

Health Professions Pathways Program: Population Health Investment (HPPP-PopHI)

2026 Technical Assistance Guide

Department of Health Care Access and Information

Health Workforce Development

HCAI Funding Portal - Step by Step Visual Guide

Welcome to the 2026 Health Professions Pathways Program: Population Health Investment (HPPP-PopHI) Technical Assistance Guide. This guide is designed to provide support as you move through each step of the application process and understand the new requirements for this funding cycle, which must be completed and submitted by Friday, October 16, 2026, at 3 p.m. No late submissions will be accepted.

If you experience any technical issues at any point in the process, please contact us immediately at: HPCOP@hcai.ca.gov.

Helpful resource: HPPP-PopHI 2026 Cycle Grant Guide link here:

<https://hcai.ca.gov/document/hppp-pop-hi-2026-grant-guide/>

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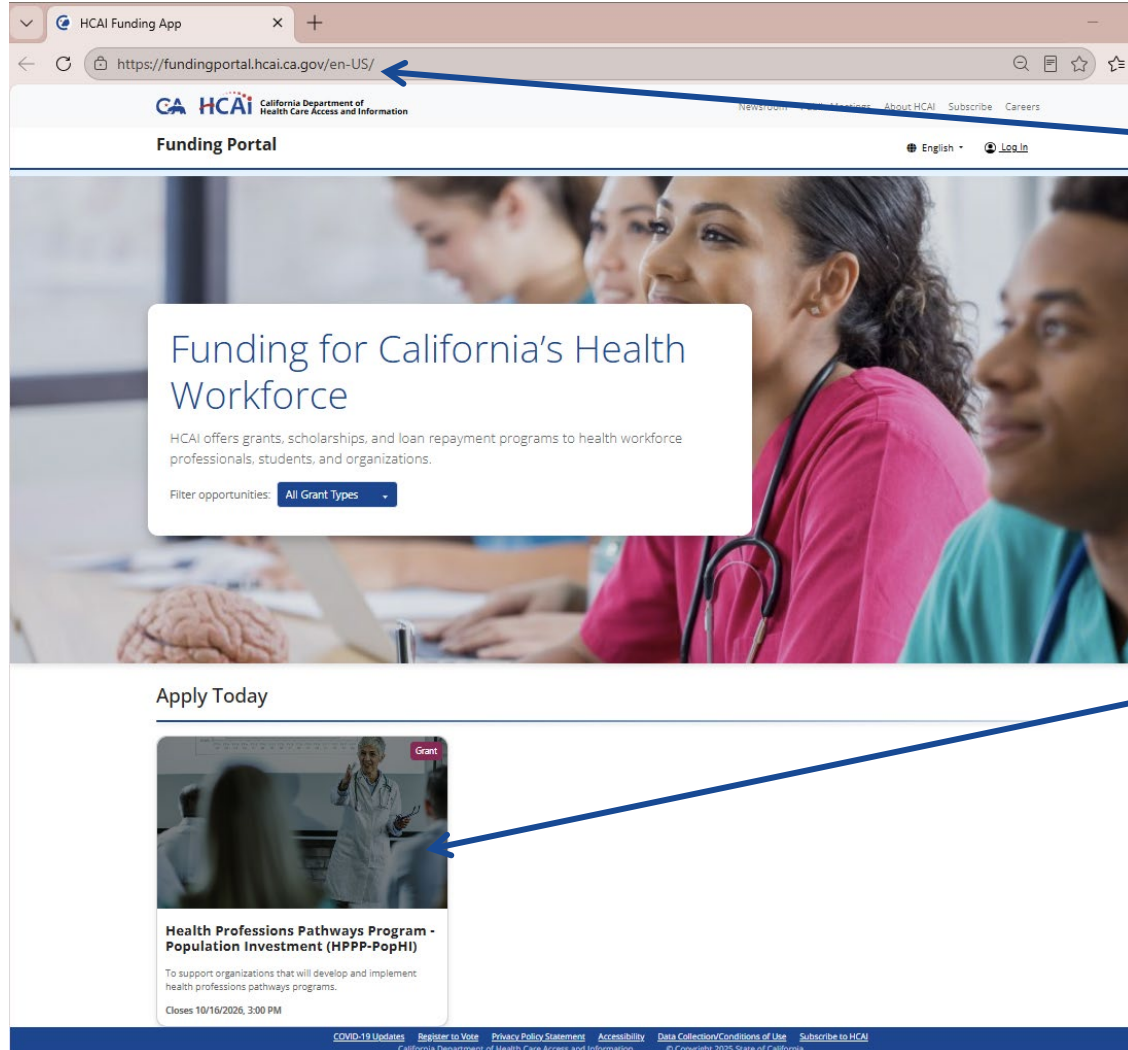
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Access the Funding Portal and Find HPPP PopHI

Screen: HCAI Funding Portal (Landing/Homepage)



- Go to the HCAI Funding Portal link here: <https://fundingportal.hcai.ca.gov/en-US/> and scroll down to “Apply Today.”

