where you receive mail. The address listed on the profile page will be used to issue payments to you, if awarded.

Click on the **Select Address** button to populate the Address Fields.

+ Select Address

Street Address * 2020 W El Camino Ave

Suite/Apt/Dept

City * Sacramento State CA Zip Code * 95833

County Sacramento

Phone 1 * (916) 555-4444 Phone 2 Provide a telephone number

Email * mandrijich@gmail.com

Receive email announcements for new funding opportunities

Submit

How To Complete My eApp Profile?

- PO Boxes can only be added administratively. Please contact a Program Officer if you would like to use a PO Box instead of your residential address.
- Lastly, enter at least one valid phone number where you can be contacted.
- Once all required fields have been completed, click “Submit” at the bottom of the page. Your profile has now been created.

Click on the **Select Address** button to populate the Address Fields.

Street Address * Suite/Apt/Dept

City * State Zip Code *

County

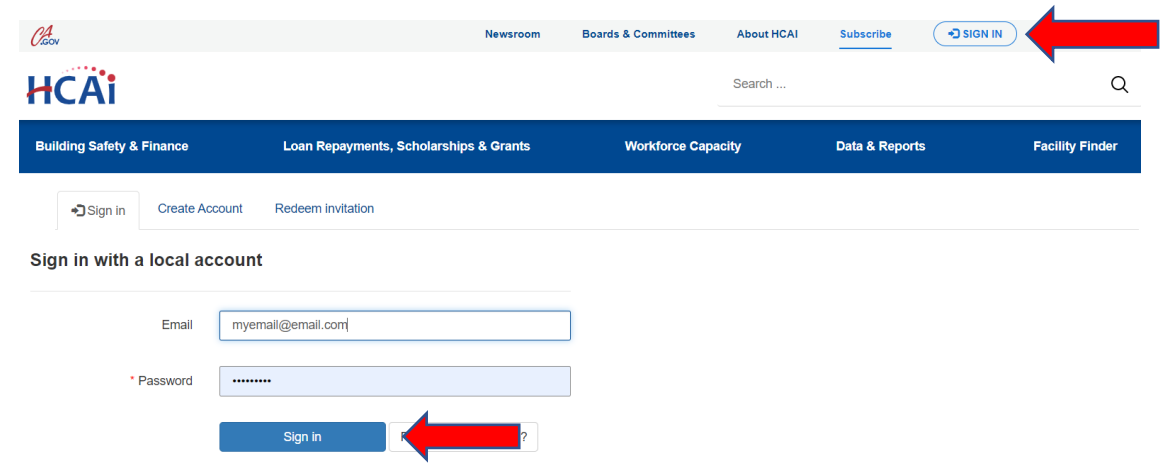
Phone 1 * Phone 2

Email *

Receive email announcements for new **funding** opportunities

How To Access My eApp Profile?

- Once your profile has been created, you can access your profile by going to the HCAI Funding Portal (eApp) here: <https://funding.hcai.ca.gov/>.
- Once on the eApp portal, click on the “Sign-In” button in the upper right-hand corner.
- Enter both the email address and password that was created when creating your profile.
- Next, click the “Sign in” button at the bottom.



How To Access My eApp Profile?

- Once signed into your account, click on “Profile” on the upper right-hand corner.

CA.gov Profile Sign Out ZZHAROLD STERBA

HCAI

Apply Here Applications - In Progress/Submitted Awards Payments/Deliverables Messages

Welcome to the HCAI Funding Portal

FOR INDIVIDUALS

Apply for:

- Loan Repayments
- Scholarships

FOR ORGANIZATIONS

Apply for grants to:

- Fund health career conferences and workshops and health career exploration
- Provide healthcare in health professional shortage areas in California
- Become a certified eligible site for student loan repayment program

APPLICATIONS – OPEN OR COMING SOON

Program ↑	Release Date	Due Date	Who Can Apply
2022 Advanced Practice Healthcare Scholarship Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Student
2022 Allied Healthcare Scholarship Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Student
2022 Licensed Mental Health Services Provider Education Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Healthcare Professional
2022 Steven M. Thompson Physician Corps Loan Repayment Program	05/16/2022 3:00 PM	10/31/2022 3:00 PM	Healthcare Professional

Contact Us

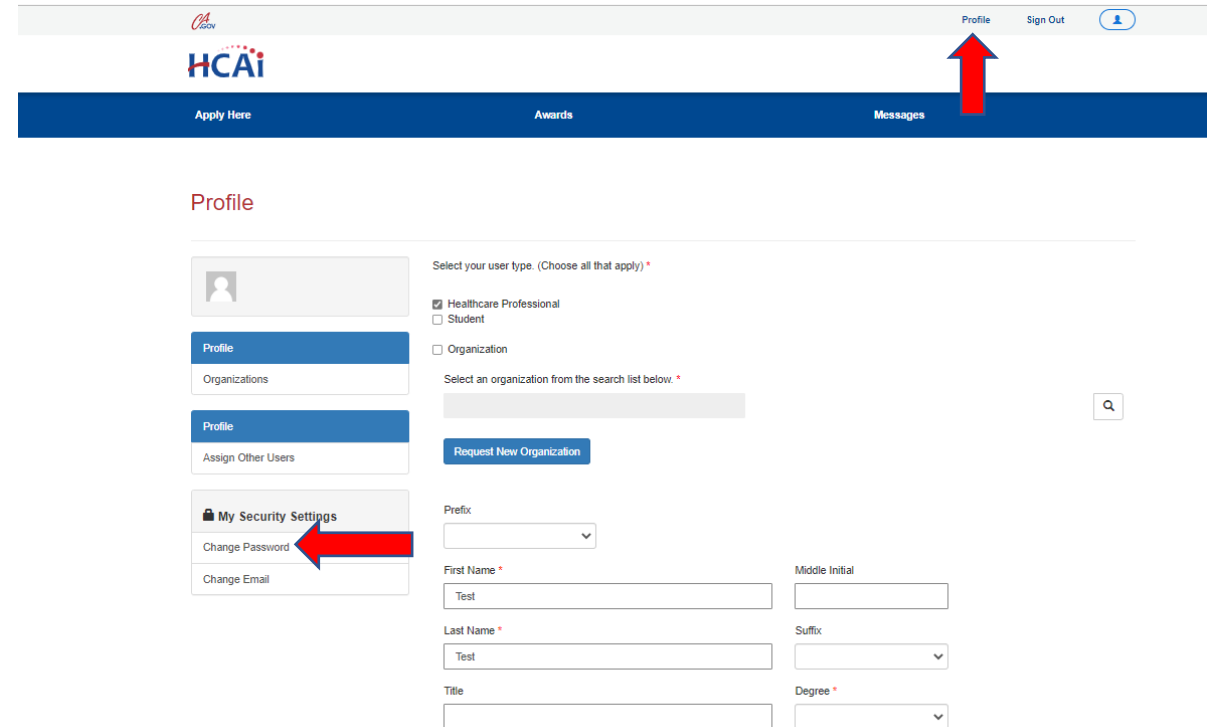
How To Access My eApp Profile?

- Once in your profile, you will be able to update the same information that was entered when you created your account.

The screenshot shows the HCAi user profile page. At the top, there is a navigation bar with the HCAi logo and links for 'Apply Now', 'Account', and 'Messages'. Below this is a 'Profile' section with a sidebar menu containing 'Profile', 'Organization', 'Work', and 'My Security Settings'. The main content area is titled 'Select your user type (Check all that apply)' and includes a 'The Above Professionals' section with a 'No user' link. The profile form contains the following fields: 'First Name', 'Last Name', 'Date of Birth', 'Gender', 'Ethnicity', and 'Race'. There are also dropdown menus for 'Middle Initial' and 'Suffix'. Below the form, there are checkboxes for 'Are you Hispanic, Latino, or of Spanish Origin?' and 'Are you American Indian, Alaska Native, Hawaiian, or Other Pacific Islander?'. The 'Ethnicity' section includes options for 'Hispanic, Latino, or of Spanish Origin' and 'Other: Hispanic, Latino, or Spanish Origin'. The 'Race' section includes options for 'American Indian, Alaska Native, Hawaiian, or Other Pacific Islander', 'Asian, Chinese', 'Asian, Vietnamese', 'Asian, Filipino', 'Asian, Indonesian', 'Asian, Japanese', 'Asian, Korean', 'Asian, Laotian', 'Asian, Thai', and 'Other: Asian'.

How To Change My Password?

- Navigate to the HCAI Funding Portal (eApp) here: <https://funding.hcai.ca.gov/> and sign into your account.
- After you sign into your account, click on “Profile” on the upper right-hand corner.
- Once on your profile page, click on “Change Password” on the left-hand side.



How To Change My Password?

- Next, you will need to enter your previous password (old password) and enter the new password you would like to change it to.
- Finally, click on the “Change Password” button on the bottom.

The screenshot shows the HCAi user interface. At the top right, there are links for 'Profile', 'Sign Out', and a user profile for 'MICHAEL ZANDRIJCH'. Below this is a navigation bar with 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments/Deliverables', and 'Messages'. The main content area is titled 'Change password' and includes a password strength requirement: 'Password must be 8 to 12 characters long and include at least one upper and lowercase letter, a number (0-9), and a special character (such as !@#%\$)'. The form contains an email field with 'mandrijich@gmail.com', three password fields labeled '* Old password', '* New password', and '* Confirm password', and a 'Change password' button. On the left side of the form, there is a user profile section for 'Michael ZAndrijich' with a 'Profile' link, and a 'My Security Settings' section with 'Change password' (highlighted) and 'Change email' links.

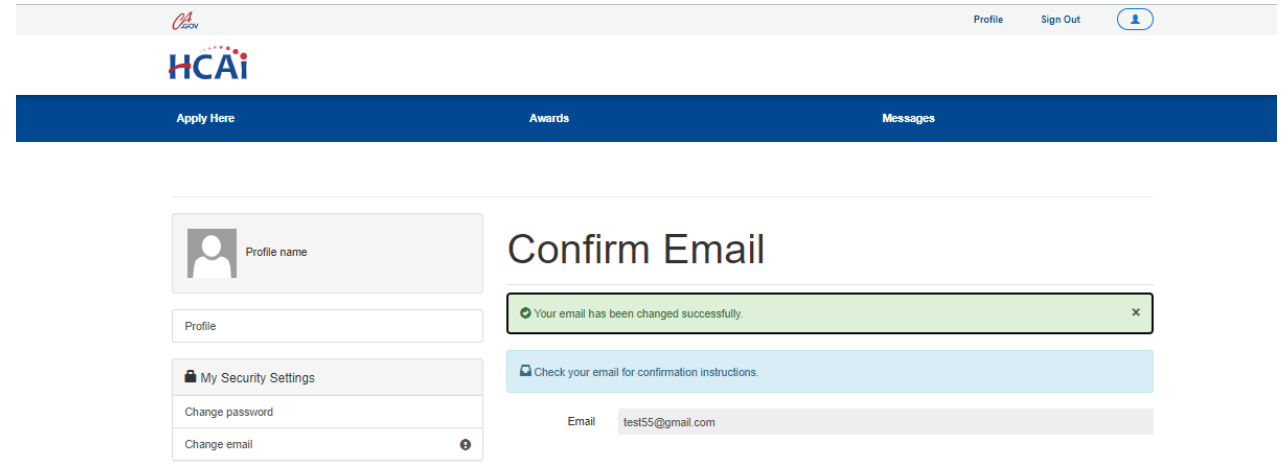
How To Change My Email Address?

- To change your email address, you will follow steps 1 and 2 from “How to change your password”.
- Once on your profile page, click on “Change email” on the left-hand side.
- Next, enter the new email address you would like to change it to.
- Then, click on the “Change and confirm email” button on the bottom.

