

Registered Nurse (RN) Technical Assistance Guide

Song-Brown Program
Department of Health Care Access and Information (HCAI)
September 2026

HCAI's Vision and Mission



Vision

A healthier California where all receive equitable, affordable, and quality health care.

Mission

HCAI expands equitable access to quality, equitable, affordable health care for all Californians by supporting high value delivery systems, resilient health facilities and workforces, and actionable health information and strategies.

About Song-Brown

- Song-Brown provides funding to education programs including:
 - Family Nurse Practitioner (FNP) and Physician Assistant (PA) training programs
 - Registered Nurse education programs
 - Primary Care residency programs (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics)
 - Licensed Midwifery (LM) and Certified Nursing Midwifery (CNM) training programs

Note: *There is no available funding for the LM and CNM training programs and, therefore, they will not have an application for the 2026-27 cycle.*

- Song-Brown statutory priorities:
 - Graduating individuals who practice in medically underserved areas.
 - Enrolling members of underrepresented groups in medicine to the program.
 - Locating the program's main training site in a medically underserved area.
 - Operating a main training site at which most of the patients are Medi-Cal recipients.

Application Release Dates

Key Events	Dates and Times
Application Opens	September 9, 2026, at 3:00 p.m.
Webinars	September 2, 2026, at 10:00 a.m. September 16, 2026, at 2:00 p.m.
Application Early Submission	October 8, 2026, at 3:00 p.m.
Application Closes	October 22, 2026, at 3:00 p.m.
Award Notice	January 2027
Grant terms	
RN Existing and Expansion slots	June 30, 2027 – August 31, 2029
New RN Programs	June 30, 2027 – August 31, 2029

Before you Apply

- If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in the Grant Agreement.
- Applicants must agree to the terms and conditions before receiving funds.
- HCAI **will not** make changes to the terms and conditions specified in the Grant Agreement.
- Funds shall not supplant existing federal, state, or local funds.

Changes for 2026

- An additional signatory will be required.
 - The additional signatory **cannot** be the applicant's program director.
 - The additional signatory **can** be the same individual as the grant agreement signatory and/or the payee data record signatory.
- Programs with **multiple campuses** must submit separate applications for each of the campuses.
- Student data will now be collected per **individual student** and **not** in aggregate.
 - Student names will **NOT** be collected.
 - Information required for student data:
 - Race/ethnicity
 - Medi-Cal threshold, Indigenous, Tribal or sign languages spoken
 - High school location by county

Changes for 2026, Continued

- Facility types will now be collected for all training and graduate practice sites.
- A document to verify cumulative clinical hours for all students per training site for Academic Year (AY) 25/26 will be required.
- This year's application will include a question asking whether someone in your organization is willing to participate in an interview with HCAI or a contracted HCAI partner.

Changes for 2026, Continued

- Scoring criteria changes

Criteria		Points*
Graduate Practice Sites	Percent of graduate practice sites in Supply & Demand (S&D) RNSAs	12
	Percent of graduate practice sites designated as a "facility type"	18
	Utilize Area Deprivation Index (ADI) to assess the needs of surrounding communities	15
Total Score for Graduate Practice Sites		45
Training Sites	Percent of clinical training sites in S&D RNSAs	12
	Percent of clinical hours in designated "facility types"	18
	Utilize ADI to assess the needs of surrounding communities	15
Total Score for Training Sites		45
Student Data	Percent of Medi-Cal languages, Indigenous and/or Tribal language, and/or Sign language spoken by students	20
Total Score for Student Data		20
Governance	Program entity type: Public, Private (non-profit), Private (for profit)	20
Total Score for General Program Information		20
Grand Total		130*

- [2026-27 SBRN Application Scoring and Evaluation Process Guide](#)

Information to Gather: RN Existing and Expansion

- Grant Agreement and Payee Data record (STD 204) signatories
- Authorized Additional Signatory
- Contract organization name and/or Doing Business As (DBA) name as listed in the IRS (W9) forms for your program
- Training site name, facility type and address for all sites used in Academic Year **(AY) 25/26**
- Student information for those who were enrolled as of **fall AY 25/26 and AY 26/27**, including race and ethnicity data, Medi-Cal, Tribal, and/or sign languages are spoken, location of high school by county
- Graduate information for **AY 23/24 and 24/25**, including current practice site location, race, ethnicity, and National Provider Identification (Entry-Level Master's only)
- Board of Registered Nursing (BRN) program approval letter and/or BRN program expansion approval letter
- Verification document for cumulative clinical hours per training site for **AY 25/26**

Information to Gather: RN New

- Grant Agreement and Payee Data record (STD 204) signatories
- Authorized Additional Signatory
- Contract organization name and/or Doing Business As (DBA) name as listed in the IRS (W9) forms for your program
- Anticipated training site names and address for all sites
- Strategies for a new program, including:
 - Program strategies to recruit, admit and support students
 - Program strategies to encourage graduates to practice in Registered Nursing Shortage Areas (RNSAs)
 - Program strategies used to implement culturally responsive care training into the program's curriculum
- Board of Registered Nursing (BRN) program approval timeline
- Sustainability letter from institution

Required Documents: RN

RN Existing and Expansion

- Approval Letter-Existing (EXT)
 - Upload the most recent program approval letter from the Board of Registered Nursing (BRN).
- Approval Letter-Expansion (EXP)
 - Upload your expansion approval letter from the Board of Registered Nursing (BRN) with the number of approved expansion slots.
- Training Site Verification
 - Upload a document containing all students' clinical hours for each training site for AY 25/26.

RN New

- BRN Approval Timeline (RN New)
 - Planned schedule for securing accreditation or approval.
- Sustainability Letter
 - A letter from your organization that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded.