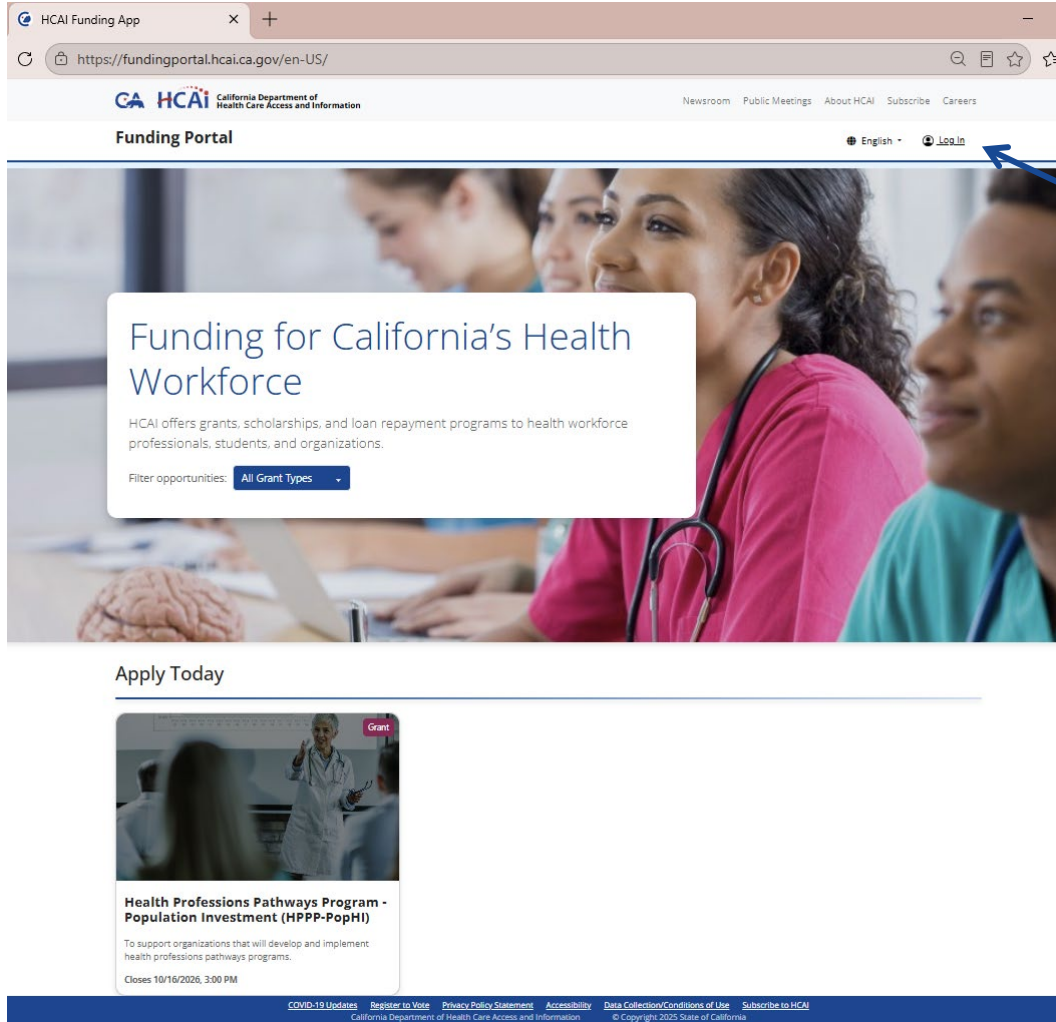
Choose Your Program:

- Click the “Health Professions Pathways Program – Population Investment (HPPP-PopHI)” thumb nail from the list.
- The program details will open in a new window.

HCAI's Funding Portal Registration

Create/Sign in to Your Account in the HCAI Funding Portal

Screen: HCAI Funding Portal (Landing/Homepage)



Log in:

- Click the “Log in” link.
- A new screen will appear where you can enter your email and password.

Create/Sign in to Your Account in the HCAI Funding Portal

Screen: HCAI Funding Portal (Landing/Homepage)

Need Help Signing In:

- Select “Forgot your password” if you cannot remember your sign in details.

- A verification code will be sent to your email.
- Enter the code and follow the instructions to create a new password.

The screenshot displays the HCAI Funding Portal interface. On the left, a sign-in form titled "Sign in with your email address" includes fields for "Email Address" and "Password", a "Forgot your password?" link, a green "Sign in" button, and a "Don't have an account? Sign up now" link. On the right, a modal window for account creation is shown, featuring a "Cancel" button, the HCAI logo, an "Email Address" field, a green "Send verification code" button, and fields for "New Password", "Confirm New Password", "Display Name", "Given Name", and "Surname", followed by a green "Create" button. Blue arrows indicate the flow from the "Forgot your password?" link to the "Send verification code" button and from the "Sign up now" link to the "Create" button.

Access the Funding Portal and Find HPPP PopHI

Screen: HCAI Funding Portal (Landing/Homepage)

The screenshot shows the HCAI Funding Portal landing page. At the top, there is a navigation bar with links for Newsroom, Public Meetings, About HCAI, Subscribe, and Careers. The main heading is "Funding Portal" with a language selector set to English and a "Sign Out" button. Below this, a welcome message reads "Welcome, HCEP 2026 Cycle!". A large grey box contains text stating that no applications have been started yet and provides a link to start a new application. A modal window is open in the center, titled "Welcome to the HCAI Funding Portal". It prompts the user to provide their first and last name in text input fields. Below these fields are two radio button options: "I will be applying as an individual" and "I will be applying on behalf of an organization". A blue "Submit" button is at the bottom of the modal. Blue arrows point from the text box on the right to the input fields and the "Submit" button. The background of the page shows a "Filter opportunities" section with "All Grant Types" selected, an "Apply Today" button, and a featured opportunity for "Health Professions Pathways Population Investment (HPPP-PopHI)" with a closing date of 10/16/2026 at 3:00 PM.