The screenshot shows the HCAi user interface. At the top, there is a navigation bar with the HCAi logo and links for 'Profile', 'Sign Out', and a user icon. Below this is a dark blue navigation bar with 'Apply Here', 'Awards', and 'Messages'. The main content area is titled 'Change email' in red. On the left, there is a sidebar menu with 'Profile name', 'Profile', 'My Security Settings', 'Change password', and 'Change email'. A red arrow points to the 'Change email' option. On the right, there is a form with an email input field containing 'test55@gmail.com' and a blue button labeled 'Change and confirm email'.

How To Change My Email Address?

- You will receive a confirmation on the next window. To confirm your new email, you will need to check your email for the confirmation instructions.



How To Reset My Password?

- Navigate to the HCAI Funding Portal (eApp) Sign In Page here: <https://funding.hcai.ca.gov/SignIn/>
- Instead of signing in, click on “Forgot your password?” on the bottom.

HCAI

Search ...

Building Safety & Finance Loan Repayments, Scholarships & Grants Workforce Capacity Data

Sign in Create Account Redeem invitation

Sign in with a local account

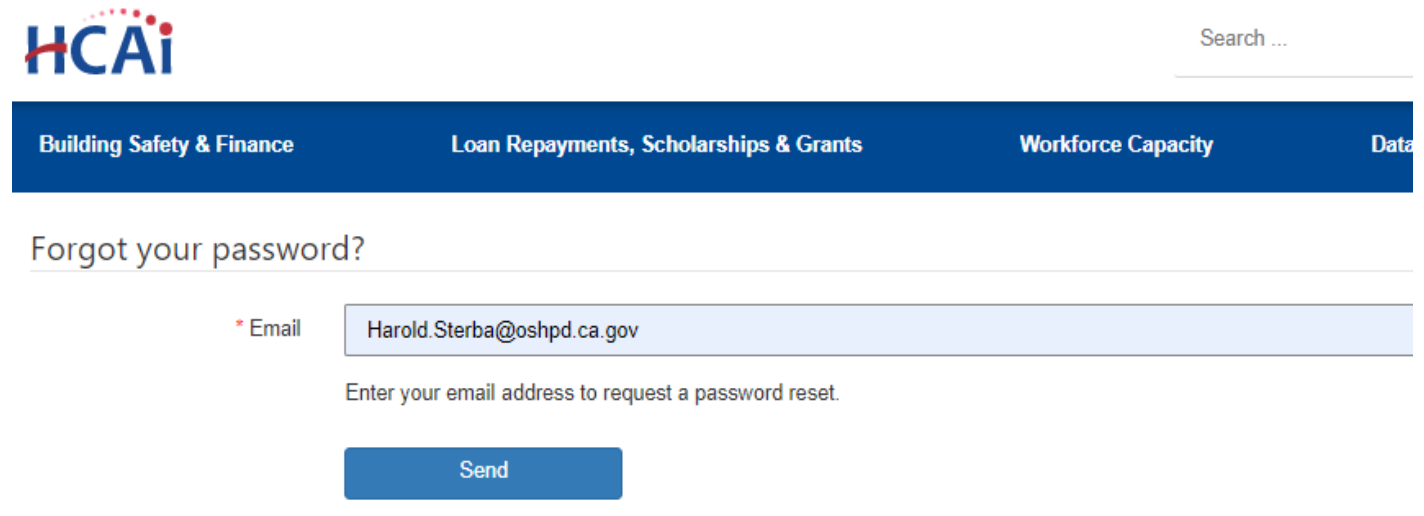
Email

* Password

Sign in Forgot your password?

How To Reset My Password?

- Next, enter your email address in the text box, and click “Send”.
- **NOTE: Be sure to enter the same email address that you used when you created your account AND double-check the spelling of your email address to ensure delivery of your “Password Reset” email notification.**




The screenshot shows the HCAI website interface. At the top left is the HCAI logo. To the right is a search bar labeled "Search ...". Below the logo is a dark blue navigation bar with white text for "Building Safety & Finance", "Loan Repayments, Scholarships & Grants", "Workforce Capacity", and "Data". Below the navigation bar is a link for "Forgot your password?". Underneath is a form with a label "* Email" and a text input field containing "Harold.Sterba@oshpd.ca.gov". Below the input field is the instruction "Enter your email address to request a password reset." and a blue "Send" button.


How To Reset My Password?

- You will receive an email, with a link to reset your password. Click the “Reset Password” link or copy and paste the URL into your web browser.
- **NOTE: It may take a few moments for the email to arrive. You may also want to double-check your “Spam/Junk” and/or “Trash” folders. The email will be from “# SVC-Dynamics no-reply@hcai.ca.gov” with the following subject line, “Password Reset”.**

Password Reset

 # SVC-Dynamics <no-reply@hcai.ca.gov>
To ● Andrijich, Michael@HCAI

Retention Policy Enforced: Inbox (6 months) Expires 7/19/2023

 If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

4:48 PM


CAUTION: This email originated from outside of the organization.

Dear Michael ZTest,

A password reset was requested for your account. Please click the following link to start the password reset process.

[Reset Password](#) 

Or you can copy the following URL and paste it into your web browser.

<https://funding.hcai.ca.gov/Account/Login/ResetPassword?userId=8c6ec954-3dd6-ec11-a7b4-001dd804e659&code=eiC38pR5vGcE8zst36TFhg3af2aZU5S8xH1z6EmVXMCjw!%2FSviZalk3kXnV990HarFwxInn6UoGMqvSmDwPhi9wtXcsKrVydXkA3g1oeAGMCMNFRE30IoCrRkywKnzp%2BpshgaUTsly%2FGgrqx5iSOw9WNXCoyDQWKH6ZK1WJ6fGVyFfp6LZZxcdaH3YbxkeLSYVgCUxIF8bH7EODVtqwsPg%3D%3D> 

If you believe you received this email in error, please contact [Contact Us](#).

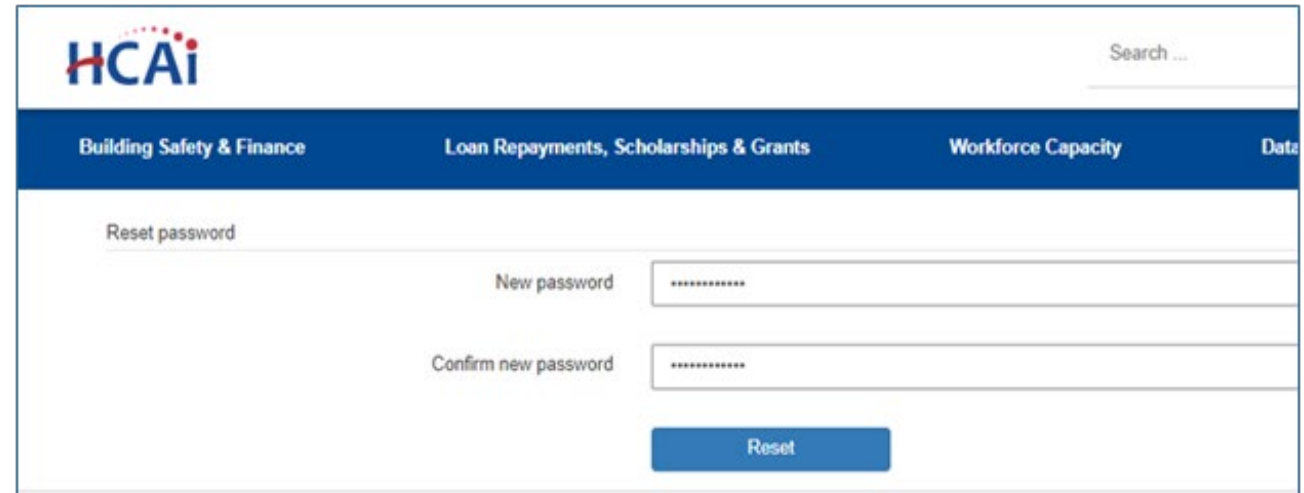
Thank You,

Department of Health Care Access and Information
<https://funding.hcai.ca.gov/>

This is an automatically generated e-mail. Please do not reply.

How To Reset My Password?

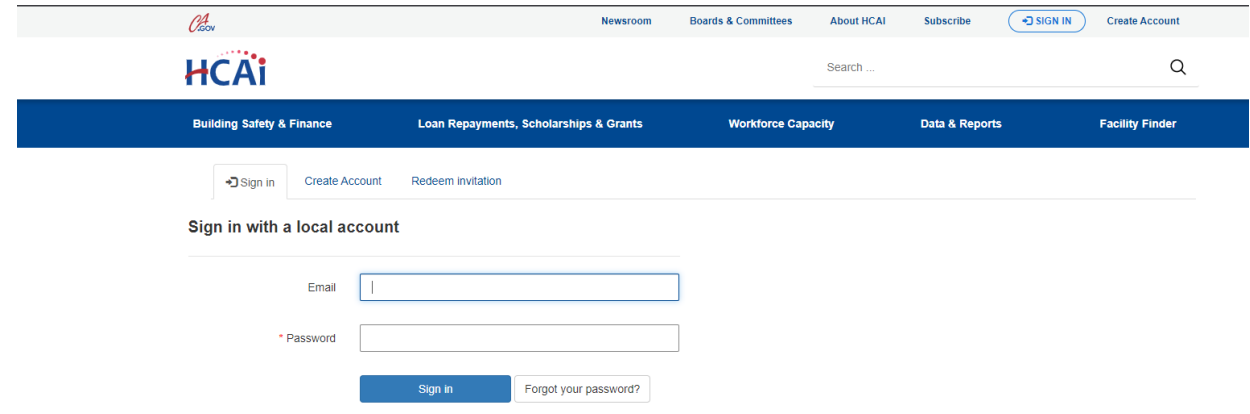
- After clicking on the link or pasting the URL into your browser, enter your desired New Password into both text boxes and then click, “Reset”.
- **NOTE: Password must be 8 to 12 characters long and include at least one upper and lowercase letter, a number (0-9), and a special character (such as !@#\$%) and must match in both text boxes.**
- You will now be able to sign into your account with your new password!



The screenshot shows the HCAi website interface for password reset. At the top left is the HCAi logo. To the right is a search bar labeled "Search ...". Below the logo is a navigation bar with four items: "Building Safety & Finance", "Loan Repayments, Scholarships & Grants", "Workforce Capacity", and "Data". The main content area is titled "Reset password" and contains two text input fields. The first field is labeled "New password" and the second is labeled "Confirm new password". Both fields contain masked characters (dots). Below the fields is a blue button labeled "Reset".

How To Submit an Application?

- After you have created your Funding eApp account, you are now ready to apply for HCAI Funding.
- Navigate to the eApp Funding portal <https://funding.hcai.ca.gov/SignIn/> and log in to your account to complete your application.



The screenshot shows the HCAI Funding portal sign-in page. At the top, there is a navigation bar with links for Newsroom, Boards & Committees, About HCAI, Subscribe, SIGN IN, and Create Account. Below this is a search bar and a dark blue navigation bar with links for Building Safety & Finance, Loan Repayments, Scholarships & Grants, Workforce Capacity, Data & Reports, and Facility Finder. The main content area features a sign-in section with options for Sign in, Create Account, and Redeem Invitation. Under the heading "Sign in with a local account", there are input fields for Email and Password, a "Sign in" button, and a "Forgot your password?" link.

How To Submit an Application?

- After you log in to your account, click “Apply Here” located in the blue ribbon to review available applications.
- All available applications will be listed on this page. Click the blue hyperlink for your desired program.