Program Funding Categories

Program Pathway	Eligibility Requirements
Existing Registered Nursing Program (Existing)	A program that is approved by the Board of Registered Nursing and will enroll at least one class by July 1 of the following year .
Expansion Registered Nursing Program (Expansion)	A program that is approved for permanent additional student slots by the Board of Registered Nursing. BRN expansion slots approval letters must be dated July 1, 2025, or later . A program may continue to apply for expansion funding until all approved BRN expansion slots have been filled.
New Registered Nursing Program	A program that meets the following criteria: • Operated by an accredited California school or program of Nursing, or • Approved by the Regents of the University of California, or • Approved by the Trustees of the California State University and Colleges, or • Approved by the Board of Governors of the California Community Colleges. • Must be in the process of obtaining BRN approval for the program. • Must submit a complete, accurate RN application by the applicable deadline.

2026 Application Cycle Available Funding

Program Pathway	Available Funding
Existing Program	Maximum slots allowed: 10 x \$30,000 per slot= \$300,000
Expanding Program	Maximum slots allowed: 5 x \$60,000 per slot= \$300,000
New Program	\$1,000,000
Total available funding for the 2026 application cycle	\$2,853,000

Helpful Resources

- [HCAI Funding Portal](#)
- [Song-Brown RN Grant Guide](#)
- [Song-Brown RN Scoring and Evaluation Process Guide](#)
- [Song-Brown Program Allowable Costs Guide](#)
- [Song-Brown Glossary](#)

Electronic Application (eApp) Registration

Creating an Account

Apply to HCAI Funding

Students, professionals, and organizations may be eligible for HCAI's scholarships, loan repayment programs, and grants. Check your eligibility, view our open applications, or sign in to start an application. Need help? [Contact Us](#)

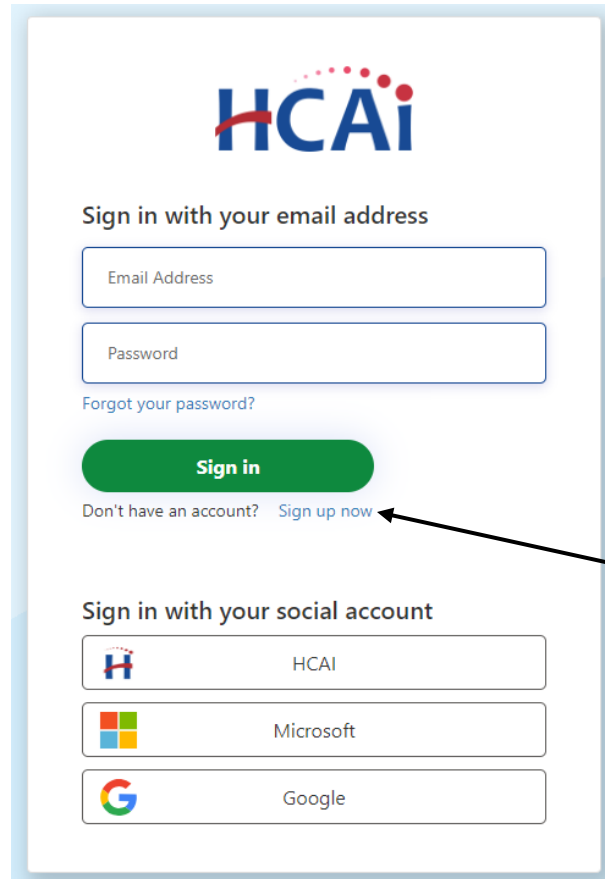
[Check your eligibility](#)

[Sign in or Register](#)

Our sign in experience has been changed to be more secure. If you are a returning user you may need to create a new account using the same email address as your previous account. [Learn more](#)

If you are a new applicant, register now – don't wait

Creating an Account, Continued



HCAi

Sign in with your email address

Email Address

Password

[Forgot your password?](#)

Sign in

Don't have an account? [Sign up now](#)

Sign in with your social account

 HCAi

 Microsoft

 Google

Our funding portal has a 2-step authentication process for new applicants, when setting up their account.

Funding portal link:
[Apply to HCAI Funding](#)

Make sure to select the “Sign up now” link and enter the information as requested to receive a verification code via email.

Setting up your Profile

Profile

The screenshot shows the 'Profile' setup page. On the left, there is a sidebar with a 'My Security Settings' section containing a 'Change Email' button. The main content area has a 'Select your user type. (Choose all that apply) *' section with four checkboxes: 'Healthcare Professional', 'Student', 'Organization for healthcare workforce support', and 'Organization for small rural hospital improvement'. Below this is a section 'Are you applying for Song Brown Programs?' with radio buttons for 'No' and 'Yes' (selected). Underneath is a search bar with the text 'Select an organization from the search list below.' and a magnifying glass icon. At the bottom left is a blue button labeled 'Request New Organization'. Four numbered annotations with arrows point to specific elements: 1. Points to the 'Organization for healthcare workforce support' checkbox. 2. Points to the magnifying glass icon in the search bar. 3. Points to the 'Request New Organization' button. 4. Points to the search bar area.

1. Check the **“Organization for healthcare workforce support”** box to gain access to Song-Brown RN applications (do not check the “HealthCare Professional” box).