After you completed your sign in verification and log into the HCAI Funding Portal:

- A pop screen will appear. Enter your first and last name.
- Then click the box “I will be applying on behalf of an organization.”
- Then click “Submit.”
- Your program profile will open in a new window. Follow the steps to complete your program profile.

Completing Your Profile

Completing Your Profile (Part 1 of 5)

Screen: Funding Portal Profile – Request to Join Program (existing)

Request to Join Program

Instructions
To submit an application on behalf of your program(s), you must be listed as a Program Director for at least one program. Use the search below to find and request to join an existing program. If your program is not listed, you may create a new one.

Program *

Request to Join Reason

☐ **Could not find Program?**
Select this checkbox if you are unable to find your program in the list above. By checking this box, you'll be given the option to create a new program that can be added to the system.

Request to Join

Lookup records

Name	NPI
zzzPresidentzzz	1234567890
zzzValley ProgramZZZ	1111111111
Allan Hancock College	
UCSF Addiction Psychiatry Fellowship	1427105279
ZZ_Smoke_Test_Vlogos	
Tyler's Haven	

- Click the program search box to find and request to join an existing program.
 - A pop-up search window will appear. Type the program name in the search box and select the correct program from the list.
 - Enter your reason request to join program and click the “Request to Join” button.
 - Your request will be emailed to the Program Administrator for approval.
-
- If your program is not listed, you will need to create a new program profile.

Completing Your Profile (Part 2 of 5)

Screen: Funding Portal Profile – Request to Join Program (create new)

The screenshot shows the HCAi Funding Portal interface. On the left, the 'My Account' menu is open, highlighting 'Request to Join Program'. The main profile form includes fields for 'First Name', 'Last Name', 'E-mail', 'Portal Profile Type' (set to 'Organizational'), and 'Phone Number'. A 'Save' button is at the bottom. A pop-up window titled 'Request to Join Program' is overlaid, showing a checkbox for 'Could not find Program?' which is checked. Below this, there is a 'Create New Program' button. Arrows from the text boxes point to these specific elements.

- Click the “Request to join Program” link in your Funding Portal Profile page.
- A pop-up window will appear. Select the box “Could not find Program?”
- Then click on the “Create New Program” button.

- A new screen will appear. Enter all the required information to create your new program.
- Go to the next slide for next steps.

Completing Your Profile (Part 3 of 5)

Screen: Funding Portal Profile – Request to Join Program (create new program, step 1)

The screenshot shows the HCAI Funding Portal interface. At the top, the HCAI logo and navigation links (Newsroom, Public Meetings, About HCAI, Subscribe, Careers) are visible. Below the header, the page title 'Funding Portal' is shown. The main content area is titled 'Create New Program' and features two tabs: 'Step 1 - Basic Information' (active) and 'Step 2 - People'. Under 'Step 1 - Basic Information', the section 'Program Details' contains several input fields: 'Program Name *', 'Primary Contact' (with a dropdown menu and a note: 'You will be automatically assigned as the Primary Contact for this Program upon creation.'), 'NPI' (with a note: 'Enter the National Provider Identifier (NPI) for your organization, if applicable.'), 'FEIN' (with a note: 'Provide your organization's Federal Employer Identification Number (FEIN) if applicable.'), and 'Address *' (with a red error message: 'Please enter a valid address.'). A 'Save and Next' button is located at the bottom of the form.

- Enter all the required information to create your new program.
- When you have completed entering all required information, click the “Save and Next” button.

Completing Your Profile (Part 4 of 5)

Screen: Funding Portal Profile – Request to Join Program (create new program, step 2)

HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal English Sign Out

HCAI Funding App / Profile / Create New Program

Create New Program

Step 1 - Basic Information ✓ Step 2 - People

People

You have created a new program. You can now invite contacts to join this program using the invitation process below. Invited contacts will receive an email notification and will be assigned the roles you select once they accept the invitation.

Invitations

Sent Invites

Email Address	Join Type	Status Reason
There are no records to display.		

Previous Create Program

Invite Contact to Program

- Click the “Invite Contact to Program” button to add staff who need access to your program in the Funding Portal.
- A new pop-up screen will appear. Enter the contact’s email address exactly as it appears in their Funding Portal profile.

- Select the role you want to assign to their profile (e.g., Program Director, Grant Preparer)
- Then click the “Send Invite” button to complete the action.
- The invited contact will receive an email prompting them to accept and join the program.

Completing Your Profile (Part 5 of 5)

Screen: Funding Portal Profile – Request to Join Program (create new program, step 2 continued)

The screenshot shows the 'Create New Program' page in the HCAI Funding Portal. The page has a header with the HCAI logo and navigation links. The main content area shows 'Step 1 - Basic Information' as completed and 'Step 2 - People' as the current step. Below the step indicators, there is a section titled 'People' with a message: 'You have created a new program. You can now invite contacts to join this program using the invitation process below. Invited contacts will receive an email notification and will be assigned the roles you select once they accept the invitation.' Below this message is an 'Invitations' section with a 'Sent Invites' dropdown and an 'Invite Contact to Program' button. A table with columns 'Email Address', 'Join Type', and 'Status Reason' is shown, but it contains no records. At the bottom of the page, there are two buttons: 'Previous' and 'Create Program'. A blue arrow points from the 'Create Program' button to a callout box on the right.