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile. To find applications already started or submitted, go to the Applications In Progress/Submitted tab.

Program	Release Date	Due Date	Who Can Apply
2022-23 Advanced Practice Healthcare Scholarship Program	01/02/2020 8:00 AM	08/30/2024 5:00 PM	Student
2022-23 Allied Healthcare Loan Repayment Program	09/01/2022 3:00 PM	08/30/2024 3:00 PM	Healthcare Professional
2022-23 Allied Healthcare Scholarship Program	03/04/2019 8:00 AM	08/30/2024 5:00 PM	Student
2022-23 Associate Degree Nursing Scholarship Program	12/01/2022 3:00 PM	08/30/2024 3:00 PM	Student
2022-23 Bachelor of Science Nursing Loan Repayment Program	09/01/2022 3:00 PM	08/30/2024 11:30 PM	Healthcare Professional
2022-23 Bachelor of Science Nursing Scholarship Program	02/01/2021 8:00 AM	08/30/2024 5:00 PM	Student
2022-23 Licensed Mental Health Services Provider Education Program	07/01/2022 3:00 PM	08/30/2024 11:30 PM	Healthcare Professional
2022-23 Licensed Vocational Nurse Loan Repayment Program	07/01/2022 3:00 PM	08/30/2024 3:00 PM	Healthcare Professional
2022-23 Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program	01/04/2021 3:00 PM	08/30/2024 3:00 PM	Student
2022-23 Steven M. Thompson Physician Corps Loan Repayment Program	09/01/2021 3:00 PM	08/30/2024 3:00 PM	Healthcare Professional
2022-23 Vocational Nurse Scholarship Program	01/04/2021 3:00 PM	08/30/2024 3:00 PM	Student
2023-24 Licensed Mental Health Services Provider Education Program	03/21/2022 3:00 PM	08/30/2024 11:30 PM	Healthcare Professional
Behavioral Health Scholarship Program 2023	01/02/2023 8:00 AM	02/25/2024 5:00 PM	Student
County Medical Services Program Loan Repayment Program	11/15/2022 8:00 AM	06/30/2023 8:00 AM	Healthcare Professional
Golden State Social Opportunities Program Scholarship Program 2023	01/02/2023 8:00 AM	02/25/2024 5:00 PM	Student
State Loan Repayment Program 2022	06/01/2022 3:00 PM	12/31/2023 11:30 PM	Healthcare Professional

How To Submit an Application?

- A pop-up box with additional program information will appear. After you read the information provided scroll down and select “Apply” located at the bottom of the box.

View details

Advanced Practice Healthcare Scholarship Program (APHSP) 2022-23

The Department of Health Care Access and Information (HCAI) works to increase and diversify California's healthcare workforce by providing scholarships and loan repayments to health professional students and graduates who provide direct patient care in those communities. The purpose of the Advanced Practice Healthcare Scholarship Program (APHSP) is to increase the number of highly trained advanced practice healthcare professionals providing direct patient care in a qualified facility. Those awarded the Advanced Practice Healthcare Scholarship may receive up to \$25,000 for one year of their program. If awarded, recipients agree to a twelve (12) month service obligation practicing in an eligible advanced practice healthcare profession, providing a minimum of 32 hours per week of direct patient care in an underserved area or a qualified facility in California.

Application Release Date	Close Date
01/02/2020 8:00 AM	08/30/2024 5:00 PM

Provider Eligibility Requirements:

- Start training program by September 30, 2023
- Be enrolled in a minimum of six semester units, or its equivalent, until program completion
- Maintain a GPA of 2.0 or greater, until program completion
- Must graduate after the proposed grant agreement start date
- Not have any other existing service obligations with other entities, including other HCAI programs
- Not be in breach of any other HCAI service obligation
- Commit to providing a 12-month service obligation in an underserved area or qualifying facility upon graduating
- Provide 32 hours or more per week of direct patient care upon graduating.

Eligible Educational Programs:

APHSP applicants must be accepted or enrolled in an accredited graduate or postgraduate degree program for one of the following disciplines:

Certified Nurse Midwife	Psychiatric/Mental Health Nurse	Social Worker
Clinical Nurse Specialist	Occupational Therapist	Dentist
Certified Registered Nurse Anesthetist	Pharmacist	Marriage and Family Therapist
Certified Nurse Practitioner	Physical Therapist	Chiropractor
Psychiatric Mental Health Nurse Practitioner	Physician Assistant	

Privacy Policy:

The California Information Practices Act of 1977 (Civil Code §1798 et seq.) requires this program to provide the following notice to individuals who are asked to provide personal information. The Department of Health Care Access and Information (HCAI) and the Office of Health Workforce Development (OHWD) request personal information as part of this program application. The principal purposes for which the information will be used are verification of identification, establishment of eligibility, and program administration.

Each individual has a right to access records containing their personal information that is maintained by HCAI and OHWD. The Deputy Director, HCAI, (2020 W. El Camino Avenue, Suite 1200, Sacramento, CA, 95833, 916-328-3700) is responsible for the system of records and will, upon request, inform an individual of the location of their records and the categories of any persons who use the information in those records.

WARNING

To ensure proper functionality in the eApp, please ensure you are using a Windows PC with either Chrome or Microsoft Edge, as Internet Explorer is no longer supported.

Apply ←

RELATED DOCUMENTS

There are no notes to display.

How To Submit an Application?

- The application will begin by requesting General Information for you to complete.
- Additional questions may appear depending on how you answer some questions.
- Once all questions are completed a “Save & Next” button will appear at the bottom of the application for you to proceed to the next page.

The screenshot displays the 'General Information' section of an application form. It includes the following elements:

- Applicant Name:** A text input field containing 'Zivanna ZEvans'.
- Are you accepted or enrolled in an education program leading to one of the listed professions?*** A dropdown menu.
- Are you a prior or current Office of Statewide Health Planning and Development (OSHDP) or Health Care Access and Information (HCAI) Awardee?*** Radio buttons for 'No' and 'Yes'.
- Do you have a recent GPA of 2.0 or higher?*** Radio buttons for 'No' and 'Yes'.
- Will you start or continue your program on or before September 30th of this year?*** Radio buttons for 'No' and 'Yes'.
- Do you currently work or volunteer for a State of California entity?*** Radio buttons for 'No' and 'Yes'.
- Do you have lived experience?*** Radio buttons for 'No', 'Yes', and 'Decline to Answer'.
- Are you a prior or current Office of Statewide Health Planning and Development (OSHDP) or Health Care Access and Information (HCAI) Awardee?*** Radio buttons for 'No' and 'Yes'. Below this are two yellow callout boxes: one stating 'Note that since you selected "Yes" to this question, you will be required to upload a signed and completed Scholarship Program Verification (SPV) Form certifying you have a GPA of 2.0 or greater.' and another stating 'If you select Yes, you will be required to upload a Scholarship Program Verification (SPV) Form before submitting this application.'
- Do you currently work or volunteer for a State of California entity?*** Radio buttons for 'No' and 'Yes'.
- Do you have lived experience?*** Radio buttons for 'No', 'Yes', and 'Decline to Answer'.
- Save & Next:** A button at the bottom right, highlighted by a red arrow.

How To Submit an Application?

- The next page will contain “Profile Information”. Information on this page cannot be directly changed. You must navigate to your profile by selecting the “Profile” button on the top right of the page to make changes.
- If you do not need to make profile update press “Save & Next” button at the bottom to continue your application. The next two slides can also be skipped.

The screenshot shows the HCAI application interface. At the top, there is a navigation bar with the HCAI logo and a 'Profile' button highlighted by a red arrow. Below the navigation bar, the application title is 'Application APHSP-0001482 – Advanced Practice Healthcare Scholarship Program'. The main content area is titled 'Profile Information' and contains a form with the following fields:

- Date of Birth: 05/01/1982
- Other License or ID#: DRIVER1
- Email Address: hsubares7@gmail.com
- Do you consider yourself to be... (dropdown menu)
- How do you describe yourself? (dropdown menu)
- What sex were you assigned at birth, on your original birth certificate? (dropdown menu)
- Are you Hispanic, Latino/a, or of Spanish Origin? (radio buttons for Yes/No)
- Are you Hispanic, Latino/a, or of Spanish Origin? (radio buttons for Yes/No)
- Race* (checkboxes for various categories: American Indian, Asian, Black, etc.)

At the bottom of the form, there are two buttons: 'Previous' and 'Save & Next', with a red arrow pointing to the 'Save & Next' button.

How To Submit an Application?

- If you navigate to your profile to make updates, make sure to press submit at the bottom of the profile page to apply your changes.

Profile

Zivanna ZEvans

My Security Settings

- Change Password
- Change Email

Select your user type. (Choose all that apply) *

- Healthcare Professional
- Student

Prefix

First Name *
Zivanna

Middle Initial

Last Name *
ZEvans

Suffix

Title
Healthcare Professional

Date of Birth *
06/01/1982

Driver License or ID# *
DRIVER1

What sex were you assigned at birth on your original birth certificate? *
Female

Do you consider yourself to be... *
Straight or heterosexual

How do you describe yourself? *
Female

Click on the **Select Address** button to populate the Address Fields.

+ Select Address

Street Address *
100 Howe Ave

Suite/Apt/Dept
5

City *
Sacramento

State
CA

Zip Code *
95825

County
Sacramento


Phone 1 *
(916) 326-3279

Phone 2
Provide a telephone number

Email *
ivannates17@gmail.com

Receive email announcements for new funding opportunities

Submit



How To Submit an Application?

- To return to your application select “Applications – In Progress/Submitted” located in the blue ribbon.
- This will bring up all applications that have been submitted or are in progress. Select the blue hyperlink for the correct application number to return to your application.
- **NOTE: you will be returned to the beginning of your application.**

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile. To find applications already started or submitted, go to the Applications In Progress/Submitted tab.

Program	Release Date	Due Date	Who Can Apply
2022-23 Advanced Practice Healthcare Scholarship Program	01/02/2020 8:00 AM	08/30/2024 5:00 PM	Student
2022-23 Allied Healthcare Loan Repayment Program	09/01/2022 3:00 PM	08/30/2024 3:00 PM	Healthcare Professional
2022-23 Allied Healthcare Scholarship Program	03/04/2019 8:00 AM	08/30/2024 5:00 PM	Student
2022-23 Associate Degree Nursing Scholarship Program	12/01/2022 3:00 PM	08/30/2024 3:00 PM	Student
2022-23 Bachelor of Science Nursing Loan Repayment Program	09/01/2022 3:00 PM	08/30/2024 11:30 PM	Healthcare Professional
2022-23 Bachelor of Science Nursing Scholarship Program	02/01/2021 8:00 AM	08/30/2024 5:00 PM	Student
2022-23 Licensed Mental Health Services Provider Education Program	03/21/2022 3:00 PM	08/30/2024 11:30 PM	Healthcare Professional
2022-23 Licensed Vocational Nurse Loan Repayment Program	07/01/2022 3:00 PM	08/30/2024 3:00 PM	Healthcare Professional
2022-23 Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program	01/04/2021 3:00 PM	08/30/2024 3:00 PM	Student
2022-23 Steven M. Thompson Physician Corps Loan Repayment Program	09/01/2021 3:00 PM	08/30/2024 3:00 PM	Healthcare Professional
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2023-24 Licensed Mental Health Services Provider Education Program	03/21/2022 3:00 PM	08/30/2024 11:30 PM	Healthcare Professional
Behavioral Health Scholarship Program 2023	01/02/2023 8:00 AM	02/25/2024 5:00 PM	Student
County Medical Services Program Loan Repayment Program	11/15/2022 8:00 AM	06/30/2023 8:00 AM	Healthcare Professional
Golden State Social Opportunities Program Scholarship Program 2023	01/02/2023 8:00 AM	02/25/2024 5:00 PM	Student
State Loan Repayment Program 2022	06/01/2022 3:00 PM	12/31/2023 11:30 PM	Healthcare Professional

Your applications are shown below. Click the dropdown arrow on the right to edit, delete, or view details. Applications that have been submitted cannot be edited or deleted.

