Health Careers Exploration Program (HCEP)

Department of Health Care Access and Information

August 2025

HCEP Background and Mission

Background and Mission

Pursuant to the Health Professions Careers Opportunity Program, Health and Safety Code Section 127885 et. seq., the Department of Health Care Access and Information (HCAI) will consider applications for the Health Careers Exploration Program (HCEP) that support and encourage underrepresented and disadvantaged individuals to pursue health careers to develop a more culturally and linguistically competent healthcare workforce.

Competitive proposals will demonstrate a commitment to the HCEP goals by implementing one or more of the following components:

- Conducting a conference and/or workshop series aimed at informing individuals of opportunities in health professional careers.

- Providing support and technical assistance to health professional schools and colleges, as well as to student and community organizations active in minority health professional development.

- Conducting relevant workforce research and data analysis in the field of minority and disadvantaged health professional development.

Application Release Dates

HCEP Application Registration: Open now

Application released: August 15, 2025

Application deadline: October 17, 2025

Applications open and close at 3:00 pm

Before You Apply

- Applicants must agree to the Grant Agreement terms and conditions before receiving funds.

- HCAI **<u>will not</u>** make changes to **<u>any</u>** terms and conditions specified in the Grant Agreement. If your organization is awarded but refuses to sign the required Grant Agreement documents by the deadline, you may lose your award. Extensions to this deadline **will not be considered.**

- Funds shall not supplant existing state or local funds.

Available Funding

- Total HCEP Funding Available: $300,000.00

- HCAI may award full, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria scores, geographic representation, program efficiency, and the amount of available funds.

Helpful Resources
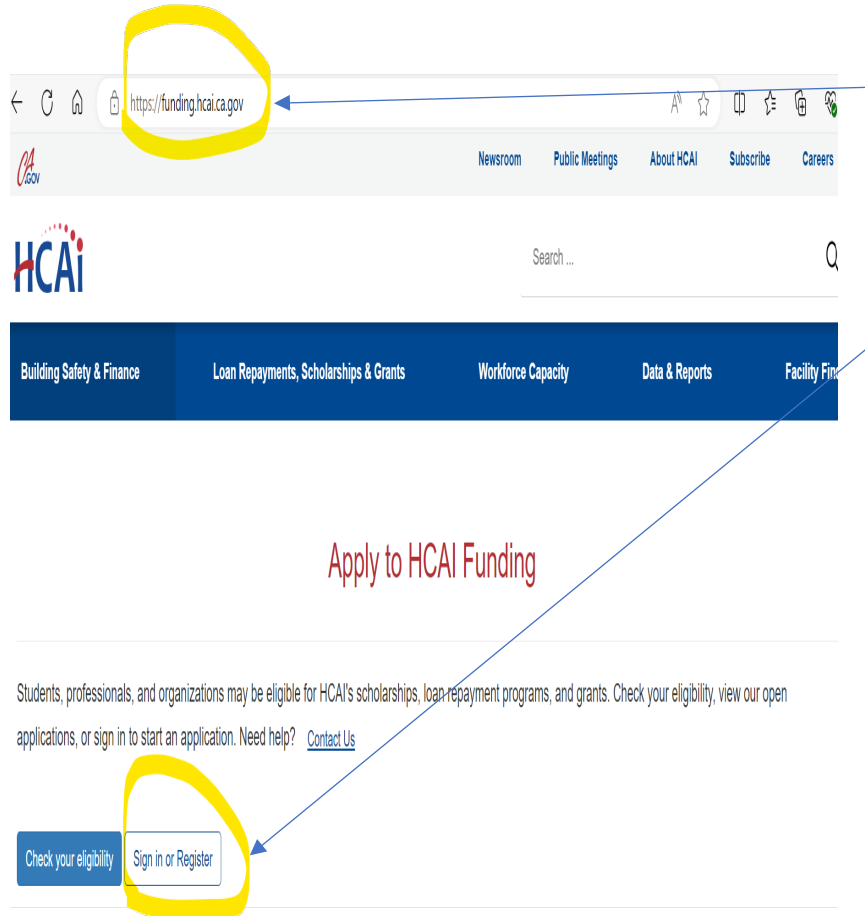
HCEP Grant Guide is located here:

[Health Professions Careers Opportunity Program – HCAI](#)

Funding Portal Application website:

https://funding.hcai.ca.gov/

HCAI's Funding Portal Registration

Creating an Account – Step #1

- Go to:
  https://funding.hcai.ca.gov

- Click the **Sign in or Register** link.