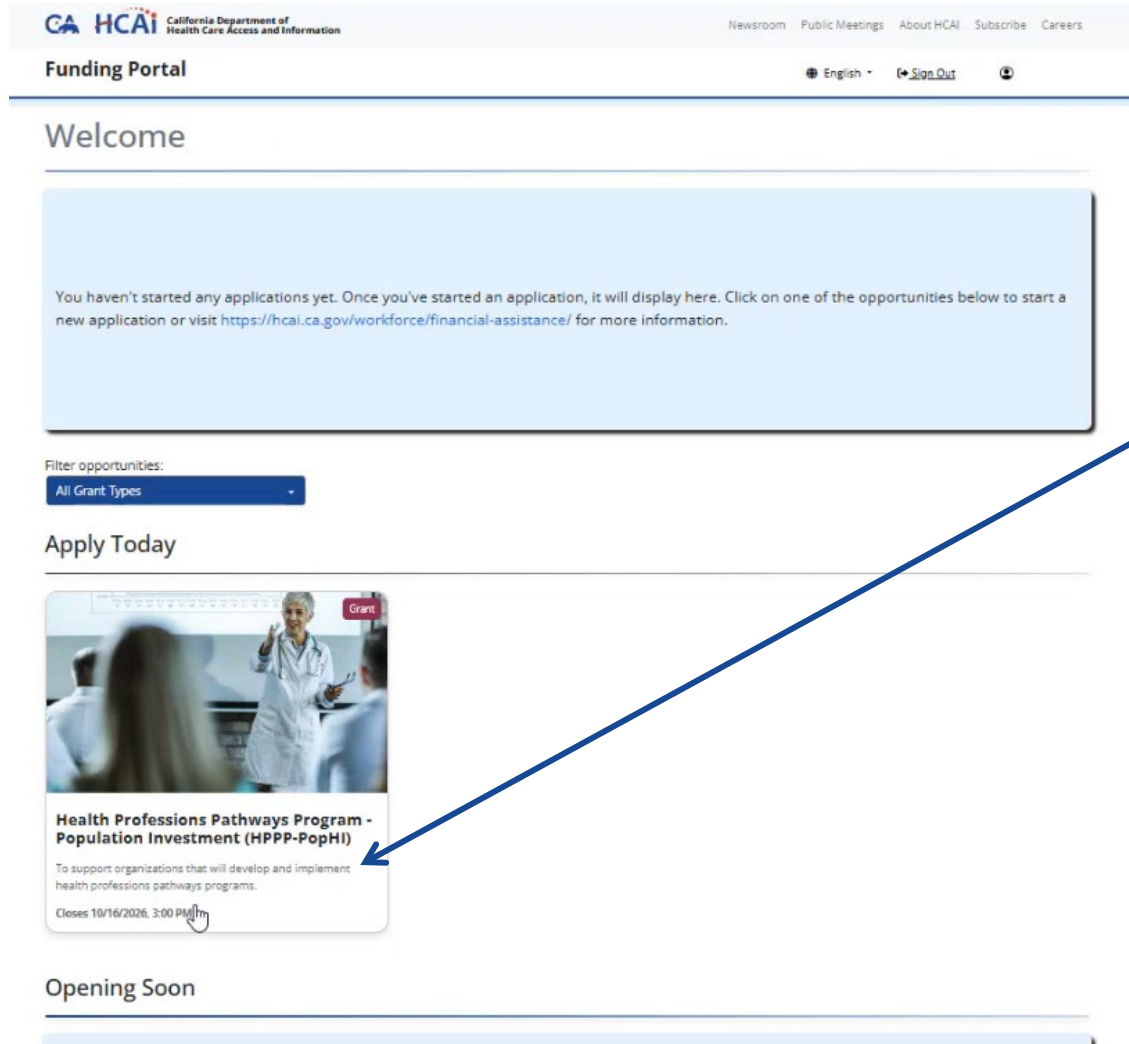
- Click the “Create Program” button to complete your new program.
- Once the system processes the information, a new screen with confirmation will appear.
- You can now go to your profile page and begin your application for your program.

The screenshot shows the confirmation screen after creating a new program. The page has the same header as the previous screen. The main content area features a green checkmark icon and the text: 'Your program was created successfully. Thank you for creating a new program within the HCAI Funding Portal. You can now view and manage your program from your profile by clicking the button below.' Below this text is a 'View Profile' button. A blue arrow points from the 'Create Program' button in the previous screen to this confirmation screen.

Health Professions Pathways Program: Population Health Investment (HPPP-Pop HI) Application

Starting the HPPP-PopHI Application (Part 1 of 3)