Application Number	Program	Application Due Date	Status	Status Date	Options
LMH-0001135	Licensed Mental Health Services Provider Education Program 2022	10/13/2022 3:00 PM	In Progress		
LMH-0001042	Licensed Mental Health Services Provider Education Program 2020	11/02/2022 3:00 PM	In Progress		
APHSP-0001482	Advanced Practice Healthcare Scholarship Program	08/30/2024 5:00 PM	In Progress		

How To Submit an Application?


- After your profile is updated the next page of the application will request for you to provide information for one unique contact.
- To add an address, select the blue “+ Select Address” button and a box to enter the address will open.
- Type in the address for the contact person then press search. If the address is not located, try only entering the street number and name to see if this resolves the issue.
- Once the address is located, select the address from the Search Results to add it to your application.

Contact Information

Please provide one unique contact. This should be a person not living with you (preferably relatives) that will know how to reach you should we need to contact you.

Contact First Name * Contact Last Name *

Click on the **Select Address** button to populate the Address Fields.


+ Select Address 

Street Address *


City * State * Zip Code *

Contact Phone * Contact Email *

Contact Relationship to Applicant *

Search Address 

Search Results

2020 W El Camino Ave, Sacramento, CA 95833 

Map Satellite

Johanson & Associates
Natomas Gateway Tower East
Lewis Brisbois Bisgaard & Smith, LLP
Hdc
2020 Cafe

California Department of Health Care Access...
Keyboard shortcuts Map data ©2023 Google Terms of Use

Close

How To Submit an Application?

- For the remaining application pages, follow the instructions provided on each of the corresponding pages as you complete your application.
- **NOTE: application questions may vary depending on the program you are applying for.**
- If you are unable to proceed to the next page, make sure to check for any error messages displayed at the top of the page to determine which area requires correction.

Asterisks


The red asterisks indicate which fields require a response before proceeding to the next page.

Do you currently work or volunteer for a State of California entity?*

No Yes

Tooltips

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information.

Do you have a recent GPA of 2.0 or higher?

No Yes

How To Submit an Application?

- The second to last page of the application is the “Required Documents” upload page.
- When uploading documents, ensure the document contains all required information and that you are utilizing a compatible file format (.doc, .docx, PDF, PNG, and JPEG)
- You must also use the appropriate file prefix to be able to upload the document to your application.
- To upload a document, select the corresponding red box for the document upload. A pop-up box will appear with a “Choose Files” button. Select the file you would like to upload from your computer then select “Add files”.

Required Documents

Upload documents to support your application as instructed. If you need to re-upload a document, please delete it and upload the replacement. Only .doc, .docx, PDF, PNG, and JPEG files will be accepted.

Cost of Attendance

Upload a cost of attendance that reflects the costs associated for only one year. The document must be obtained by your school. Screenshots will not be accepted.

Cost of Attendance Upload 0 files uploaded, 1 file required.

There are no folders or files to display.

Scholarship Program Verification (SPV) Form

Upload a completed and signed SPV form (signed by your program director or an appropriate designee). The form is located on the Scholarship Program Verification page, or use the following link to [Download SPV Template](#).

SPV Form Upload 0 files uploaded, 1 file required.

Filename must start with CoA_ to be accepted, Example: CoA_MyDocument

Choose files

Choose Files CoA_.jpg

Add files

incel


How To Submit an Application?

- Once your file is successfully uploaded, the red upload button will turn green, and your uploaded file will appear on the right side under uploaded documents
- To replace an uploaded document, select the “option” button located next to the uploaded document Modified date then select “delete”. This will remove the file and give you the option to upload a new document by following the steps on the previous slide.


Required Documents

Cost of Attendance

Upload a cost of attendance that reflects the costs associated for only one year. The document must be obtained by your school. Screenshots will not be accepted.

Cost of Attendance Upload ✓ 1 file uploaded, 1 file required. 

Upload documents to support your application as instructed. If you need to re-upload a document, please delete it and upload the replacement. Only .doc, .docx, PDF, PNG, and JPEG files will be accepted.

Name ↑	Modified
CoA_.jpg (25 KB)	04/26/2023 12:04 PM 

Scholarship Program Verification (SPV) Form

Upload a completed and signed SPV form (signed by your program director or an appropriate designee). The form is located on the Scholarship Program Verification page, or use the following link to Download SPV Template.

SPV Form Upload



Required Documents

Cost of Attendance

Upload a cost of attendance that reflects the costs associated for only one year. The document must be obtained by your school. Screenshots will not be accepted.

Cost of Attendance Upload ✓ 1 file uploaded, 1 file required.

Upload documents to support your application as instructed. If you need to re-upload a document, please delete it and upload the replacement. Only .doc, .docx, PDF, PNG, and JPEG files will be accepted.

Name ↑	Modified	
CoA_.jpg (25 KB)	04/26/2023 12:04 PM	 

Scholarship Program Verification (SPV) Form

Upload a completed and signed SPV form (signed by your program director or an appropriate designee). The form is located on the Scholarship Program Verification page, or use the following link to Download SPV Template.

SPV Form Upload 0 files uploaded, 1 file required.



How To Submit an Application?

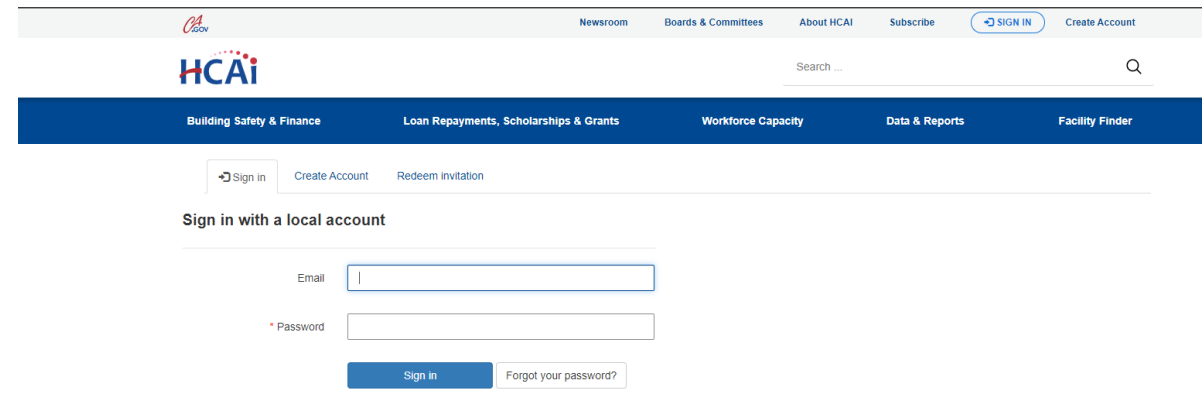
- If you experience any technical issues when uploading your document, try:
 - ✓ Accessing the site using a new device and/or browser (**NOTE: our site is most compatible with Windows laptop or desktop and Google Chrome browser**).
 - ✓ Uploading the document using a different file type. If you have a pdf. file, you can take a screenshot of the file and save it as a jpeg and then try to upload it to your application.
 - ✓ If you still experience issues uploading your document, you can contact program staff by emailing HWDD-LRP@hcai.ca.gov or HWDD-SCH@hcai.ca.gov. In your email make sure to include what steps you have taken to troubleshoot the issue and any other relevant information (i.e., name, email, application number).
- After all documents are uploaded you will be able to select the “Next” button to reach the certification page.

How To Submit an Application?

- Make sure to read all information listed on the certification page.
- Before selecting “I Agree” and submitting your application make sure to review your application in its entirety including documents uploaded to ensure the correct information is submitted.
- Submitting incomplete or incorrect information or documentation can make your application ineligible.
- Once you are satisfied with everything included in your application, select the blue “Submit” button to complete the application process.
- You will receive an automated email from no-reply@hcai.ca.gov confirming that your application was successfully submitted.

How To Review My Application/Award Status?

- After you submit your application, you can review your application's status by navigating to the eApp Funding portal <https://funding.hcai.ca.gov/SignIn/> and logging in to your account.



The screenshot shows the HCAI website's sign-in page. At the top, there is a navigation bar with links for Newsroom, Boards & Committees, About HCAI, Subscribe, SIGN IN, and Create Account. Below this is a search bar and a dark blue navigation bar with links for Building Safety & Finance, Loan Repayments, Scholarships & Grants, Workforce Capacity, Data & Reports, and Facility Finder. The main content area features a sign-in section with options for Sign in, Create Account, and Redeem invitation. Under the heading "Sign in with a local account", there are input fields for Email and Password. A blue Sign in button and a link for "Forgot your password?" are positioned below the password field.

How To Review My Application/Award Status?

- After you log in to your account, select the “Applications – In Progress/Submitted” tab.
- This tab will show all your applications along with their status.
- You can also select the “Options” button to review and/or save a copy of your submitted application.

HCAi

Apply Here Applications - In Progress/Submitted Payments/Deliverables Messages

Your applications are shown below. Click the dropdown arrow on the right to edit, delete, or view details. Applications that have been submitted cannot be edited or deleted.

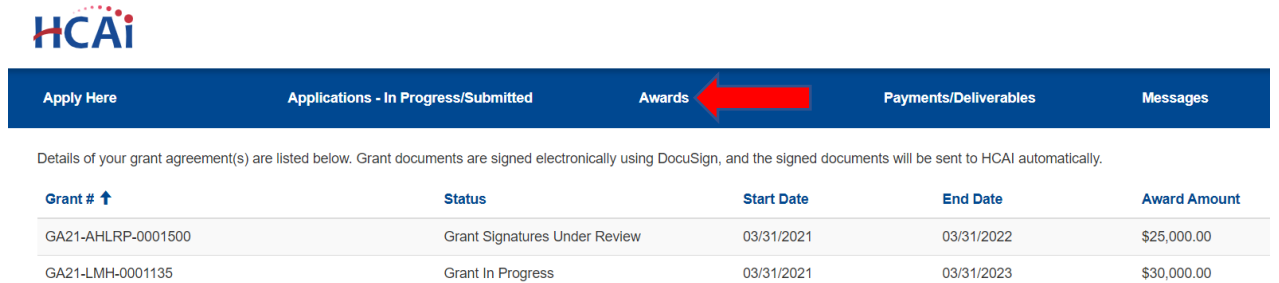
Application Number ↓	Program	Application Due Date	Status ↑	Options
LMH-0001042	Licensed Mental Health Services Provider Education Program 2020	11/02/2022 3:00 PM	Application Ineligible	▼
LMH-0001135	Licensed Mental Health Services Provider Education Program 2022	10/13/2022 3:00 PM	Awarded	▼
AHLRP-0001500	Allied Healthcare Loan Repayment Program 2022	08/31/2024 11:30 PM	Awarded	03/23/2023 1:06 PM ▼
LMH-0001497	2023-24 Licensed Mental Health Services Provider Education Program	08/30/2024 11:30 PM	In Progress	▼
APHSP-0001482	2022-23 Advanced Practice Healthcare Scholarship Program	08/30/2024 5:00 PM	In Progress	▼

How To Review My Application/Award Status?