2. Click the magnifying glass to search for a pre-existing organization.

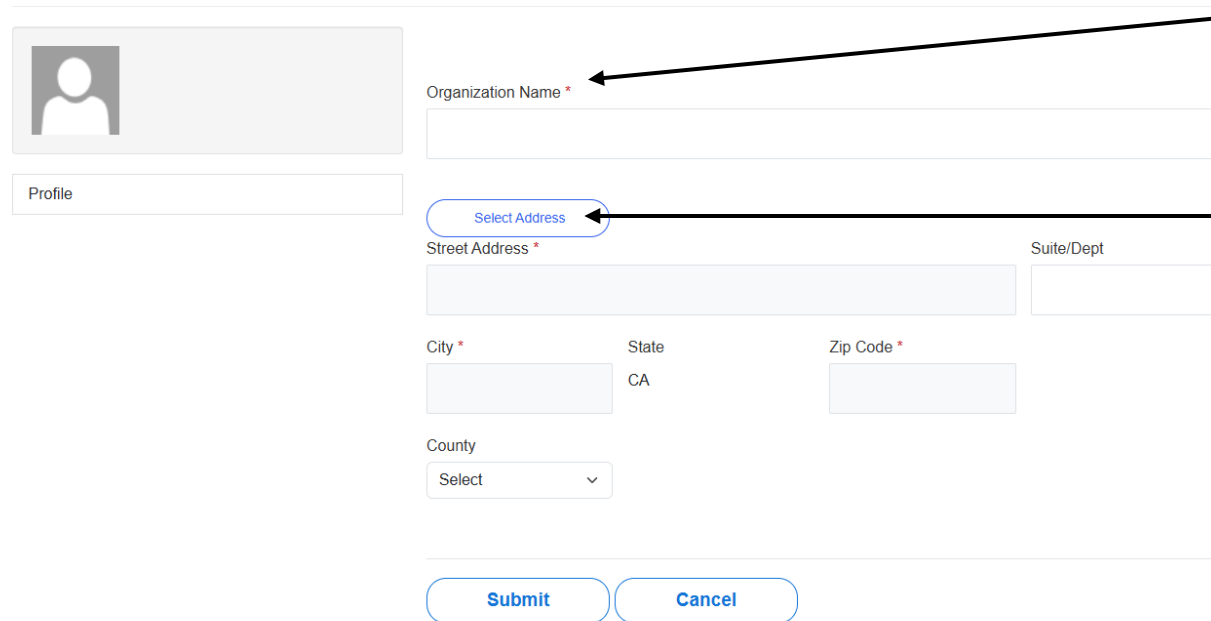
3. Click **“Request New Organization”** to submit a new organization for approval.

4. Once you have selected or submitted an organization, it will populate the search field.

Note: Most organizations are in the system. Use the search function before submitting a new organization name for approval.

Adding a New Organization

New Organization



The form is titled "New Organization" and contains the following fields and buttons:

- Organization Name ***: A text input field with an arrow pointing to it from step 1.
- Select Address**: A button with an arrow pointing to it from step 2.
- Street Address ***: A text input field.
- Suite/Dept**: A text input field.
- City ***: A text input field.
- State**: A dropdown menu with "CA" selected.
- Zip Code ***: A text input field.
- County**: A dropdown menu with "Select" selected.
- Submit**: A button.
- Cancel**: A button.

1. Enter the “**Organization Name**”.
2. Click the “**Select Address**” button.
3. A new window will open and allow you to enter and search for an address.
4. Click the confirmed address and it will auto-populate the address fields on the page.

Note: Song-Brown staff will review the new organization request within 5 business days. **Ensure that the organization name is accurate.** During this time, you may still begin an application.

Completing your Profile

Prefix

First Name *

Middle Initial

Last Name *

Suffix

Title

Degree *

Phone 1 *

Phone 2

Provide a telephone number

Email *

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

Submit

1. Enter all required fields. When finished click the “Submit” button.
2. If there are no errors on the page, you will receive a message stating your profile has been updated successfully.

Note: *Incomplete/incorrect information may delay your registration.*

Account Roles

From: # SVC-Dynamics <no-reply@hcai.ca.gov>
Date: Mon, Aug 24, 2026 at 15:37
Subject: Account Validation Complete: Current eApp Account Role
To:

Dear

Thank you for validating your Department of Health Care Access and Information (HCAI) Funding e-App account.

At this time, your account is flagged as a Grant Preparer. If you are a Program Director, please email songbrown@hcai.ca.gov request your account permissions to be upgraded. Only Program Directors may create and submit applications.

Thank you,

Department of Health Care Access and Information

[Healthcare Workforce Development Division](#)

****This is an automatically generated email. Please do not reply.****

1. All newly created accounts are assigned the “Grant Preparer” role.
2. If you are the RN Program Director, email SongBrown@hcai.ca.gov to request the “Program Director” role.
3. Only accounts with the "Program Director" role may initiate, view, edit, and submit applications.
4. Once Song-Brown staff approves your request you will receive a follow-up email confirming the approval.

Assigning Other Users

The screenshot shows the 'Assign Other Users' interface. At the top, a 'Program Director' profile is visible with a 'Profile' dropdown and an 'Assign Other Users' link. Below this, a section titled 'Assign Other Users' contains a 'Program Director' profile, a table of users, and a search area. A yellow box contains instructions for adding grant preparers. A blue button at the bottom says 'Request New Organization'.

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

☒ Organization for healthcare workforce support

Are you applying for Song Brown Programs?

Assign Other Users

Program Director

Profile

My Team

Full Name ↑ Organization Applicant Role E-mail Phone Degree

Add User

To be added as a Grant Preparer, select the organization you belong to below. Note that by selecting your organization, your account will be visible to any Program Directors for that organization.

Select an organization from the search list below.

Request New Organization

1. In the program director profile, select “Assign Other Users”.
2. Select “Add User” to select any user that has the same organization attached to their profile.
 - Grant preparers must select the exact same organization when creating or updating their profile as the program director to be added to the program director profile.
3. Program directors can have multiple grant preparers.

Note: After a program director initiates a grant application, the grant preparer can complete all pages of the application but **cannot** submit the application.

Apply Here

Apply Here	Grant Applications	Awards	Payments & Deliverables	Messages
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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
Song-Brown Registered Nurse Capitation 2026	09/09/2026 3:00 PM	10/22/2026 3:00 PM	Organization

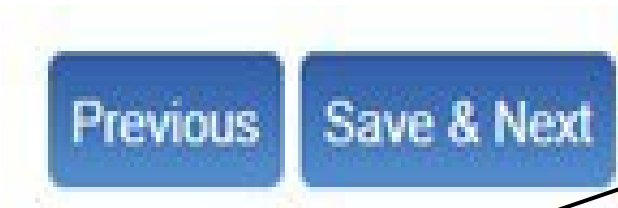
1. Navigate to the “**Apply Here**” page on the main menu.
2. Select the “**Song-Brown Registered Nurse Capitation 2026**” link and click the “Apply” button when you are ready to begin.

Helpful Tips

Useful Information

Navigating the application

Use the “Previous” and “Save & Next” buttons found at the bottom left 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.