- NOTE: If you have an existing Funding Portal account, you can sign in with a valid password. If you forgot your password, see the next slide for further instructions.

Forgot your Password?

- HCAI has updated the Sign In and verification process.

- If you forgot your password and have a valid Funding Portal account and email, open the **Forgot your Password** link. Wait a few seconds and check your email for a **Verification Code**.

- Follow the instructions to reset your password.

Completing your Profile – Step #1

Profile

ZzzElvirazzz ZzzCHAIREZzz

Profile
Organizations

Profile
Assign Other Users

🔒 **My Security Settings**
Change Email

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

☑ Organization for healthcare workforce support

Are you applying for Song Brown Programs?

⦿ No ◯ Yes

Are you applying for other Grants Programs (Health Professions Career Opportunity & Behavioral Health Programs)?

◯ No ⦿ Yes

Please select all that apply.

☐ Peer Personnel Training and Placement Program
☑ Health Careers Exploration Program (HCEP)
☐ Health Professions Pathways Program (HPPP)
☐ Justice and System Involved Youth (JSIY)
☐ Psychiatry Education Capacity Expansion (PECE)
☐ Social Work Education Capacity Expansion (SWECE)
☐ Wellness Coach Employer Support (WCES)

- Check the "**Organization for healthcare workforce support**" box.

- Check **No** for 'Are you applying for Song Brown Programs".

- Check **Yes** for other Grant Programs.

- Check the **HCEP** box.

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Completing your Profile – Step #2 (cont.)

Select an organization from the search list below.

[_____] 🔍

[Request New Organization]

Role

Program Director

Prefix

[Select ▼]

First Name *   Middle Initial

[_____]   [_____]

Last Name *   Suffix

[_____]   [Select ▼]

Title   Degree *

[_____]   [Select ▼]

Phone 1 *   Phone 2

[Provide a telephone number]   [Provide a telephone number]

Email *

Elvira.Chairez@hcai.ca.gov

☐ Receive email announcements for new **funding** opportunities

[Submit]

- Click the **Request New Organization** button**.**

- Complete the next boxes with your information accordingly. Boxes with a **red asterisk *** are **mandatory** fields.

- Other boxes are optional.

- Click the **Submit** button.

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Apply to HCAI Funding

- Upon entering HCAI's Funding Portal, the **2025 Health Careers Exploration Program (HCEP)** application link will be available. Please click on that link to begin your application.

Starting the HCEP Application

View details   x

Health Careers Exploration Program (HCEP)

In an effort to increase and diversify California's healthcare workforce, the HCEP program seeks to fund organizations that support underrepresented and disadvantaged individuals in pursuing careers in healthcare. Funded activities focus on introducing participants to primary care or other health careers by offering health career conferences and workshops or direct, hands-on exposure through health career exploration. For additional information, please visit: HCEP.

Application Release Date   **Close Date**

08/15/2025 8:00 AM   10/17/2025 5:00 PM

Only Program Directors are allowed to initiate a HCEP application. After creating an account, check your email for instructions to be granted the Program Director status.
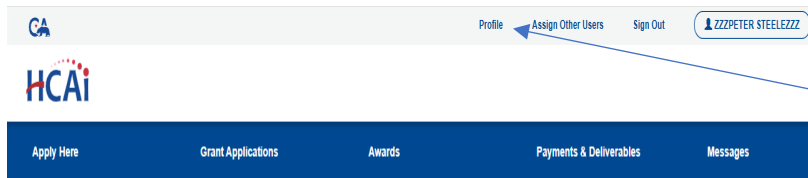
[Apply]

RELATED DOCUMENTS

There are no notes to display.

Click the **Apply** button and proceed with the next steps.

NOTE: If you receive a message that you *'must be a Program Director to proceed'*, please check your **Profile** page and make sure you are listed as a **Program Director**, not a Grant Preparer.

Assigning Other Users

- You can add additional staff to your Profile. They will then be able to enter your application information.

- Click at **Assign Other Users.**

- **Note:** They need to create their own Profile with their own username and password.

- After they have successfully created a Profile, you can look up their name in **Add User** and add them to your Profile.