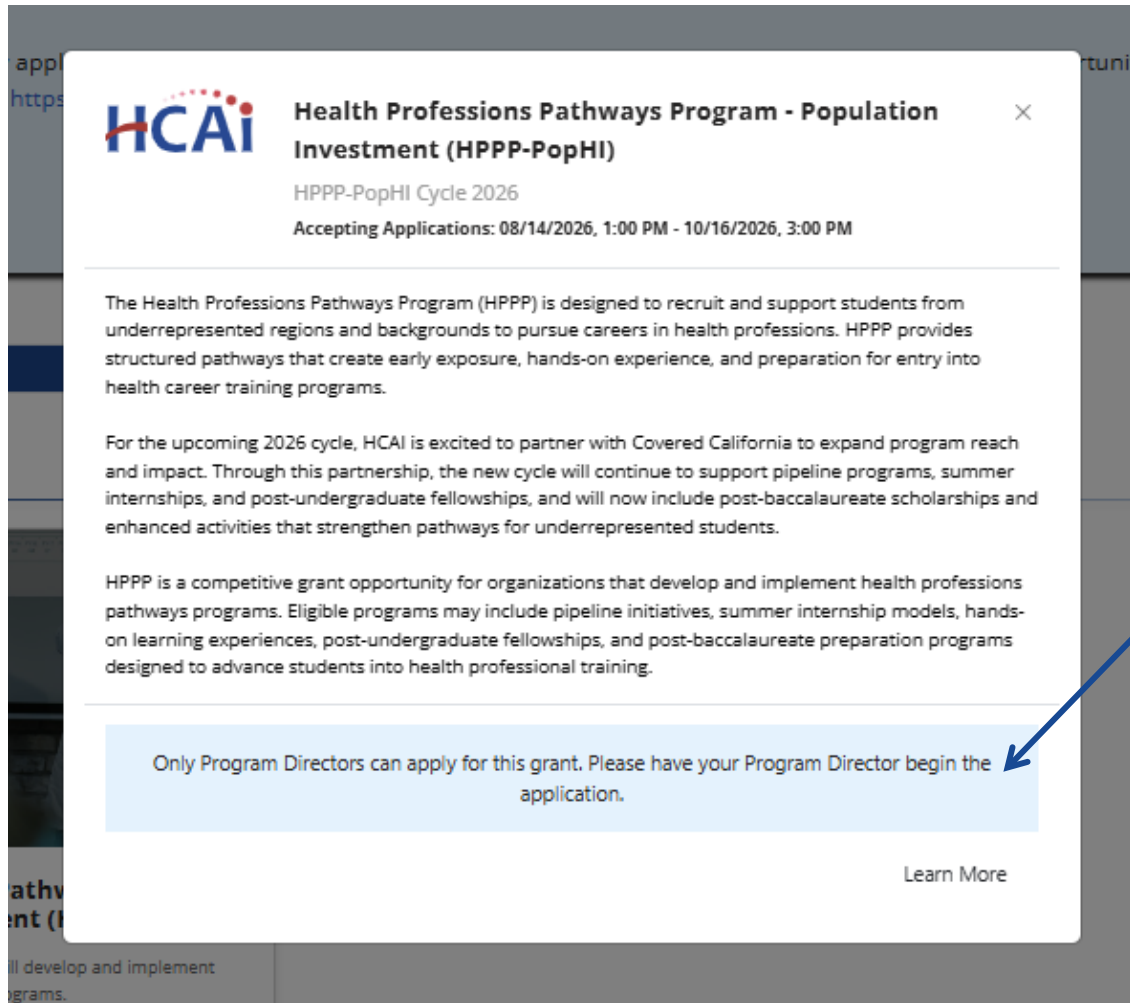
Screen: HCAI Funding Portal (Landing/Homepage)



- In the HCAI Funding Portal, find and select the “Health Professions Pathways Program – Population Investment (HPPP-PopHI)” tile box.
- A new window will open where you can begin your application. Go to the next slide for next steps.

Starting the HPPP-PopHI Application (Part 2 of 3)