Apply Here Grant Applications Awards Payments & Deliverables Messages							
Application Number ↑	Training Program	Initiated By	Program Type	Application Status	Cycle	Due Date (Cycle)	Modification Due Date (Cycle)
SBRN-000			Associate Degree of Nursing (ADN)	Submitted	Song-Brown Registered Nurse Capitation 2026	10/22/2026 3:00 PM	

Useful Information, Continued

Asterisks

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

Training Program Title *

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.

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

Contract Administrator Last Name * 

RN Existing and Expansion Application Walk-through

Program Information

Program Information *

Song-Brown Registered Nurse Capitation 2026

Organization- If your organization is blank, e-mail Songbrown@hcai.ca.gov to ensure your organization is approved

Program Director

Program Director Email

Is your institution a public, private non-profit, or private for-profit college/university?*

- ☐ Public Institution
☐ Private Non-Profit Institution
☐ Private For-Profit Institution

On behalf of which type of training program are you applying?*

- ☐ Associate Degree of Nursing (ADN)
☐ Bachelor of Science, Nursing (BSN)
☐ Entry-Level Master's (ELM)

Are you a former Song-Brown applicant? *

- ☐ No ☒ Yes

Select a training program from the "Training Program Title" search list below. If your training program is not listed, check the "Training Program not listed" checkbox.

Training Program Title *

☐ Training Program not listed

1. Your program information will pre-populate with information you entered in your "Profile" page.
2. Select if your institution is public, private non-profit, or private for-profit.
3. Select a "Training Program Title" from a list of training programs by clicking on the magnifying glass.
 - If your program has **multiple campuses**, add language to distinguish the campus in the training program title.
 - Example: HCAI University, Sacramento, BSN Program
4. If your training program is not listed, check the box "Training Program not listed".

Note: Most training programs, unless they are new, are in the system. Use the search function before submitting a new training program name for approval.

Program Information: Address

☒ Training Program not listed

Training Program Title *

Select Address

Street Address

Suite/Apt/Dept

City

State

CA ▼

Zipcode

County

1. After checking the "Training Program not listed" box, new fields will appear below.
2. Type in the program name under "Training Program Title".
3. Click the "+Select Address" button.
4. A new window opens and allows you to enter and search for an address.
5. Click the confirmed address and it will auto-populate the address fields on the page.

Note: You will see this address validation feature throughout the application.

Program Information: Award Category

Award Category. Select all that apply. *

- ☐ New Program
- ☐ I am seeking Board of Registered Nursing (BRN) approval for pre-licensure program. *
- ☐ I have obtained BRN approval, have no first year students at the time of application and have not received any prior Song-Brown funding. *
- ☐ Existing Slots
- ☐ I am a Board of Registered Nursing (BRN) approved pre-licensure program. *
- ☐ I am requesting support for an existing program. *
- ☐ I will enroll at least one class by July 1, 2027. *
- ☐ Expansion Slots
- ☐ I am a Board of Registered Nursing (BRN) approved pre-licensure program. *
- ☐ My program has received the BRN approval to permanently expand effective after July 1, 2025. *

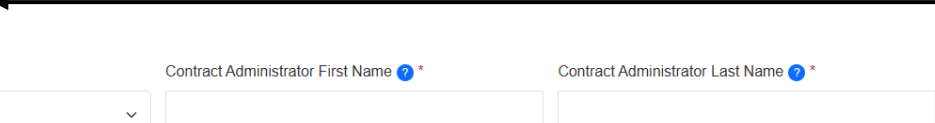
Select the “Award Category” for which you are applying.

Note: You can apply for multiple funding categories in one application. However, if you are applying for any “New Program” funding, you cannot apply for any other categories.

Contract Administration

Contract Organization Name * Doing Business As (DBA)

Please select the type of entity *

☒ Governmental Entity 

☐ Non-governmental Entity

Prefix Contract Administrator First Name * Contract Administrator Last Name *

Title

Phone 1 * Phone 2

Contract Administrator Email *

Grant Agreement Signatory 

First Name * Last Name *

Phone * Email *

1. “Contract Organization Name” and “Doing Business As (DBA)” must match what you report to the Internal Revenue Service (IRS).
2. “Please select the type of entity” identify the contractor organization as a Governmental or Non-governmental Entity.
3. “Contract Administrator” is the main administrator for the grant.
4. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement. This individual can be the same as the Additional Signatory.

Note: Do not enter a DBA if your IRS W9 does not have a DBA listed.

Contract Administration, Continued

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory? [?](#)

☒ No ☐ Yes

Payee Data Record (STD 204) Signatory [?](#)

First Name *

Last Name *

Phone *

Email *

Additional Signatory [?](#)

First Name [?](#) *

Last Name [?](#) *

Additional Signatory Title [?](#)

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

Phone *

Is the legal address for your organization a PO box? *

☒ No ☐ Yes

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

Select Address

Street Address

Suite/Apt/Dept

City *

State *

Zip Code *

County

Should payments be sent to a different address than what is on file with the IRS? *

☒ No ☐ Yes

1. If your STD 204 signatory is different from your Grant agreement signatory, select "No".
2. "STD 204 Signatory" name must be an authorized signatory.
3. "Additional Signatory" must be an individual with authority to enter a grant agreement but cannot be the same as the assigned program director for the application.
4. A PO box option is available for the 204 category.
5. Enter the address that is on your W9 IRS forms.
6. If payments should be sent to a different address, select "Yes".

Note: Verify this information with your Finance or Contracts office to ensure this information is correct. Providing incorrect information will delay your grant agreement should you be awarded.