- Application Status Definitions:
 - In Progress – Applicant is still completing their application and it has not been submitted.
 - Submitted – Application was successfully submitted to program staff for review. Application is no longer accessible by the Applicant.
 - In Review – Application and required documents are under review by program staff.
 - Application Ineligible – Application did not meet requirements for an award (i.e., incomplete documentation, ineligible employer).
 - Awarded – The applicant's application was selected for an award.

How To Review My Application/Award Status?

- If your application was awarded, you can select the “Awards” tab to review the status of your grant agreement/contract.
- This page will show your award status, contract start date, contract end date and your award amount.



The screenshot shows the HCAi website interface. At the top, there is a navigation bar with five tabs: "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments/Deliverables", and "Messages". A red arrow points to the "Awards" tab. Below the navigation bar, there is a heading "HCAi" and a sub-heading "Details of your grant agreement(s) are listed below. Grant documents are signed electronically using DocuSign, and the signed documents will be sent to HCAI automatically." Below this, there is a table with the following columns: "Grant # ↑", "Status", "Start Date", "End Date", and "Award Amount".

Grant # ↑	Status	Start Date	End Date	Award Amount
GA21-AHLRP-0001500	Grant Signatures Under Review	03/31/2021	03/31/2022	\$25,000.00
GA21-LMH-0001135	Grant In Progress	03/31/2021	03/31/2023	\$30,000.00

How To Review My Application/Award Status?

- Award Status Definitions:
 - Grant In Progress – Applicant was recently awarded, and program staff are preparing the grant agreement documents for signature.
 - Grant Signatures Required – Grant agreement documents were sent via DocuSign and require the applicant's review and signature.
 - Grant Signatures Under Review – Applicant completed signing their grant agreement and required documents are being reviewed by all parties.
 - Grant Declined – Grantee declined to sign their grant agreement or did not sign the required documents by the deadline.
 - Grant Executed – Grant agreement signing is complete, and the contract is now effective.
 - Grant Breached – Grantee did not comply with the terms and conditions of their contract and were found in breach of contract by Program Staff.
 - Grant Completed – Grantee has successfully completed their service obligation and the program. Congrats!

How To Sign/Accept My Contract?

- If you receive an award notification from HCAI, you must sign a Grant Agreement via DocuSign to accept your award.
- The DocuSign email is typically sent within 7-14 days of your award notification email.
- Make sure to check your spam/junk folder for the DocuSign email to sign your Grant Agreement.

Dear Zivanna ZEvans,

Congratulations! Department of Health Care Access and Information (HCAI) Licensed Mental Health Services Provider Education Program 2022 is awarding you \$30,000.00. Please read this email in its entirety to ensure you understand your responsibilities and next steps.

Note: If multiple loan repayment programs offer you an award, you may only accept one.

Awardee Responsibilities

You must comply with all program requirements to maintain an active and current grant agreement:

- Provide direct patient care at an approved practice site for the length of your service obligation.
- Report any changes to your name, address, telephone number, and or email address to **LMH** staff within 30 days of the changes.
- Report any periods of leave, changes in employment, and changes to employment schedule to **LMH** staff at least 30 days before the leave or changes go into effect.
- Submit required documentation within seven days of **LMH notification**.

Next Steps

Confirm Your Contact Information

Log into your user account on HCAI's eApp portal to ensure your personal information, including your email and mailing address, is correct. **LMH** will email the Grant Agreement to you for electronic signature, via DocuSign, to the email address listed on your user account. Please allow for up to fourteen calendar days from the date you received your award notification for you to receive your grant agreement.

Determine Whether to Accept or Decline the Award

You will receive a separate DocuSign email containing a link to your grant agreement. You have seven calendar days from the receipt of your grant agreement to either accept or decline the award. If you choose not to accept the award, please decline your grant agreement via DocuSign.

To accept your award, electronically sign your grant agreement in DocuSign where required. Failure to sign or decline your grant agreement will revoke your award offer.

Please ensure to check your spam/junk folders for the email from DocuSign to accept or decline your grant agreement.

Review the Executed Grant Agreement

You will receive an executed copy of your grant agreement once all parties have signed the grant agreement. Please allow for up to three weeks for all parties to sign.

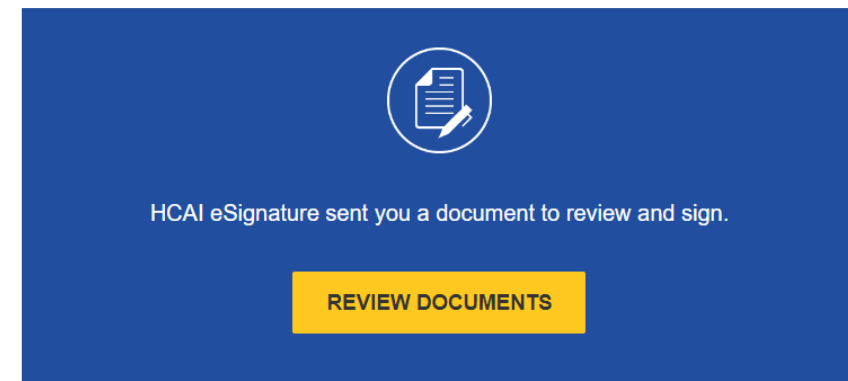
Do not reply to this automated email.

If you have any questions, please direct them to:

- For Healthcare Workforce Development Loan Repayment Programs: HWDD-LRP@hcai.ca.gov.
- For Healthcare Workforce Development Scholarship Programs: HWDD-SCH@hcai.ca.gov.
- For California State Loan Repayment Program: SLRP@hcai.ca.gov.
- For County Medical Services Program Loan Repayment Program: CMSP@hcai.ca.gov.

How To Sign/Accept My Contract?

- When you receive the DocuSign email, click on the yellow “Review Documents” button in the email to review and sign your contract.



HCAi eSignature
esignature@hcai.ca.gov

Ivanna Test,

How To Sign/Accept My Contract?

- After selecting “Review Documents” you will be on the DocuSign webpage where you will be prompted to read and agree to Electronic Record and Signature Disclosure. After reading the disclosure, select the “I Agree” box and then the yellow “Continue” button to review and sign your contract.

Please Review & Act on These Documents



Please read the Electronic Record and Signature Disclosure. I agree to the records and signatures.

CONTINUE NS ▾

6a. CONTRACT ANALYST NAME Kao Saephanh	6b. EMAIL Kao.Saephanh@hcai.ca.gov	6c. PHONE NUMBER (916) 326-3202
---	---------------------------------------	------------------------------------

7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?
 NO YES (if YES, enter prior contractor name and Agreement Number)
PRIOR CONTRACTOR NAME: _____ PRIOR AGREEMENT NUMBER: _____

8. BRIEF DESCRIPTION OF SERVICES
Increase the number of healthcare professionals in the State of California.

9. AGREEMENT OUTLINE (Include reason for Agreement: Identify specific problem, administrative requirements, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)
Increase and diversify California's healthcare workforce by providing scholarships and loan repayments to health professional students and graduates who provide direct patient/client care in California's underserved communities. In return for this support, recipients agree to provide direct patient/client care in an underserved area of California for a period of one to three years.

10. PAYMENT TERMS (More than one may apply)

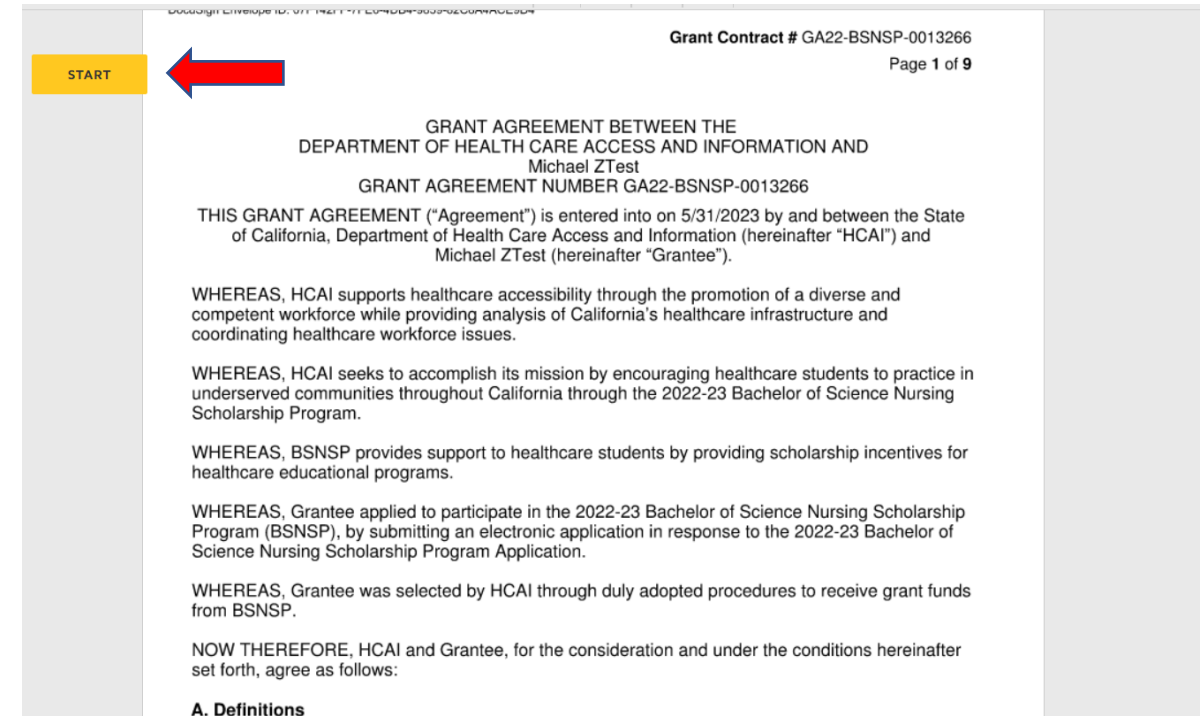
<input type="checkbox"/> Monthly Flat Rate	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> One-Time Payment	<input type="checkbox"/> Progress Payment
<input type="checkbox"/> Itemized Invoice	<input type="checkbox"/> Withhold _____ %	<input type="checkbox"/> Advanced Payment Not To Exceed	
<input type="checkbox"/> Reimbursement / Revenue		\$ _____ or _____ %	
<input type="checkbox"/> Other			

11. PROJECTED EXPENDITURES

FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	PROJECTED EXPENDITURES
------------	------	-------------	---------	---------	------------------------

How To Sign/Accept My Contract?

- You now can scroll through your contract and review the terms and conditions before signing.
- **As a grantee, you are responsible for reading and understanding your contract prior to signing.** You primarily want to focus on the Grant Agreement pages.
- Once you understand the terms and conditions of your contract and are ready to sign, you can press the yellow “Start” button located on the left side to begin signing.



How To Sign/Accept My Contract?

- After you press “Start” the system will automatically prompt you to sign the sections that require your signature.
- Click on the “Sign” box to add your signature to the document. The date will automatically populate.

3. Any amount HCAI is entitled to recover from Grantee’s breach shall be paid within six (6) months of the date of HCAI’s written notification to Grantee of the breach, unless HCAI agrees to another arrangement in writing.
4. Grantee will be ineligible to apply for any HCAI Programs in the future if they materially breach their contract unless Grantee obtains relief under Section H.

By signing below, the Grantee has reviewed and acknowledged the terms under Section G: Breach.