Screen: HCAI Funding Portal (Landing/Homepage) View Details Pop-up screen

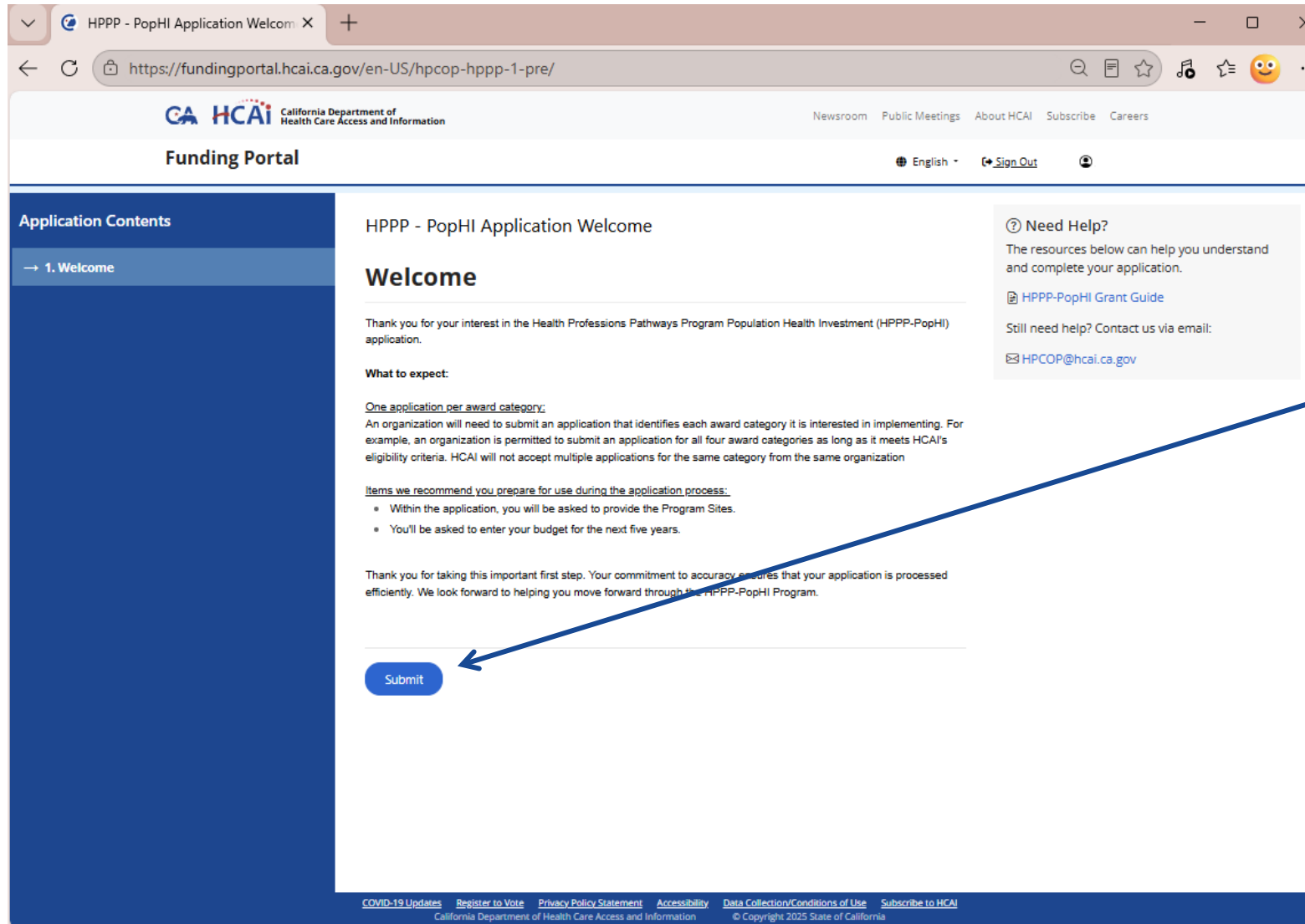


- If you receive a message that you 'must be a Program Director to proceed' on your pop-up screen, please check your Profile page and make sure you are listed as a Program Director, not a Grant Preparer.

- Note: If you reach this point and still cannot move forward after updating your profile, please email HPCOP@hcai.ca.gov and request to be added as a Program Director. This is required before you can continue with the application.

Starting the HPPP-PopHI Application (Part 3 of 3)

Screen: Application Welcome Page



The screenshot shows a web browser window with the URL <https://fundingportal.hcai.ca.gov/en-US/hpcop-hppp-1-pre/>. The page is titled "Funding Portal" and features the HCAI logo (California Department of Health Care Access and Information). The main content area is titled "HPPP - PopHI Application Welcome" and includes a "Welcome" section. A blue sidebar on the left contains "Application Contents" with a link to "1. Welcome". A blue arrow points from a text box on the right to a blue "Submit" button at the bottom of the page. The footer contains links for COVID-19 Updates, Register to Vote, Privacy Policy Statement, Accessibility, Data Collection/Conditions of Use, and Subscribe to HCAI.

Application Contents

→ 1. Welcome

HPPP - PopHI Application Welcome

Welcome

Thank you for your interest in the Health Professions Pathways Program Population Health Investment (HPPP-PopHI) application.

What to expect:

One application per award category:
An organization will need to submit an application that identifies each award category it is interested in implementing. For example, an organization is permitted to submit an application for all four award categories as long as it meets HCAI's eligibility criteria. HCAI will not accept multiple applications for the same category from the same organization.

Items we recommend you prepare for use during the application process:

- Within the application, you will be asked to provide the Program Sites.
- You'll be asked to enter your budget for the next five years.

Thank you for taking this important first step. Your commitment to accuracy ensures that your application is processed efficiently. We look forward to helping you move forward through the HPPP-PopHI Program.

[Submit](#)

[Need Help?](#)
The resources below can help you understand and complete your application.
[HPPP-PopHI Grant Guide](#)
Still need help? Contact us via email:
HPCOP@hcai.ca.gov

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- After signing in, and once your profile shows you as the Program Director for your organization, you can begin the HPPP-PopHI application by clicking the 'Submit' button on the application welcome page.

Application Section: Program Information

Program Information (Part 1 of 3)

Screen: Program Information Page 1 of 3 – Training Program

The screenshot shows a web browser window with the URL <https://fundingportal.hcai.ca.gov/en-US/hpcop-hppp-1-app/?id=5a1cee96-3da0-f111-a3d1-001dd80d9211#>. The page is titled "HPPPP - PopHI Application" and "App-HPPPP-PopHI-1016". The main heading is "Program Information". Below this, there is a prompt: "Select a training program from the Training Program search list below. You are applying on behalf of the program you select." The form includes a "Training Program *" field with a search icon. Below this is a message: "Can't find your training program? If your training program is not listed above, please go to your [Profile Page](#) to either **request to join an existing program** or **create a new one**. Once you've completed that step, return here to **continue your application**." There is also a "Training Program Website *" field and a "Program Director *" field with a dropdown menu. A "Next" button is at the bottom. A sidebar on the left lists "Application Contents" with 12 items, where "1. Program Information" is selected. A "Need Help?" section on the right provides a link to the "HPPPP-PopHI Grant Guide" and an email address HPCOP@hcai.ca.gov. A blue bracket on the right side of the form points to the "Training Program" field and the "Can't find your training program?" message.

Application Contents

- 1. Program Information
- 2. Program Attestations
- 3. Contract Administration
- 4. Program Proposal
- 5. Program Objectives
- 6. Qualitative
- 7. Services
- 8. Program Data
- 9. Organization experience
- 10. Award Category
- 11. Budget
- 12. Assurances

HPPPP - PopHI Application
App-HPPPP-PopHI-1016

Program Information

Select a training program from the Training Program search list below. You are applying on behalf of the program you select.

Training Program *

Can't find your training program?

If your training program is not listed above, please go to your [Profile Page](#) to either **request to join an existing program** or **create a new one**.

Once you've completed that step, return here to **continue your application**.

Training Program Website *

Program Director *

You have been pre-selected as the Program Director for this application. If this is incorrect, please select a different Program Director associated with the training program selected above.