Program Information – Page 1 of 2

Program Information - Page 1 of 2

Organization

🔍

Program Director

Jane Doe

Program Director Email

████████@hcai.ca.gov

Program Name *

Select your primary health profession focus. Select all that apply. *

☐ Primary Care
☐ Behavioral Health
☐ Caring for Older Adults
☐ Nursing
☐ Oral Health
☐ Allied Health

Describe the specific health professions your proposal will promote. Maximum of 1000 characters. *

Complete the following mandatory fields for your **Program Information**:

- Organization

- Program Director's name

- Program Director's email address

- Program Name (not organization)

- Check all boxes that apply for Primary Health Profession focus.

- Briefly describe the Health Professions your program is proposing to address.

Program Information – Page 1 of 2 (cont.)

Organization Type

Select your organization type. Select all that apply.*

- ☐ High schools or school districts proposing to serve high school students
- ☐ Community-based organizations ❓
- ☐ Community health centers ❓
- ☐ Public universities and colleges, including community colleges
- ☐ Private universities and colleges, including community colleges
- ☐ Health professions training programs ❓
- ☑ Counties

Career Opportunity

Career Opportunity Type *

- ○ Health Career Conference and/or Workshops (Award category A)
- ○ Hands-On Experience in Healthcare (Award category B)

Eligibility

Do you have two partnering organizations that you are working with on this program?

- ○ No ◉ Yes

Save & Next

Complete the following mandatory fields for additional **Program Information**:

- **Organization Type**
  - Select all that apply

- **Career Opportunity**
  - You can only select **one Category**, **Category A or B.** If you would like to submit an application for *both* Categories, you must submit a new application.

- **Eligibility**
  - If you select No, you will not be able to proceed. You must provide at least two (2) partnering organizations, which will be addressed in the next slide.

- Click the **Save & Next** button.

Program Information – Page 2 of 2

Program Information - Page 2 of 2

Award Category

Total number of expected program participants for this opportunity type. Do not include staff, volunteers, or presenters.

Health Career Conference and/or Workshops (Award category A) Minimum 100 Students per year *

Add at least two Partnering Organizations. Click on the Add Partnering Organization button to add an organization

Add Partnering Organization

Partnering Organization Name ↑	Street Address	Suite/Dept	City	State	Zip Code	County

There are no records to display.

- **Award Category**
  - For Category A, you must enter a minimum of 100 participants.
  - For Category B, you must enter a minimum of 50 participants.

- Click the **Add Partnering Organization** button and proceed to the next slide for further instructions.

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Add Partnering Organization

- Complete all mandatory fields.

- Click the **Select Address** button and enter a valid address for your partnering organization.

- Click the **Submit** button.

Add Program Site

How many Program Sites do you have? *

Add a Program Site

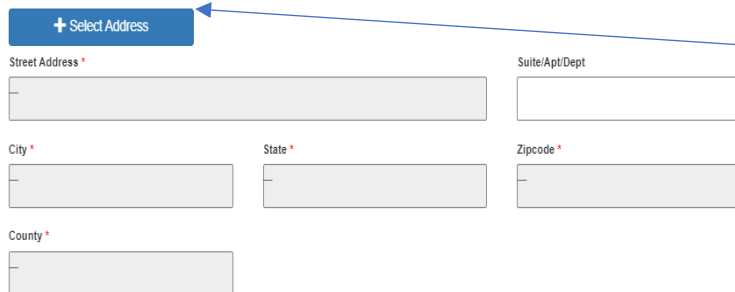| Street Address	Suite/Apt/Dept	City	State	Zipcode	Countytext

- Enter the total # of **Program Sites** which are where your program will be located.

- Click the **Add Program Site** button.

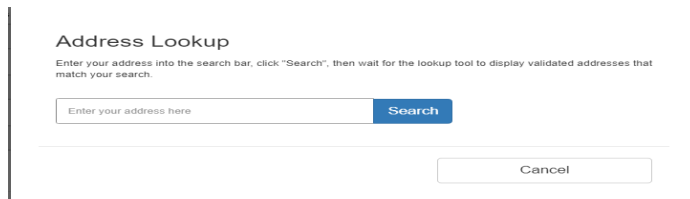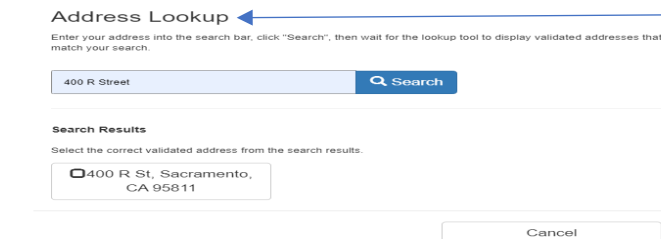- See the next slide for next steps.