Required - Sign Here

DocuSigned by:
Michael Z Test

Sign

04/07/2023 1:53 PM PDT

Michael Z Test

Date

H. Provisions for Suspension, Waiver, Cancellation or Voluntary Termination of Service (Cal. Code Regs, title 22, section 97726)

1. Any service or payment obligation incurred by the Grantee will be canceled upon the Grantee’s death.
2. Grantee may seek a modification, waiver, suspension, reduction, or delay of the service or payment obligations incurred as a result of Grantee’s breach by written request to HCAI setting forth the basis, circumstances, and causes which support the requested action. HCAI may approve a request for a suspension for a period of not more than one (1) year. A renewal of this suspension may also be granted on a case-by-case basis.
3. HCAI may modify, waive, suspend, reduce, or delay any service or payment obligation incurred by a Grantee whenever compliance by the Grantee is impossible, or would involve

How To Sign/Accept My Contract?

- The “Adopt Your Signature Box” will open and this is where you can choose how you would like to sign the document, you can Select a style with your first and last name, Draw your signature or Upload a signature.
- Once you are satisfied with your signature select the yellow “Adopt and Sign” button to add your signature to the document.
- After the section is signed you will automatically be moved to the next section that requires your signature. Select the “Sign” box to add the signature you created.

Adopt Your Signature ×

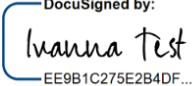

Confirm your name, initials, and signature.

* Required

Full Name* Initials*


[SELECT STYLE](#) [DRAW](#) [UPLOAD](#)

PREVIEW [Change Style](#)

DocuSigned by:  DS 

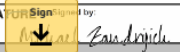
EE9B1C275E2B4DF...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

[ADOPT AND SIGN](#) 

How To Sign/Accept My Contract?

- The final form for you to complete is the STD 204 form, which is required for us to issue a payment to you.
- Review to ensure your name and address are listed correctly on the form. **Please do not complete signing if your information is incorrect.** You can contact HCAI staff by emailing HWDD-LRP@hcai.ca.gov or HWDD-SCH@hcai.ca.gov if your name or address requires a correction.
- As a recipient of an HCAI loan repayment or scholarship, you will need to select SOLE PROPRIETOR/INDIVIDUAL as the Entity Type.
- Complete all sections and review to make sure everything was entered correctly, especially your SSN or ITIN. You will have to complete another form if this information is incorrect.

Section 1 – Payee Information		
NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return) ZTest, Michael		
BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)		
MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2) 2020 W El Camino Ave		
CITY, STATE, ZIP CODE Sacramento, CA 95833	E-MAIL ADDRESS michael.andrijich@hcai.ca.gov	
Section 2 – Entity Type		
Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)		
<input checked="" type="radio"/> SOLE PROPRIETOR / INDIVIDUAL	<input type="radio"/> SINGLE MEMBER LLC Disregarded Entity owned by an individual	<input type="radio"/> CORPORATION (see instructions on page 2)
<input type="radio"/> PARTNERSHIP	<input type="radio"/> ESTATE OR TRUST	<input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.)
		<input type="checkbox"/> LEGAL (e.g., attorney services)
		<input type="checkbox"/> EXEMPT (e.g., nonprofit)
		<input type="checkbox"/> ALL OTHERS
Section 3 – Tax Identification Number		
Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.		Social Security Number (SSN) or Individual Tax Identification Number (ITIN)
<ul style="list-style-type: none">• For Individuals, enter SSN.• If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN.• Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.• For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).• For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.• For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.		<input type="text"/> OR Federal Employer Identification Number (FEIN) <input type="text"/>
Section 4 – Payee Residency Status (See Instructions)		
<input checked="" type="radio"/> CALIFORNIA RESIDENT – Qualified to do business in California or maintains a permanent place of business in California.		
<input type="radio"/> CALIFORNIA NONRESIDENT – Payments to nonresidents for services may be subject to state income tax withholding.		
<input type="checkbox"/> No services performed in California		
<input type="checkbox"/> Copy of Franchise Tax Board waiver of state withholding is attached.		
Section 5 – Certification		
I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.		
NAME OF AUTHORIZED PAYEE REPRESENTATIVE (Print name and title)	TITLE	E-MAIL ADDRESS
SIGNATURE by 	DATE 04/27/2023 9:53 AM PDT	TELEPHONE (include area code) <input type="text"/>
Section 6 – Paying State Agency		

How To Sign/Accept My Contract?

- After all required fields are completed, a ribbon will appear at the bottom of the page with a yellow “Finish” box for you to select. Alternatively, you can select the yellow “Finish” button located at the top of the page.
- A pop-up box will open certifying that you completed signing and provide you the option to download or print a copy of your signed documents. It is recommended to save a copy for your records.
- After you have saved a copy for your records select the yellow “Continue” button

Done! Select Finish to send the completed document. **FINISH**

For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEIN), enter the entity's FEIN.

Section 4 – Payee Residency Status (See Instructions)

CALIFORNIA RESIDENT – Qualified to do business in California or maintains a permanent place of business in California.
 CALIFORNIA NONRESIDENT – Payments to nonresidents for services may be subject to state income tax withholding.
 No services performed in California.
 Copy of Franchise Tax Board waiver of state withholding is attached.

Section 5 – Certification

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.

Section 6 – Paying State Agency

STATE AGENCY/DEPARTMENT OFFICE: Department of Health Care Access and Information, 2020 West El Camino Avenue, Room 1000
CITY: Sacramento, STATE: CA, ZIP CODE: 95833, E-MAIL ADDRESS: PCD@hca.ca.gov

MAILING ADDRESS: 2020 West El Camino Avenue, Room 1000, CITY: Sacramento, STATE: CA, ZIP CODE: 95833, E-MAIL ADDRESS: PCD@hca.ca.gov

TELEPHONE (include area code): (916) 326 3203

UNIT/SECTION: Procurement & Contracts Services

DocuSign Envelope ID: 07F142F7-7F65-4284-9659-82C3AACE504
STATE OF CALIFORNIA DEPARTMENT OF FINANCE
PAYER DATA RECORD (Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 02/2011)

GA22-B0NSP-0013266
Page 2 of 3

GENERAL INSTRUCTIONS
Type or enter the information on the Payer Data Record, STD 204 form. Sign, date, and return to the state agency/departement office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.
Information provided in this form will be used by California state agency/departments to prepare Information Returns (Form 1099).
NOTE: Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.
A completed Payer Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file therefore, it is possible for you to receive this form from

Ready to Finish?
You've completed the required fields. Review your work, then select FINISH. **FINISH**

You're Done Signing

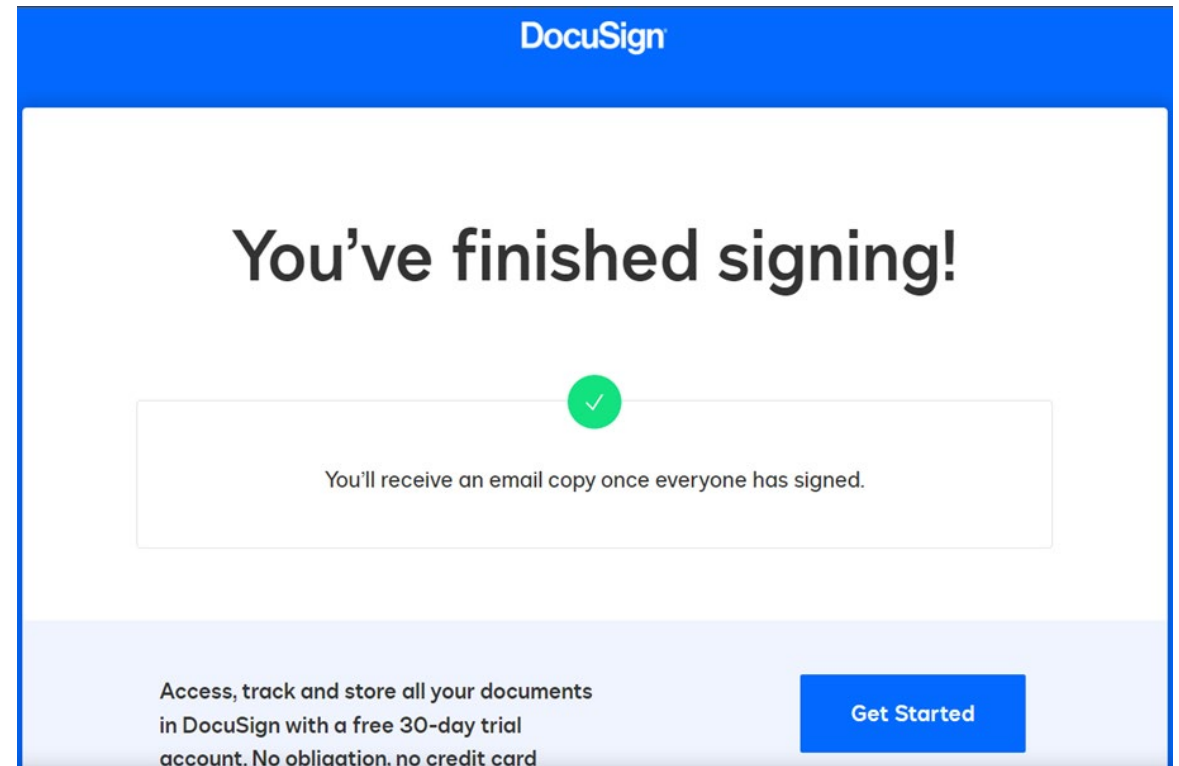
You may download or print using the icons above.

To learn more about signing, click [here](#).

CONTINUE

How To Sign/Accept My Contract?

- Congrats, you finished signing your contract!
- Your contract will automatically be routed to HCAI signatories for signature.
- You will receive an email once signing is completed by all parties. Once you receive this email it is recommended to save a copy for your records.



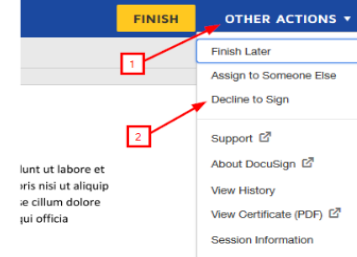
How To Decline My Contract?

- If you were offered an award but have determined, you no longer wish to accept the award, you can follow the steps below to decline your contract.

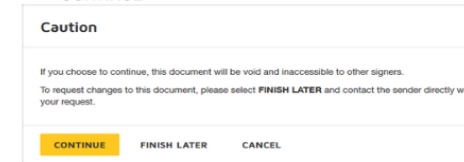
1. Click the link in the DocuSign email you received requesting for you to sign your contract.
2. When viewing the document itself, click on “Other Actions” then select “Decline to Sign” from the drop-down menu.
3. Click “Continue”
4. You will be prompted to enter the reason you are declining to sign. Once you enter the reason, click the “Decline to Sign” button.

Follow the instructions below if you want to decline to sign a document that was sent to you via DocuSign.

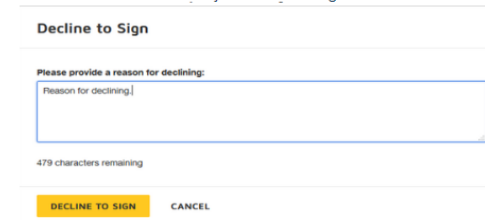
1. When viewing the document itself, click on **OTHER ACTIONS** and then select **Decline to Sign** from the drop-down menu.



2. Click **CONTINUE**.



3. You will be prompted to enter the reason you are declining to sign. Once you enter the reason, click **DECLINE TO SIGN**. All recipients will be notified that you declined, but only the sender will see the reason you are declining.



How To Submit a Deliverable?