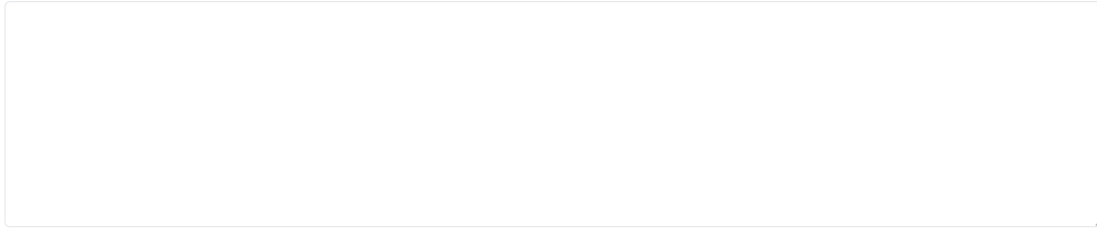
Contract Administration: Roles Defined

Contract Administrator	Program Director	Grant Preparer	Grant Agreement Signatory	STD 204 Signatory	Additional Signatory
Primary contracts or grants office contact at the organization or institution.	An authorized representative that can initiate and submit applications. Program directors are the primary point of contact for all Song-Brown communication.	An authorized representative assisting in completing the Song-Brown grant application.	Has authority to legally execute the grant agreement.	Authorized signer for the Payee Data Record (STD 204).	Provides additional institutional approval. *Cannot be the assigned Program Director
Examples: - Contract Analyst - Staff affiliated with sponsored projects and research - Administrative support roles	Examples: - Project Director - Dean/Associate Dean - Institutional Grant Administrator	Examples: - Contract Analyst - Staff affiliated with sponsored projects and research - Administrative support roles	Examples: - Contracting Officer - Provost - Dean - President of the University	Examples: - Contracting Officer - Accounting Officer - Accounting or Financial Director	Examples: - Contracting Officer - Provost - Dean - President of the University - University Representative

Program Description

Program Description

Provide an executive summary description of your training program. Include the year your program started and demonstrate how your program meets the priorities of the Song-Brown statute. In your summary please include a brief description of how Song-Brown grant funds will benefit the direct education and training of the program's students. Please reference the RN Grant guide on the Song-Brown website for more information. Maximum of 2500 characters. *



Previous

Save & Next

1. Provide requested program description information.
2. You have a maximum limit of 2,500 characters.
3. After completing this page, save and proceed by clicking "Save & Next".

Note: *If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will cut off at 2,500 characters. Double-check the information you enter and make sure everything is captured.*

Program Data

Program Data

Select the data you will be reporting *

- ☒ Student and Graduate data
- ☐ Student data only
- ☐ No Student or Graduate data

Based on the program data option you selected above, what year was your first student admitted?*

2003

1. If you have any 23/24 and/or 24/25 graduates, select “Student and Graduate data”.

Program Data

Select the data you will be reporting *

- ☐ Student and Graduate data
- ☒ Student data only
- ☐ No Student or Graduate data

“Student Only” should be chosen if you have no 23/24 and 24/25 graduates. Please select “Graduate and Student data” if you have any 23/24 or 24/25 graduates.

Based on the program data option you selected above, what year was your first student admitted?*

2. “Student data only” should only be selected if you have no 23/24 and 24/25 graduates.

Training Sites: Adding and Reviewing Sites

What is your program's total number of clinical hours for AY 2025-26?*

Total Number of Training Sites

Training Sites

Add Training Site

Training Site Name ↑	NPI	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County	
											⌵
											Edit
											Delete

1. Enter your program's total number of clinical hours for AY 25/26.
2. To add a training site(s), click the "Add Site" button.
3. A pop-up window will display.
4. To edit or delete training sites, select the dropdown list for that line using the arrow.

Training Sites: Training Site Information

Create

Training Site Name *

Facility Type. Select all that apply. *

Use the HCAI Geo-website or State Loan Repayment websites to determine facility type.
<https://geo.hcai.ca.gov/hpsa-search>
<https://geo.hcai.ca.gov/health-care-facilities/>

- | | |
|--|---|
| ☐ Community Health Centers ? | ☐ Teaching Hospital ? |
| ☐ Government Owned Facility ? | ☐ Free Clinic ? |
| ☐ County Primary Care Clinic ? | ☐ Designated Public Hospital ? |
| ☐ Indian Health Services Clinic ? | ☐ Non-Designated Public Hospital ? |
| ☐ Disproportionate Share Hospital ? | ☐ County Hospitals ? |
| ☐ Rural Hospital ? | ☐ Critical Access Hospital ? |
| ☐ FQHC ? | ☐ Sole Community Hospital ? |
| ☐ Student Run Clinic ? | ☐ Tribal Clinic ? |
| ☐ FQHC Look-a-Like ? | ☐ Not Applicable |

Select Address

Street Address *

Suite/Dept ?

Provide the total number of hours that all trainees combined spent at this site in the previous academic year. *

Site NPI Number (Check NPI Registry) ? *

1. Enter the training program name.
2. Use the HCAI Geo website to confirm the facility type for each training site.
 - Training sites can be designated as multiple facility types.
3. Enter training site address.
4. Provide the combined total number of hours that all trainees spent at this training sites.
5. Click on the link to find the NPI number of the training site.

Program Expenditures

Funds Requested

Program Type	# of Slots Requested	Maximum Amount per Slot	Total Funds Requested
Existing Slots	10 ▾	30,000	300,000
Expansion Slots	5 ▾	60,000	300,000
Grand Total			600,000

Enter the AY 2025-26 training program annual expenditures below for each line item.

Personnel ⓘ *	\$
Operating Expenses ⓘ *	\$
Major Equipment ⓘ *	\$
Other Costs ⓘ *	\$
Total	\$ 0

1. Complete all required fields.
2. “Total Funds Requested” is auto calculated based on the “# of Slots Requested” and the maximum amount per slot.
3. Enter your total expenditures for each category from AY 25/26.
 - This should encompass all program expenditures for AY 25/26, not just expenditures made using Song-Brown grant funds.
4. The “Total” training program expenditures must be equal to or greater than the “Total Funds Requested”.

Student Data

Enter the following data for the 2026-27 academic year:

Total enrollment capacity for all cohorts [?] *

Total number of students that applied *

Total number of students enrolled [?] *

Enrolled 1st Year *

Enrolled 2nd Year *

Total

Add a Student

Student ID

Languages

Ethnic/Racial Category

Edit
Delete

☒ All Students Submitted *

Previous

Save & Next

1. The total enrollment capacity must be greater than or equal to the total number of students enrolled.
2. Provide the total number of students that applied for AY 26-27.
3. Provide the total number of enrolled slots for each academic year.
4. To add Student data, click the "Add a Student" button.
5. A pop-up will display.
6. To edit or delete students select the dropdown list for that line using the arrow.
7. After completing this step, click "Save & Next".