[Next](#)

Need Help?
The resources below can help you understand and complete your application.
[HPPPP-PopHI Grant Guide](#)
Still need help? Contact us via email:
HPCOP@hcai.ca.gov

- Follow the prompts on the screen to fill out your program information.
- Be prepared to include your program website and information.
- Go to the next slide to review how to search and select your Training Program.

Program Information (Part 2 of 3)

Screen: Program Information Page 2 of 3 – Selecting Training Program

The screenshot shows the HCAi Funding Portal interface. The main heading is 'Program Information'. Below it, there's a instruction: 'Select a training program from the Training Program search list below. You are applying on behalf of the program you select.' The 'Training Program' field is empty. A 'Training Program Website' field is also empty. The 'Program Director' field has a 'Select' button. A 'Next' button is at the bottom left. A 'Lookup records' modal is open, showing a search bar and a table with one record: 'HPPP PopHI Test August 11 2026'. A 'Select' button is at the bottom of the modal. A 'Training Program Launch lookup modal' button is also visible.

- Click the search tool button to open the Training Program lookup function to select your program.
- A new pop-up screen will appear.

- Follow the prompts on the screen to find your program.
- Once you have chosen your program, click the “Select” button to return to the application page.

Program Information (Part 3 of 3)

Screen: Program Information Page 3 of 3 – Training Program

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Newsroom Public Meetings About HCAi Subscribe Careers

Funding Portal English Sign Out

HPPP - PopHI Application
App-HPPP-PopHI-1012

Program Information

Select a training program from the Training Program search list below. You are applying on behalf of the program you select.

Training Program *

Can't find your training program?
If your training program is not listed above, please go to your Profile Page to either request to join an existing program or create a new one.
Once you've completed that step, return here to continue your application.

Training Program Website *

Program Director *
You have been pre-selected as the Program Director for this application. If this is incorrect, please select a different Program Director associated with the training program selected above.

Select

Next

Need Help?
The resources below can help you understand an
HPPP-PopHI Grant Guide
Still need help? Contact us via email:
HPCOP@hcai.ca.gov

- Enter your Training Program website.
- Follow the prompts for the Program Director confirmation.
- Click the “Next” button to move on to the next page.

Application Section: Program Attestations

Program Attestations

Screen: HPPP PopHI Application - Program Attestation

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NewsroomPublic MeetingsAbout HCAiSubscribeCareers

Funding PortalEnglishSign Out

HPPP - PopHI Application
App-HPPP-PopHI-1012

Program Attestations

Program attests to read the PopHI 2026 Grant Guide (the "Grant Guide") prior to beginning this application. Program understands that it may be disqualified from the process if an eligibility conflict is identified based on the criteria outlined in the Grant Guide

☐ I acknowledge *

Program attests to respond to periodic survey questions posed by Covered CA

☐ I acknowledge *

Program attests to respond to participate in qualitative interviews conducted by Covered CA

☐ I acknowledge *

Program attests to respond promptly to Covered CA communications regarding webinar participation and trainings

☐ I acknowledge *

Program attests to allow Covered CA to contact your participants to take part in surveys and qualitative interviews

☐ I acknowledge *

Previous

Next

Need Help?

The resources below can help you understand and complete your application.

[HPPP-PopHI Grant Guide](#)

Still need help? Contact us via email:

HPCOP@hcai.ca.gov

- Follow the prompts and acknowledge each of the program attestations by clicking the “I acknowledge” box after each item.
- Then click the “Next” button to continue.

Application Section: Contract Administration

Screen: HPPP PopHI Application – Contract Administration

- Follow the prompts and enter your contract administrator information.
- Then click the “Next” button to continue.

Application Section: Program Proposal

Program Proposal (Part 1 of 3)

Screen: HPPP PopHI Application – Program Proposal page 1, part 1 of 3

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Funding Portal English Sign Out

HPPP - PopHI Application

App-HPPP-PopHI-1012

Program Proposal

Identify the participants to be served by the grant. Refer to Section C in the Grant Guide for definitions.

Target program participants. Select all that apply.

- ☐ High school freshmen 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 freshmen and sophomores.
- ☐ Four-year college juniors and seniors.
- ☐ Recent four-year college graduates.
- ☐ Graduate Students.
- ☐ Post Baccalaureate students.
- ☐ Other.
- ☐ None of the above.

Please select at least one option.

Please specify other applicable target audiences.

Target Population

Former/current homeless/underhoused youth is a person having inadequate or poor housing; (of a community or area) not having enough dwellings

Please select from the following underserved groups that your organization has targeted for outreach and recruitment. Select all that apply.

- ☐ Former foster youth.
- ☐ Former/current homeless/unhoused/underhoused youth.
- ☐ Medi-Cal members.

Need Help?
The resources below can help you understand and complete your application.
[HPPP-PopHI Grant Guide](#)
Still need help? Contact us via email:
HPCOP@hcai.ca.gov

Target Program Participants

- Select all participant groups that apply to your program.
- Go to the next slide to review next steps.

Program Proposal (Part 2 of 2)

Screen: HPPP PopHI Application – Program Proposal page 1, part 2 of 3

Target Population

Former/current homeless/underhoused youth is a person having inadequate or poor housing; (of a community or area) not having enough dwellings

Please select from the following underserved groups that your organization has targeted for outreach and recruitment. Select all that apply.

- ☐ Former foster youth.
- ☐ Former/current homeless/unhoused/underhoused youth.
- ☐ Medi-Cal members.
- ☐ Adult/non-traditional learners (including veterans).
- ☐ None of the above.

Please select at least one option.

Target Population

- Select all population groups your program will serve.

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 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.
- ☐ Form institutional partnerships.
- ☐ Hire faculty from disadvantaged backgrounds.
- ☐ None of the above.