- Over the course of a Grantee's service obligation, they will be required to download and submit deliverables. The number of deliverables the Grantee must complete is determined by the length of the program's service obligation and contract requirements.
- Progress reports are a program deliverable that is used to verify the Grantee is meeting the hour requirements set forth in their Grant Agreement. Every six months a progress report will be due and must be signed by both the Grantee and the Grantee's Direct Supervisor or appropriate designee.
- Graduation Date Verification Forms (GDV) are used to track scholarship Grantee's graduation date. And must be signed by an appropriate designee. **(Scholarships Only)**
- Employment Verification Forms (EVF) are used to update employment information when a Grantee changes employment or begins working at an eligible site. This is a set deliverable for scholarship Grantees. For loan repayment, Grantees may submit their EVFs directly to their Program Officer.
- Once a deliverable is available, Grantees will receive an email notifying them they have a deliverable available.
- Grantees will have to access their account to download the deliverable and upload the deliverable once completed.

How To Submit a Deliverable?

- Once a deliverable is released and available to the Grantee for completion, each Grantee will be notified via an email notification from the eApp.
- The sender will be: “# SVC-Dynamics no-reply@hcai.ca.gov”
- **NOTE: Please make sure you add the email above to your address book or safe sender list, so all future emails get to your inbox.**
- If a Grantee does not see the notification in their email inbox, they will need to also check their “Spam/Junk” folder.
- All notifications will be sent to the email address that is listed on the Grantee’s profile page.

How To Submit a Deliverable?

- Once a deliverable is released, the Grantee will receive a notification. See figure 1.1.
- Grantees can click on the “Funding e-App” link within the notification or visit <https://funding.hcai.ca.gov/>.
- Once on the Funding e-App site, Grantee will need to sign into their account.

Figure 1.1

From: # SVC-Dynamics no-reply@hcai.ca.gov;
To: Grantee Name [Email Address on Profile]
Subject: Your Progress Report is Ready

Dear [Grantee Name],

You currently have a progress report due for [Program Name and Year]. Please log into your [Funding e-App](#) account and navigate to the Payments/Deliverables tab to complete the necessary documents by the [Due Date].

If you have any questions, please contact us.

Thank you,

Department of Health Care Access and Information

This is an automatically generated e-mail. Please do not reply.

How To Submit a Deliverable?

- Once the Grantee has signed into their account, they will follow the following steps:
 - Click on the “Payments/Deliverables” tab at the top.
 - Under the “Deliverable #” columns, click on the deliverable that is due.

NOTE: Deliverables that are highlighted in “blue” are clickable links. If the deliverable name under the “Deliverable #” column is “black,” the deliverable is not editable, and the Grantee will not be able to click and edit that deliverable.

Listed below are the status of your deliverables. To receive payments, please submit all documents (deliverables) to HCAi as defined in your grant agreement. To submit a deliverable, click the grant deliverable under the "Deliverable #" that is due.
 Note: Not all deliverables are associated with a payment. If a deliverable is associated with a payment the amount will be listed under the "Payment" column. Please ensure to submit your deliverable by the deadline listed under the "Due Date" column.

For SLRP awardees: You are not required to submit deliverables for payments to be processed. Site Administrators submit EVFs on behalf of awardees. The information below is for monitoring your payments.

Note: To request an extension for a deliverable, click on the Options button and select Request an Extension. Common acceptable reasons for extensions include: maternity leave, medical leave, loss of job, or other extended leaves of absence.

Deliverable #	Grant #	Deliverable Number Order	Deliverable ↑	Due Date ↑	Status ↑	Payment	Amount Paid	Remaining to be Paid	Options
GA22-LMH-0001221-1	GA22-LMH-0001221	2	Progress Report	10/31/2023	Approved	1.00	0.00	1.00	▼
GA20-BSNSP-1013008-GDV1	GA20-BSNSP-1013008	1	Graduation Date Verification Form	04/30/2021	Due	0.00	0.00	0.00	▼
GA22-LMH-0001221-1	GA22-LMH-0001221	1	Progress Report	10/31/2023	Due	0.00	0.00	0.00	▼
GA22-LMH-0001221-2	GA22-LMH-0001221	3	Progress Report	10/01/2024	Due	0.00	0.00	0.00	▼
GA22-LMH-0001221-2	GA22-LMH-0001221	4	Progress Report	04/30/2025	Due	1.00	0.00	1.00	▼
GA20-BSNSP-1013008-EVF	GA20-BSNSP-1013008	2	Employment Verification	04/30/2021	In Progress	0.00	0.00	0.00	▼
GA20-BSNSP-1013008-PAYMENTPROGRESS REPORT 1	GA20-BSNSP-1013008	3	Progress Report	04/30/2021	In Progress	0.00	0.00	0.00	▼
GA20-BSNSP-1013008-PAYMENTPROGRESS REPORT 2	GA20-BSNSP-1013008	4	Progress Report	04/29/2023	In Progress	0.00	0.00	0.00	▼
GA20-LMH-1011513-1	GA20-LMH-1011513	1	Progress Report	10/31/2021	Submitted	0.00	0.00	0.00	▼

How To Submit a Deliverable?

- The “Status” column will indicate the status of each deliverable for the Grantee. Below are the following statuses and their meaning:
 - Due – Deliverable is due and has not been opened nor submitted.
 - In Progress – Deliverable has been opened but has not been submitted.
 - Upcoming – Deliverable has not been released to the Grantee yet, as it is not due.
 - Submitted – Grantee submitted deliverable.
 - Approved – HCAI staff have reviewed the deliverable and verified all information is correct and will mark it as approved and completed.
 - Payment Processed – HCAI staff have reviewed the deliverable and verified all information is correct. If payment is associated with the deliverable, Program will mark the deliverable as “payment processed” once payment has been sent to accounting for processing. **(Payments take 4-6 weeks from this point to be processed and mailed.)**

The screenshot shows the HCAI portal interface. At the top, there is a navigation bar with 'Apply Here', 'Applications - In Progress/Submitted', 'Grant Application - In Progress/Submitted', 'Awards', 'Payments/Deliverables', and 'Messages'. Below this is a table of deliverables. The table has the following columns: Deliverable #, Grant #, Deliverable, Due Date, Status, Payment, Amount Paid, Remaining to be Paid, and Options. The table contains 10 rows of data.

Deliverable #	Grant #	Deliverable Number Order	Deliverable ↑	Due Date ↑	Status ↑	Payment	Amount Paid	Remaining to be Paid	Options
GA22-LMH-0001221-1	GA22-LMH-0001221	2	Progress Report	10/31/2023	Approved	1.00	0.00	1.00	▼
GA20-BSNSP-1013008-GDV1	GA20-BSNSP-1013008	1	Graduation Date Verification Form	04/30/2021	Due	0.00	0.00	0.00	▼
GA22-LMH-0001221-1	GA22-LMH-0001221	1	Progress Report	10/31/2023	Due	0.00	0.00	0.00	▼
GA22-LMH-0001221-2	GA22-LMH-0001221	3	Progress Report	10/01/2024	Due	0.00	0.00	0.00	▼
GA22-LMH-0001221-2	GA22-LMH-0001221	4	Progress Report	04/30/2025	Due	1.00	0.00	1.00	▼
GA20-BSNSP-1013008-EVF	GA20-BSNSP-1013008	2	Employment Verification	04/30/2021	In Progress	0.00	0.00	0.00	▼
GA20-BSNSP-1013008-PAYMENTPROGRESS REPORT 1	GA20-BSNSP-1013008	3	Progress Report	04/30/2021	In Progress	0.00	0.00	0.00	▼
GA20-BSNSP-1013008-PAYMENTPROGRESS REPORT 2	GA20-BSNSP-1013008	4	Progress Report	04/29/2023	In Progress	0.00	0.00	0.00	▼
GA20-LMH-1011513-1	GA20-LMH-1011513	1	Progress Report	10/31/2021	Submitted	0.00	0.00	0.00	▼

How To Submit a Deliverable?

- The “Due Date” column will indicate the date the deliverable is due and must be uploaded by.
- The “Payment” column will indicate the amount of funds associated with the deliverable.

NOTE: Not all deliverables are associated with a payment and will indicate \$0.00.

The screenshot shows the OSHPD user interface. At the top, there is a navigation bar with the OSHPD logo and a user profile for Michael Andrich. Below this is a menu with options: Apply Here, Applications - In Progress/Submitted, Awards, Payments/Deliverables, and Messages. The main content area displays a table of deliverables. The table has the following columns: Deliverable #, Grant #, Deliverable Number Order, Deliverable (with a dropdown arrow), Due Date (with a dropdown arrow), Status (with a dropdown arrow), Payment, Amount Paid, and Remaining to be Paid (with a dropdown arrow). The table contains four rows of data:

Deliverable #	Grant #	Deliverable Number Order	Deliverable	Due Date	Status	Payment	Amount Paid	Remaining to be Paid
GA20-BSNSP-1013008-GDV1	GA20-BSNSP-1013008	1	Graduation Date Verification Form	04/30/2021	Due	0.00	0.00	0.00
GA20-BSNSP-1013008-EVF	GA20-BSNSP-1013008	2	Employment Verification	04/30/2021	In Progress	0.00	0.00	0.00
GA20-BSNSP-1013008-PAYMENTPROGRESS REPORT 1	GA20-BSNSP-1013008	3	Progress Report	04/30/2021	In Progress	0.00	0.00	0.00
GA20-BSNSP-1013008-PAYMENTPROGRESS REPORT 2	GA20-BSNSP-1013008	4	Progress Report		Upcoming	0.00	0.00	0.00

- Services
- Submit Data
- Loan Repayment Programs
- Scholarships
- Grants
- Penalty Appeals
- Data Submissions
- Patient-Level Administrative Data
- Health Facility Utilizations
- Hospital & LTC Financials
- Coronary Artery Bypass Graft Surgeries
- Healthcare Financial Assistance Policies
- Hospital Chargemasters
- CA Healthcare Infrastructure
- All Facilities
- Healthcare Facility Detail
- Seismic Compliance and Safety
- Hospital Community Benefit Plans
- California Primary Care Office
- Public Transparency
- Public Meetings
- Public Records
- Payment to Agency Reports
- About OSHPD
- Newsroom
- Divisions
- Laws & Regulations
- Public Meetings
- Careers

How To Submit a Deliverable?

- After clicking on the deliverable that is due, Grantee will first review and confirm their contact information is accurate.

NOTE: If contact information is not accurate, Grantee must update their profile by clicking the “Profile” link and update their contract information accordingly. Grantee cannot update their contact information on this page.

- Once contact information has been verified, the Grantee must click the “I Agree” checkbox in order to move on.

CA Profile Sign Out MICHAEL ZZANDRIJCH

HCAI

Apply Here Applications - In Progress/Submitted Grant Application - In Progress/Submitted Awards Payments/Deliverables Messages

Grant #: GA22-LMH-0001221-1

Confirm Your Contact and Employer Information

Please review your contact information below. If the information is not current, please make changes in your [Profile](#).

Name	Email	Phone
Michael ZZandrijch	mandrijch@gmail.com	(916) 555-4444
Address	Suite/Apt/Dept	
2020 W El Camino Ave		
Sacramento	CA	95833

My contact information listed above is correct:

I agree.

Click on “Profile” to update contact information.

How To Submit a Deliverable?

- Once your contact information has been verified, you will need to verify your employer information.

NOTE: Only the Grantee's current employer(s) will be listed.

- If the employer(s) and all associated information is correct, the Grantee will leave as is.
- If any of the information is not correct, such as the Direct Patient Care Hours, and/or the Start/End Dates, or if the employer(s) is not current, the Grantee **must** contact their Program Officer for assistance in updating their employer(s) information.

NOTE: All new employers must be verified and determined to be eligible by the Program Officer.

STOP! PLEASE READ:

The table below shows your current employer(s).

Please review and ensure the table below reflects your current employer(s).