Note: The enrolled student total must match the total after the student race/ethnicity data is entered.

Student Data: Adding and Reviewing Students

Student ID ?

1. The "Student ID" field is an optional field where you can keep track of the students you enter.

- Example: Student 1 or Student A

2. Select the Ethnic/Racial Category of the student.

3. If Asian-Other or Race/Ethnicity is selected, a text box will become available.

4. Only select languages that the student can speak fluently or well enough to provide direct care without the need of translation services.

5. Select the California county where the student graduated from high school (HS).

- If the student graduated from a HS outside of California or the HS is unknown, select "Do not know".

Select

American Indian/Native American/Alaska Native

Asian - Asian Indian

Asian - Cambodian

Asian - Chinese

Asian - Filipino

Asian - Indonesian

Asian - Japanese

Asian - Korean

Asian - Laotian/Hmong

Asian - Malaysian

Asian - Other

Asian - Pakistani

Asian - Thai

Asian - Vietnamese

Black-African American or African Black, African American, or Africa

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

Race/Ethnicity not listed

White/Caucasian/European/Middle Eastern

Does this student speak any of the listed languages fluently/well enough to be able to provide direct care services to clients without additional translation services? (You may select more than one).

☐ Indigenous and/or Tribal Language

☐ Sign Languages

☐ Arabic

☐ Armenian

☐ Cambodian

☐ Chinese

☐ Farsi

☐ Hindi

☐ Hmong

☐ Japanese

☐ Korean

☐ Laotian

☐ Mien

☐ Punjabi

☐ Russian

☐ Spanish

☐ Tagalog

☐ Thai

☐ Ukrainian

☐ Vietnamese

☐ Not Applicable

Select the county where this student graduated from high school *

Select

Graduate Data

Enter your total number of graduates for the following academic years:

AY 2023/24

AY 2024/25

Total

0

1. Enter graduate data for each academic years requested.
2. Graduate data needs to match the number of graduates entered.

Add a Graduate

3. To add graduate data, click the “Add a Graduate” button.
4. A pop-up will display.

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
-----------------------------------	--------------	-----------	--------	------------------------

					▼
					Edit
					Delete

5. To edit or delete graduates, select the dropdown list for that line using the arrow.

Graduate Data: Adding and Reviewing Graduates

Graduating Class of *

First Name *

Last Name *

Gender *

Ethnic/Racial Category *

☐ HCAI Scholar ?

☐ NHSC Recipient ?

Select

American Indian/Native American/Alaska Native

Asian - Asian Indian

Asian - Cambodian

Asian - Chinese

Asian - Filipino

Asian - Indonesian

Asian - Japanese

Asian - Korean

Asian - Laotian/Hmong

Asian - Malaysian

Asian - Other

Asian - Pakistani

Asian - Thai

Asian - Vietnamese

Black-African American or African Black, African American, or African

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

Race/Ethnicity not listed

White/Caucasian/European/Middle Eastern

1. Enter the graduate's graduating year, first and last name.
2. Select the graduate's gender
3. Select the Ethnic/Racial Category of the graduate.
4. If Asian-Other or Race/Ethnicity is selected, a text box will become available.

Graduate Data: Adding and Reviewing Graduates, Continued

Do you have an NPI Number? *

☐ No ☒ Yes

NPI Number (Check NPI Registry) *

Practice Specialty *

Do you know the graduate's practice site? *

☐ No ☒ Yes

Practice Site Name *

Facility Type. Select all that apply. *

- | | |
|--|---|
| ☐ Community Health Centers ? | ☐ Teaching Hospital ? |
| ☐ Government Owned Facility ? | ☐ Free Clinic ? |
| ☐ County Primary Care Clinic ? | ☐ Designated Public Hospital ? |
| ☐ Indian Health Services Clinic ? | ☐ Non-Designated Public Hospital ? |
| ☐ Disproportionate Share Hospital ? | ☐ County Hospitals ? |
| ☐ Rural Hospital ? | ☐ Critical Access Hospital ? |
| ☐ FQHC ? | ☐ Sole Community Hospital ? |
| ☐ Student Run Clinic ? | ☐ Tribal Clinic ? |
| ☐ FQHC Look-a-Like ? | ☐ Not Applicable |

Do you know the graduate's practice site? *

☒ No ☐ Yes

Reason Practice Site Unknown *

1. If you know the graduate's NPI number, select "Yes" and enter the graduate's 10-digit NPI number.
2. Select their practice specialty.
3. If you know your graduates' practice site in California, please provide the practice site information including the facility type.
4. If you are not sure of their practice site or they are practicing outside of California select "No".
 - Select "Out of State" if they are practicing outside of California.
 - Select "Other " for any other reason.

Required Documents

Approval Letter
Upload the most recent program approval letter from the Board of Registered Nursing (BRN).
Approval Letter Upload ✓ 1 file uploaded, 1 file required.*
Filename must start with Appr_ to be accepted, Example: Appr_MyDocument

Approval Letter
Upload the expansion approval letter from the Board of Registered Nursing (BRN).
Expansion Letter Upload 0 files uploaded, 1 file required.*
Filename must start with Expappr_ to be accepted, Example: Expappr_MyDocument

Training Site Verification
Upload documentation verifying number of clinical training hours for all students at each training site.
Training Site Verification Upload 0 files uploaded, 1 file required.*
Filename must start with Site_ to be accepted, Example: Site_MyDocument

Table:

Name ↑	Modified	
Appr_current program.docx (18 KB)	less than a minute ago	⌵

Buttons: Previous Save & Next

1. The red button on this page indicates required documents.
2. Click on the “Approval Letter Upload” or “Expansion Letter Upload” to upload your required document.
 - The document must begin with "Appr_ " or "EXPappr_" for it to be accepted.
3. Click on the “Training Site Verification Upload” to upload your required document.
 - The Document must begin with “Site_”.
4. Once the document is successfully uploaded, the box will turn green signifying that you may continue.