Add Program Site (cont.)

- Click the **Select Address** button.

- An **Address Lookup** field will appear and you must enter a valid address. Click the **Search** button.

- Another **Address Lookup** field will appear to validate the address.

  - Click the small box ☐ next to the address you entered and if it is validated, click the **Submit** button. Enter the site address in the blank box.

  - If the address is *not* validated, an error message will appear directing you to check your entries and to try again.

% of Health Careers

Does your organization propose to promote primary care careers, behavioral health careers, caring for older adults, and/or other health careers? The total must equal 100%.

Primary Care *

[   ] %

Behavioral Health *

[   ] %

Caring for Older Adults *

[   ] %

Other Health Careers

[   ] %

[Previous] [Save & Next]

- Enter the **total percentage** of each health career which your program proposes to address.

- You can enter 100% for just one health career if applicable.

- The total must **= 100%**

- Click the **Save & Next** button**.**

Program Proposal

Program Proposal

Target program participants. Select all that apply. *

☐ Elementary School
☐ Middle School
☐ High school freshman and sophomores
☐ High school juniors and seniors
☐ Adult/non-traditional learners (including veterans)
☐ Justice or foster system involved youth
☐ Community college students
☐ Four-year college freshman and sophomores
☐ Four-year college juniors and seniors
☐ Recent four-year college graduates
☐ Graduate Students
☐ Post Baccalaureate students
☐ Other
☐ None of the above

Target Population

Please select from the following groups that your organization supports. Select all that apply. *

☐ Former/Current Justice System-Involved Youth
☐ Former foster youth
☐ Former/current homeless/unhoused/underhoused youth ❓
☐ Economically Disadvantaged
☐ Educationally/Environmentally Disadvantaged
☐ Individuals from Health Professional Shortage Areas
☐ Individuals with few literacy skills, or not literate
☐ None of the above

- Select all fields that apply to your program:
  - Target program participants

  - Target Population

  - See next steps on the next slide.

Program Proposal (cont.)

Addressing Challenges of Target Population

Please select how your program proposal will address the challenges specific to the target program participants/demographics. Select all that apply. *

☐ Provide college and healthcare facility tours
☐ Provide training on virtual workshops and/or meetings
☐ Provide free transportation to conferences, workshops, career fair, or other events
☐ Provide workshops focused on mental/ behavioral health issues, including suicide prevention
☐ Provide financial aid information
☐ Provide wraparound services
☐ Provide mentoring opportunities with peers and/or healthcare professionals from diverse backgrounds
☐ Provide academic counseling/academic preparation
☐ Offer some of the program components online
☐ Expose students to health care careers
☐ Provide internships and summer enrichment programs
☐ Provide institutional partnerships
☐ Provide structured cohort program
☐ Hire faculty from disadvantaged backgrounds
☐ None of the above

Please select from the following how your organization proposes to be culturally and/or linguistically responsive to program participants. Select all that apply. *

☐ Hire staff members who are bilingual
☐ Hire staff members trained to promote equity, inclusivity, and awareness of cultural differences in personnel interactions and behaviors among California's culturally diverse populations
☐ Provide program staff with cultural competency resources and training materials
☐ Program leaders who participate in the program come from similar cultural backgrounds as the students who participate in the program
☐ Consult with leading experts in cultural competency to review program curriculum/activities and provide technical assistance.
☐ Engage community stakeholders from diverse cultural background in program development
☐ Draw on participant's culture to shape curriculum and instruction.
☐ Conduct regular community needs assessments and use results to adopt trainings/workshops that respond to the cultural and linguistic diversity of program participants
☐ Include a diverse group of speakers at proposed conferences and/or career fairs
☐ Provide conference materials, website postings, etc. in various languages
☐ None of the above

[Previous] [Save & Next]

- Check all fields that apply for **Addressing Challenges of Target Population:**
  - Specific challenges
  - Culturally and/or linguistically responsiveness

- Click the **Save & Next** button.