NOTE: All changes to employment must be verified and approved by HCAI. If your employer is not accurate and/or has changed, please contact your program representative. Your program representative will be able to assist you further in updating your employer.

Progress Report(s):

For each current employer, click the OPTIONS arrow and select DOWNLOAD PROGRESS REPORT. You will be required to upload the signed Progress Report(s) on the next page.

Employer Name	I currently work here ↓	Start Date ↓	End Date	Direct Patient Care Hours Per Week	Total Hours Weekly Worked	New Employment History	Options
Stanford University Hospital	Yes	01/09/2023				No	▼

I have downloaded the Progress Report for each of the employers listed above.

Downloaded Progress Report

Save & Continue

How To Submit a Deliverable?

- Once the employer has been verified and/or updated, the Grantee may download their progress report for each current employer.
- To download the progress report, the Grantee will follow the following steps:
 1. Next to the current employer(s), the Grantee will click on the “Options” drop-down menu, and select, “Download Progress Report”.
 2. Grantee will need to save a PDF of the progress report to their computer.
 3. Grantee must then print the progress report out, complete the progress report, sign, and obtain their direct supervisor or appropriate designee’s signature verifying the hours and information is correct.
 4. Once all progress reports have been downloaded, the Grantee will check the “Downloaded Progress Report” check box, and click , “Save & Continue”.

STOP! PLEASE READ:


The table below shows your current employer(s).

Please review and ensure the table below reflects your current employer(s).


NOTE: All changes to employment must be verified and approved by HCAI. If your employer is not accurate and/or has changed, please contact your program representative. Your program representative will be able to assist you further in updating your employer.

Progress Report(s):

For each current employer, click the OPTIONS arrow and select DOWNLOAD PROGRESS REPORT. You will be required to upload the signed Progress Report(s) on the next page.

Employer Name	I currently work here ↓	Start Date ↓	End Date	Direct Patient Care Hours Per Week	Total Hours Weekly Worked	New Employment History	Options
Stanford University Hospital	Yes	01/09/2023				No	

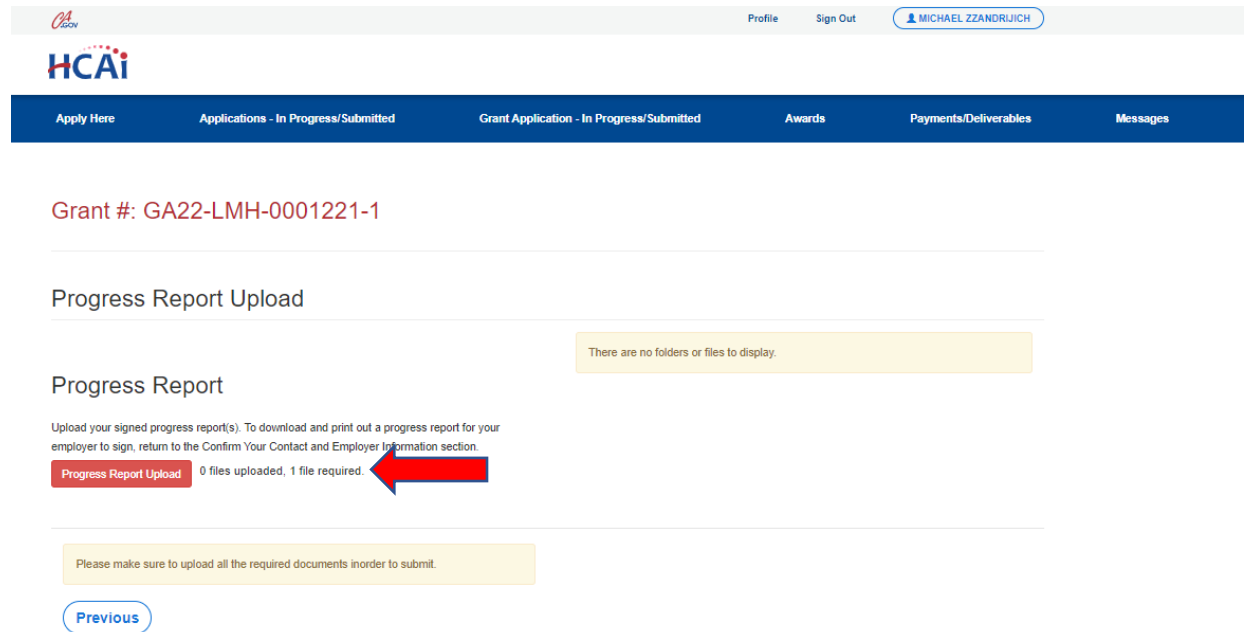
I have downloaded the Progress Report for each of the employers listed above.

Downloaded Progress Report 

[Save & Continue](#) 

How To Submit a Deliverable?

Figure 4.1



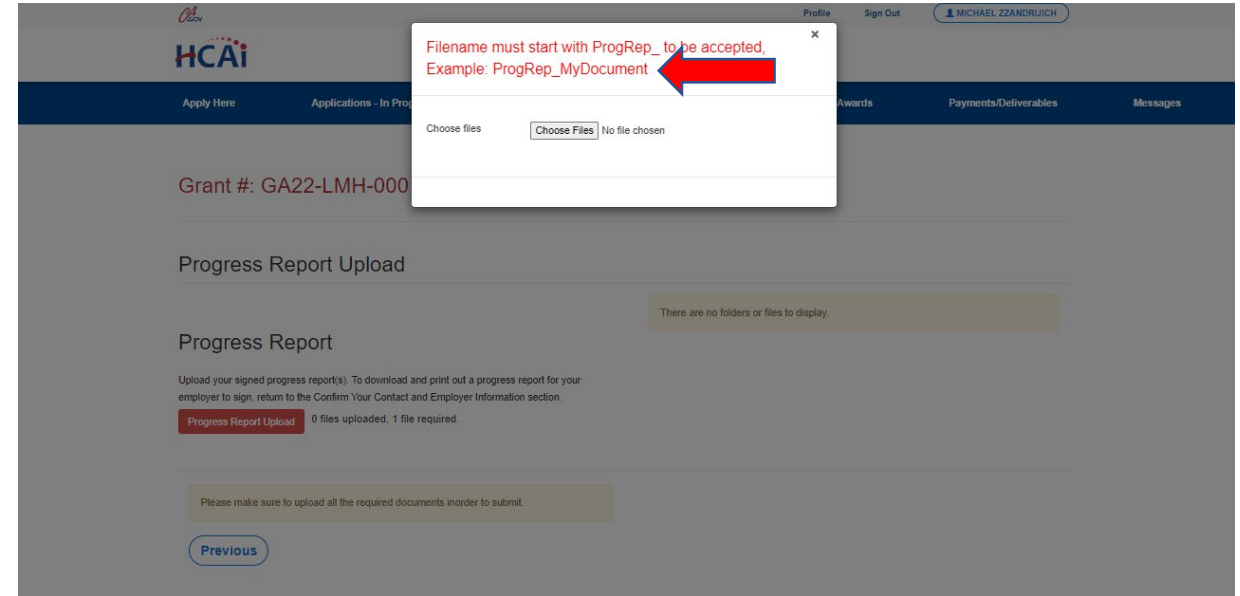
- Grantee will upload their completed deliverable on the upload page. For this example, we are uploading a progress report.
- The button to upload the deliverable will remain red until the required number of deliverable(s) are uploaded (see Figure 4.1).

NOTE: Next to each deliverable upload button, the required number of files is indicated.

- If Grantee has more than one progress report to upload, each file must have a different name.

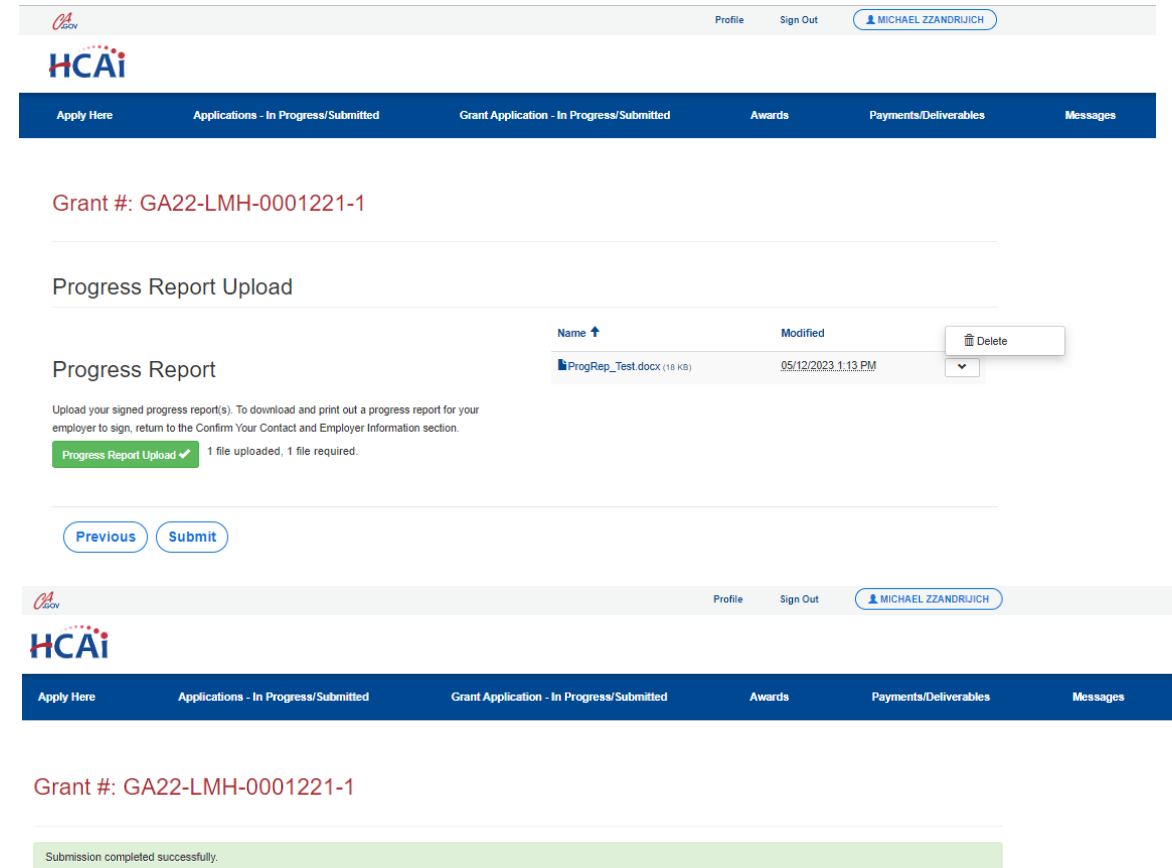
How To Submit a Deliverable?

- Before uploading the deliverable, the Grantee must ensure the file is saved using the correct prefix associated with the deliverable.
- The prefix required for the deliverable can be found by clicking on the deliverable upload button. The prefix for the deliverable will be identified in the red text within the upload window.
For example, “ProgRep_Employer Name”



How To Submit a Deliverable?

- Once all required deliverables have been uploaded, the deliverables upload button will turn green.
- Grantee can then click “Submit”. This will submit their deliverable for review.
- Grantee will receive a “Submission Confirmation” message after clicking “Submit”.



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Progress Report Upload

Name ↑	Modified	
ProgRep_Test.docx (16 KB)	05/12/2023 1:13 PM	Delete

Progress Report

Upload your signed progress report(s). To download and print out a progress report for your employer to sign, return to the Confirm Your Contact and Employer Information section.

Progress Report Upload ✓ 1 file uploaded, 1 file required.

[Previous](#) [Submit](#)

Submission completed successfully.