Note: You may delete an uploaded document by clicking the down-arrow next to the desired entry.

Assurances

Assurances

Would you or someone in your organization be willing to participate in an interview with HCAI or a contracted HCAI partner to share your story?

☐ No ☒ Yes

Please note that your response to this question will not impact your score.

I certify that the information contained herein is true and the most current information available at time of application submission.

☒ I Certify

You are about to submit your application. You may not edit or delete your application from the system after submission.

Previous

Submit

1. If you or someone in your organization is willing to participate in an interview with HCAI, select “Yes”.

Note: Your response to this question will not impact the outcome of your application.

2. Read the statement.

3. Agree to the statement by checking the "I Certify" box.

4. Click the “Submit” button. Once you submit your applications you cannot make further edits.

Note: Only Program Directors may submit an application, Grant preparers will not see the “Submit” button.

RN New Application Walk-through

Program Information

Is your institution a public, private non-profit, or private for-profit college/university? *

☐ Public Institution
☐ Private Non-Profit Institution
☐ Private For-Profit Institution

On behalf of which type of training program are you applying? *

☐ Associate Degree of Nursing (ADN)
☐ Bachelor of Science, Nursing (BSN)
☐ Entry-Level Master's (ELM)

Are you a former Song-Brown applicant? *

☒ No ☐ Yes

Please enter information for the new program.

Training Program Title *

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

Select Address

Street Address Suite/Apt/Dept

City State Zipcode

County

Award Category: Select all that apply. *

☒ New Program

☐ I am seeking Board of Registered Nursing (BRN) approval for pre-licensure program. *

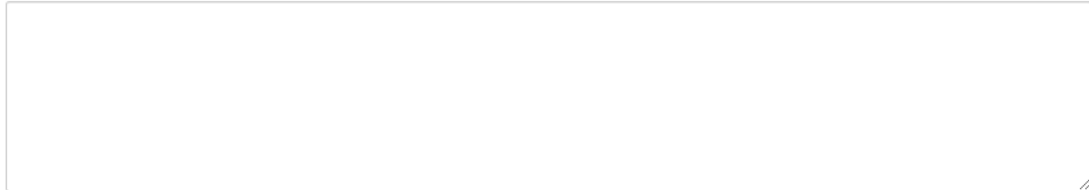
☐ I have obtained BRN approval, have no first year students at the time of application and have not received any prior Song-Brown funding. *

1. Your program information will pre-populate with information you entered in your "Profile" page.
2. Select if your institution is public, private non-profit, or private for-profit.
3. As a new program applicant, select "No" in the "Are you a former Song Brown applicant?"
4. Enter your training program title and address.
5. All boxes must be checked to ensure you are eligible to apply for the grant and can move forward with the application.

Program Description

Program Description

Provide an executive summary description for the new training program. Include how your program will meet the priorities of the Song Brown statute. Please reference the Registered Nurse Grant guide on Song-Brown website for more information. Maximum of 2500 characters. *



Previous

Save & Next

1. Provide an executive summary description for the new training program including how your program will meet Song-Brown statutory priorities.
2. You have a maximum limit of 2,500 characters.
3. After completing this page, click “Save & Next”.

Note: *If you exceed the character limit, you will receive a pop-up message. If you copy and paste text from another document, text will cut off at 2,500 characters. Double-check the information you enter and make sure everything is captured.*

Strategies Question 1

Strategies 1 of 5

Select the strategies you will use to recruit nursing students. Select all that apply.*

☒ Establishes partnerships with community-based organizations serving educational institutions for purposes of recruitment and increasing access and exposure to prospective nursing students
Explain how you plan to achieve this strategy. Describe your documentation supporting this strategy. Maximum of 2500 characters.

☒ Utilizes an established pathway or pipeline program
Explain how you plan to achieve this strategy. Describe your documentation supporting this strategy. Maximum of 2500 characters.

☒ Hosts events tailored, in part or in whole, specifically for prospective nursing students
Explain how you plan to achieve this strategy. Describe your documentation supporting this strategy. Maximum of 2500 characters.

☒ Conducts individualized outreach to prospective nursing students before, during, and after the application process
Explain how you plan to achieve this strategy. Describe your documentation supporting this strategy. Maximum of 2500 characters.

☒ Attendance at academic, health, and career fairs in Registered Nurse Shortage Areas (RNSAs)
Explain how you plan to achieve this strategy. Describe your documentation supporting this strategy. Maximum of 2500 characters.

☒ Other
Since you selected Other, describe any additional recruitment strategies not listed above. Maximum of 2500 characters.

☐ None of the above

1. Provide responses for each strategy questions (1-5).
2. Multiple responses can be selected per strategy question.
3. Each selected strategy question will prompt a narrative for further explanation.

Strategies Questions 2 and 3

Strategies 2 of 5

Select the strategies you will use to admit nursing students. Select all that apply.*

- ☐ Incorporates holistic review into the admissions process, to include individual applicant experiences and attributes indicative of prospective nursing students
- ☐ Accounts for applicant socioeconomic status in review process
- ☐ Ensures a diverse selection committee to mitigate implicit bias in the selection process
- ☐ Other
- ☐ None of the above

Strategies 3 of 5

Select the strategies you will use to support nursing students. Select all that apply.*

- ☐ Create and maintain a mentorship program available to all nursing students that strives to pair students with staff/faculty members with shared lived experience
- ☐ Institution has a documented zero tolerance policy for discrimination and related discrimination reporting systems
- ☐ Implicit bias/anti-racism training is required for all faculty, program staff, applicant reviewers, and decision makers
- ☐ Other
- ☐ None of the above

Strategies Questions 4 and 5

Strategies 4 of 5

Select the program strategies you will use to encourage your students to practice in Areas of Unmet Need (AUNs). Select all that apply.*