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Program Objectives

Program Objectives

Number of Activity Days Per Year * ⓘ

[   ]

Please select from the following the specific program objectives that support the intent of the program. Select all that apply. *

☐ Conducting a conference and/or workshop series aimed at informing individuals of opportunities in health professional careers

☐ Conducting relevant workforce research and data analysis in the field of health professional development of underrepresented groups

☐ Create volunteer opportunities in primary and other healthcare fields for participants

☐ Expose participants to key skills, work ethics, and fundamental elements of a diverse healthcare workforce

☐ Provide career development training opportunities focused on interviewing, setting goals, and networking

☐ Provide participants with access to virtual tours, mentoring, and job shadowing

☐ Providing support and technical assistance to health professional schools and colleges, as well as to student and community organizations active in health professional development of underrepresented groups

☐ None of the above

Please select from the following on how your program will encourage primary care, caring for older adults, behavioral health, and/or other health careers. Select all that apply. *

☐ Will engage participants in relevant/motivating health care programming including workshops, panels, field trips, mentoring, mock interviews, and networking

☐ Will expose students to aspects of health care practices and policies affecting professional shortage areas and health disparities organizations active in health professional development of underrepresented groups

☐ Will expose students to research on how pandemics affect vulnerable population

☐ Will provide students with testimonials from previous HCEP recipients regarding positive experiences and benefits working in the health care environment

☐ Will support first generation and/or underrepresented college students with intensive in-person or virtual leadership

☐ None of the Above

- Enter the number of individual days that participants will be attending a program activity.

- Select all that apply.

- See next steps on the next slide.

Program Objectives (cont.)

Please select the activities which your organization will use to support the program. Select all that apply. * ❓

- [ ] Assistance with health professions school application
- [ ] Conferences (hosted and external)
- [ ] Courses (Science and Health careers)
- [ ] Engagement with health professions schools and residency programs
- [ ] Extended individualized mentoring (multiple interactions with mentor over weeks or months)
- [ ] Financial and funding education workshops
- [ ] Guaranteed income
- [ ] Healthcare facility tour
- [ ] Housing assistance
- [ ] MCAT and other test preparation (SAT, GRE, DAT)
- [ ] Job shadowing a healthcare provider
- [ ] Mental health awareness and support
- [ ] Mentorship
- [ ] Newsletters
- [ ] Opportunity for program participants to volunteer in healthcare field
- [ ] Parental/family engagement
- [ ] Research and community experiences
- [ ] Saturday academies or retreats
- [ ] Scholarship assistance
- [ ] Structured cohort programs (enrichment, career, internships, summer research, graduate school/medical school preparation)
- [ ] Student coordinators and case managers
- [ ] Student health clubs
- [ ] Tour of a college or university
- [ ] Tutoring
- [ ] Web based and social media support
- [ ] None of the above

[Previous] [Save & Next]

- Select all that apply for the activities which your organization will address.
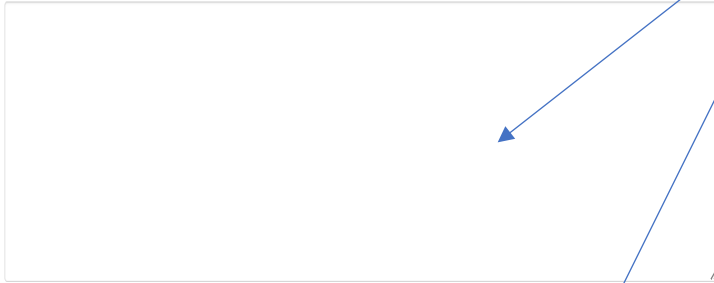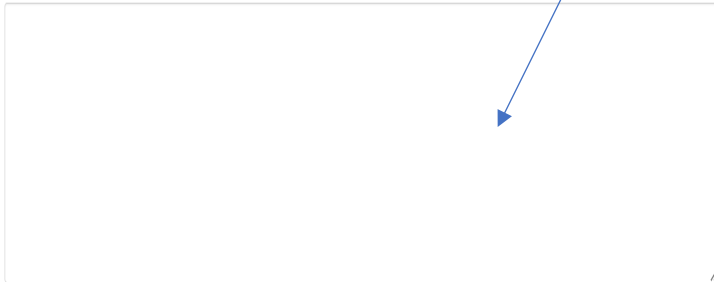
- Click the **Save & Next** button.