- ☒ Use targeted recruitment strategies to prioritize students coming from AUNs
- ☐ Provide employment assistance opportunities to encourage graduates to commit to patient-focused/clinical-focused practice in AUNs
- ☐ Provide employment assistance leading to graduate employment in AUNs
- ☐ Include a required, patient-focused/clinic-focused curriculum intended to build health equity knowledge and competencies
- ☐ Other
- ☐ None of the above

Strategies 5 of 5

Select the strategies you will incorporate to implement culturally responsive care training into the program's curriculum. Select all that apply.*

- ☒ Hire bilingual staff with language fluency
- ☐ Hire program leaders representative of the students
- ☐ Provide students training in cultural competency
- ☐ Teach professionalism that incorporates multi-cultural social etiquette and social norms representative of licensed midwifery students
- ☐ Have students participate in community outreach activities in AUNs (e.g., going to high schools in AUNs)
- ☐ Other
- ☐ None of the above

Anticipated Training Sites: Adding and Reviewing Sites

Do you have any training sites to report? *

☐ No ☒ Yes

Total Number of Training Sites

0

Training Sites

Add Site										
Training Site Name ↑	NPI	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
Edit Delete										

Anticipated Training Sites: Training Site Information

Training Site Name **

- | | |
|--|---|
| ☐ Community Health Centers | ☐ Teaching Hospital |
| ☐ Government Owned Facility | ☐ Free Clinic |
| ☐ County Primary Care Clinic | ☐ Designated Public Hospital |
| ☐ Indian Health Services Clinic | ☐ Non-Designated Public Hospital |
| ☐ Disproportionate Share Hospital | ☐ County Hospitals |
| ☐ Rural Hospital | ☐ Critical Access Hospital |
| ☐ FQHC | ☐ Sole Community Hospital |
| ☐ Student Run Clinic | ☐ Tribal Clinic |
| ☐ FQHC Look-a-Like | ☐ Not Applicable |

Select Address

Street Address *

City *

State

County

Is the training site a private practitioner's office? *

☐ No ☒ Yes

Private Practitioner First Name *

Private Practitioner Last Name *

Site NPI Number (Check NPI Registry) ? *

1. Enter the training site name and address.
2. Select the facility type(s) associated with the anticipated training site.
3. Click on the link to find the NPI number of the training site.

Program Expenditures and Funding

Program Expenditures and Funding

Requested funding must be used only for the following expenditures: personnel, facility expenses, major equipment over \$500, and consultant costs. Receipts will be required as proof of these expenditures when you submit your program accreditation documents.

How much funding are you requesting?*

[Previous](#)

[Save & Next](#)

1. Provide how much funding you are requesting based on your expected expenditures and for what you are eligible to apply.
2. The maximum funding requested for RN New Programs is \$1 million.
3. Click "Save and Next" when done.

Required Documents

BRN Approval Timeline

Please upload your timeline (planned schedule for securing Board of Registered Nursing approval).

Timeline in Place Upload ✓ 1 file uploaded, 1 file required.*

Filename must start with LtrTime_ to be accepted. Example: LtrTime_MyDocument

Sustainability Letter

Attach a letter from your organization that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded.

Sustainability Letter Upload 0 files uploaded, 1 file required.*

Filename must start with LtrSus_ to be accepted. Example : LtrSus_MyDocument

Name ↑

Modified

Delete

LtrTime_.docx (19 KB)

08/24/2026 2:38 PM



1. The red button on this page indicates required documents.
2. Click on the “Timeline in Place Upload” to upload your approval or accreditation timeline.
 - The document must begin with “LtrTime_ ” for it to be accepted
3. Click on “Sustainability Letter Upload” to upload your letter of program sustainability endorsement letter from your institution.
 - The document must begin with “LtrSus_ ” for it to be accepted
4. Once the document is successfully uploaded, the box will turn green signifying that you may continue.

Note: You may delete an uploaded document by clicking the down-arrow next to the desired entry.

Assurances

Assurances

Would you or someone in your organization be willing to participate in an interview with HCAI or a contracted HCAI partner to share your story?

☐ No ☒ Yes

Please note that your response to this question will not impact your score.

I certify that the information contained herein is true and the most current information available at time of application submission.

☒ I Certify

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Previous

Submit

1. If you or someone in your organization is willing to participate in an interview with HCAI, select “Yes”.

Note: Your response to this question will not impact the outcome of your application.

2. Read the statement.

3. Agree to the statement by checking the “I Certify” box.

4. Click the “Submit” button.

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Submission Complete

Application SBRN-0001284 – Song-Brown Registered Nurse

Thank you for submitting your application. Your application has been received and will be reviewed. Return to your **dashboard**.

Viewing and Printing Your Application

- Once you submit your application, you can view and print your application by selecting the “Options” dropdown on the “Grant Applications” page.

Apply Here Grant Applications Awards Payments & Deliverables Messages							
Application Number ↑	Training Program	Initiated By	Program Type	Application Status	Cycle	Due Date (Cycle)	Modification Due Date (Cycle)
SBRN-000				Submitted	Song-Brown Registered Nurse Capitation 2026	12/31/2026 3:00 PM	
SBRN-000				In Progress	Song-Brown Registered Nurse Capitation 2026	12/31/2026 3:00 PM	View/Print Graduates View Print Training Sites View Print Students View Print
SBRN-000				In Progress	Song-Brown Registered Nurse	12/31/2026 3:00 PM	

Common Application Errors

- Applicant added a training program and did not search for previously used training program.
- Applicant did not provide the correct contract organization name. This name needs to match what is reported to the IRS (what shows on your W9).
- Applicant did not provide the correct grant agreement and 204 signatory names or contact information.
- Applicant did not provide the additional agreement signatory.
- Applicant did not enter training site information or training site address is inaccurate.
- Applicant did not enter any data for students or graduates, even though the applicant has students and/or graduates.
- Uploaded required documents are not the most recent approval letter or training site hours data.

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**#WeAreHCAI #HCAI #HealthWorkforce
#HealthFacilities #HealthInformation**

Sign Up for our Newsletter!



<https://hcai.ca.gov/mailling-list/>

Contact Us!



Phone (916) 326-3700



Email SongBrown@hcai.ca.gov

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#HealthFacilities #HealthInformation**