Qualitative Questions

Qualitative

Provide a summary overview of the proposed Health Careers Exploration Program. Briefly describe the geographic areas to be served. Describe the major program components providing an overview of the major activities and services that will be provided to increase the number of underrepresented individuals who are exposed to health professions careers. *
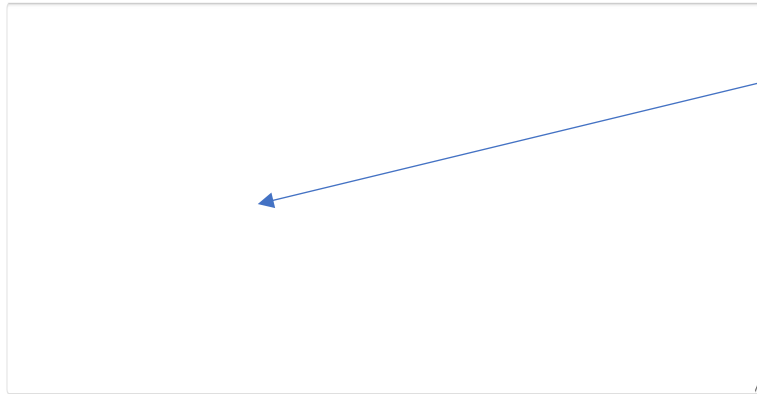
List the program's major partners. Describe how many years the program has worked with these partners and how they will contribute to the program. Describe how your program will ensure the right partnerships to be successful. *

- The next sections are your opportunity to briefly describe your program.

- Follow the instructions in each blank section and respond accordingly.
  - NOTE: These sections are limited to 1,000 characters.

- See the next steps in the next slide.

Qualitative Questions (cont.)

Describe how the program will monitor and evaluate its effectiveness. Reporting on program outcomes will be done using a toolkit provided by HCAI. This question is your opportunity to describe any additional evaluation and assessment activities you will implement as well as why those additional activities are necessary. The goal of the program is to provide exposure to health careers. How will your program track participants in the near and long-term? *

Previous   Save & Next

Same as the previous slide.

- Follow the instructions and enter your program information in the blank box.
  - NOTE: This section is limited to 1,000 characters.
- Click the **Save & Next** button.

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Organization Experience

- Select all that apply for the types of underrepresented individuals which your organization has experience in.

- Enter the **Year Started** and **Year Ended** plus **Total # of Years** of experience for each health career type listed.

- See next steps in the next slide.

Organization Experience (cont.)

Is **0** the maximum number of years of experience your organization has with exposing underrepresented individuals to any one health career type? *

○ No   ○ Yes

Please describe your organization's past experience exposing underrepresented individuals to primary care, caring for older adults, behavioral health, and/or other health careers. *

Previous   Save & Next

- The number **0** will update once you enter the Total Years of Experience in the previous page.

- Follow the instructions and enter all applicable information in the blank box.
  - NOTE: This section is limited to 1,000 characters.

- Click the **Save & Next** button.

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Services

- Follow the instructions for the **Mentorship** section and select **No or Yes.**

- Select all that apply in the **Academic Support** section.

- Click the **Save & Next** button.

Program Budget – Page 1 of 2

Program Budget - Page 1 of 2

How many individuals are you entering records for? *

Add Personnel

Personnel ID ↑	Position Title	Organization	Compensation Requested

There are no records to display.

☐ All Personnel Submitted

Previous   Save & Next

- Enter the total # of students your program will serve.

- Click the **Add Personnel** button**.**
  - Click the **All Personnel Submitted** box.
  - See the next slide for next steps.

- Click the **Save & Next** button.

Add Personnel (cont.)

- Once you click the **Add Personnel** button (see previous slide), complete all mandatory fields with the **red asterisk *** for your Personnel information.

- Click the **Submit** button.

Program Budget – Page 2 of 2

Program Budget - Page 2 of 2

DIRECT COSTS

Advertising *
`0`

Meals *
`0`

Supplies *
`0`

Transportation *
`0`

Facility Costs *
`0`

Counseling Support
`0`

Mentorship
`0`

Career Development
`0`

Academic Support
`0`

Other Direct Costs
`0`

- Enter all **Direct Costs** for mandatory fields with a **red asterisk ***.
  - Other listed costs are optional.
  - You must enter an amount <u>no matter what</u> (i.e. "0" if you have no expense to report).
- See the next slide for next steps.

Program Budget – Page 2 of 2 (cont.)

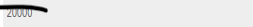Please explain how the direct costs listed above support your program. *

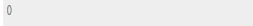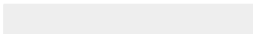What is your indirect cost total? Maximum 15% of Grand Total. *

Total Expenses

Total Personnel Costs
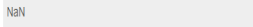
20000

Total Direct Costs

0

Total Indirect Costs

Grand Total

NaN

☐ All Budget Categories Submitted

[Previous] [Save & Next]

- Briefly describe the direct costs you are requesting for your program.

- Enter your Indirect Cost, if any, which **cannot exceed 15%** of your **Grand Total Requested**.

- If entries exceed the total amount requested, an error message will appear; follow the instructions accordingly to fix the amounts you entered.

- Click the **All Budget Categories Submitted** button.

- Click the **Save & Next** button.

Contract Administration

- Enter all **mandatory fields** for your organization's administration staff.

- NOTE: If your organization is awarded, and to avoid processing delays, please ensure that the individual you list as the **Grant Agreement Signatory** is authorized to sign the Grant Agreement. Also, include a non-organizational email for this individual.

Contract Administration (cont.)

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory? ⊙

Same as Grant Agreement Signatory
◉ No ○ Yes

Payee Data Record (STD 204) Signatory ◄

First Name *   Last Name *   Phone*
[   ]   [   ]   [Provide a telephone number]

Email*
[   ]

The legal address for your organization must match the address on file with the IRS.

Is the legal address for your organization a PO Box? *
○ No ○ Yes

Should payments be sent to a different address than what is on file with the IRS?
○ No ○ Yes

[Previous] [Save & Next] ◄

- Complete all mandatory fields.

- NOTE: Please ensure that all the information listed for the **STD 204 – Payee Data Record matches exactly with what is listed with the IRS**. This will avoid delays when processing your Grant Agreement and/or payments if your organization is awarded.

- If you have a different payment address than what is on file with the IRS, complete this field in order to complete an STD-205 form.

- Click the **Save & Next** button.

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Assurances – Final Application Page

Assurances

I, the applicant, certify that the information provided in this application is true and accurate to the best of my knowledge.

☐ I Certify

Previous

- If you have completed your application thoroughly, click the ☐ **I Certify** box.

  - Click the **Previous** button if you would like to check your entries.

  - NOTE: Once you click **Submit**, you cannot make changes to your application.

- Click the **Submit** button.

- You will receive an email verifying that your HCEP application was successfully submitted.

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Useful Information

Navigating the application

Use the **Previous** and **Save & Next** buttons found at the bottom of each page.

Saving your application

Each time you click **Save & Next** in the application, your progress is saved.

Navigate to the " **Grant Applications** " page to resume your application.

Useful Information (cont.)

Asterisks

The **red asterisks*** indicate **mandatory fields** and require a response before proceeding to the next application page.

First Name *

| Jane |

Last Name *

| Doe |

Tooltips

Throughout the application, you may see a **blue circled question mark** at the end of a question, title, or sentence.

Click on these icons for additional information.

The last name of the primary contact at the contract organization.

Contract Administrator Last Name * ❓

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Viewing & Printing Your Application

Once you submit your application, you can **View and Print** your application:

- Click the **Grant Applications** button.

- Your **Submitted HCEP application(s)** will appear, along with other HCAI applications, if any.

- Click the link to your **HCEP application**.

- Click the ⬇ dropdown icon.

- Click the **View/Print icon.**
  - NOTE: HCEP staff cannot provide copies of your application(s).

Common Application Errors

- Applicant did not reconcile the organization participant counts based on what they had initially entered.

- Applicant did not provide the correct Contract Organization name.

- Applicant did not reconcile their budget to their initial total request for funds.

- Applicant did not provide the correct information for the STD 204 Grant Agreement Signatory.

Questions?

Send all questions to:

HPCOP@HCAI.ca.gov

- If you have a ***submitted application***, please include your **HCEP Application #** in the email **Subject Line** for all correspondence. This # will be provided in your application confirmation email and on the Funding Portal page.

- If you have *not* submitted an application and have a general question, include **HCEP 2025 – Question re: (enter the subject)** in the email **Subject Line.**
  - NOTE: Emails which do not include the requested information listed above may experience delayed responses from HCEP staff.