Please select at least one option.

Addressing Challenges of Target Population

- Select all that is applicable to your program proposal.
- Go to the next slide to review how to complete this section of the application.

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

- ☐ Provides instruction in a non-English language.
- ☐ 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 adapt trainings/workshops that respond to the cultural and linguistic diversity of program participants.

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Program Proposal (Part 3 of 3)

Screen: Program Proposal page 1, part 3 of 3

- ☐ Adult/non-traditional learners (including veterans).
- ☐ None of the above.

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 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.
- ☐ Form institutional partnerships.
- ☐ 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.

- ☐ Provides instruction in a non-English language.
- ☐ 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.

Please select at least one option.

Previous

Next

Culturally and/or linguistically responsiveness

- Select all that is applicable to your program proposal.
- Click the “Next” button to continue.

Application Section: Program Objectives

Program Objectives

Screen: Program Objectives

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Funding Portal English Sign Out

HPPP - PopHI Application
App-HPPP-PopHI-1012

Program Objectives

Indicate which of the following activities will be included in your program

Please select your program objectives. Select all that apply.

- ☐ Structured cohort programs (enrichment, career, internships, summer research, graduate school/medical school preparation).
- ☐ Courses (Science and Health careers).
- ☐ Research and community experiences.
- ☐ Tutoring.
- ☐ MCAT and other test preparation (SAT, GRE, DAT).
- ☐ Assistance with health professions school application.
- ☐ Engagement with health professions schools and residency programs.
- ☐ Financial and funding education workshops.
- ☐ Web based and social media support.
- ☐ Parental/family engagement.
- ☐ Mental health awareness and support.
- ☐ Saturday academies or retreats.
- ☐ Student health clubs.
- ☐ Newsletters.
- ☐ Student coordinators and case managers.
- ☐ Conferences (hosted and external).
- ☐ Housing assistance.
- ☐ Scholarship assistance.
- ☐ Guaranteed income.
- ☐ Mentorship.
- ☐ None of the above.

Please select at least one option.

Previous Next

Need Help?
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- Select all program objectives that apply to your proposal.
- Click the “Next” button to continue.

Application Section: Qualitative Questions

Qualitative Questions

Screen: HPPP – PopHI Application - Qualitative

HPPP - PopHI Application
App-HPPP-PopHI-1012

Qualitative

Provide a summary overview of the Population Health Investment Program. Briefly describe the geographic area 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 that pursue health professions education, training, and careers. Maximum 1000 characters. *

Maximum limit of 1000 characters.

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. Maximum 1000 characters. *

Maximum limit of 1000 characters.

Describe how the program will monitor and evaluate the effectiveness of its interventions, and evaluate the continued implementation, scaling, and/or changing interventions based on their effectiveness with program participants from 2026-2031. Reporting on program outcomes for each award category will be done using a toolkit provided by Covered California. This question is your opportunity to describe any additional evaluation and assessment activities you will be implementing as well as why those additional activities are necessary. The goals of the program are to facilitate students entering a health professions school or starting employment at a health professions career. How will your program track students in the near and long-term? Maximum 1000 characters. *

Maximum limit of 1000 characters.

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Qualitative Program Description Sections

- This section of the application allows you to briefly describe your program.
- Follow the instructions in each text box and enter your information.
- Each text box is limited to 1,000 characters.
- When you have completed your responses, click the “Next” button to continue.

Application Section: Services

Services

Screen: HPPP – PopHI Application - Services

CA HCAi California Department of Health Care Access and Information

Newsroom Public Meetings About HCAi Subscribe Careers

Funding Portal English Sign Out

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App-HPPP-PopHI-1012

Services

Counseling Support

Will the applicant's proposed program provide students with access to internships, fellowships, or shadowing hours in primary care, caring for older adults, behavioral health, and/or allied health fields? *

☒ Yes ☐ No

Academic Support

Which of the following services will the applicant's proposed program provide to support the student's academic success? Select all that apply.

What percentage of your training will be offered to students still attending high school? *

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- Follow the prompts to respond to each question on the screen.
- Where it is indicated, enter percentages in whole numbers.
- When you have completed your responses, click the “Next” button to continue.

Application Section: Program Data

Program Data (Part 1 of 4)

Screen: HPPP – PopHI Application – Program Data page 1, part 1 of 4

CA HCAi California Department of Health Care Access and Information

Newsroom Public Meetings About HCAi Subscribe Careers

Funding Portal English Sign Out

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Program Data

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

Primary Care

- ☐ Primary Care Physician
- ☐ Internal Medicine
- ☐ Pediatrician
- ☐ Obstetrician-Gynecologist (OB/GYN)
- ☐ Family Medicine
- ☐ Nurse Practitioner (Adult Nurse, OB/GYN, Family Nurse, Pediatric)
- ☐ Physician Assistant
- ☐ Licensed Midwife
- ☐ Certified Nurse Midwife

Behavioral Health

- ☐ Behavioral Health

Caring for Older Adults

- ☐ Geriatric Pharmacist
- ☐ Geriatric Clinical Nurse Specialist
- ☐ Geriatric Nurse Practitioner
- ☐ Geriatric Physician Assistant
- ☐ Gerontologist
- ☐ Geriatric Social Worker
- ☐ Geriatric Nurse
- ☐ Geriatric Physical Therapist
- ☐ Geriatric Psychologist

Allied Health

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- Select your program's primary health profession focus for each of the health professions that apply.
- Go to the next slide to review how to complete this section of the application.

Program Data (Part 2 of 4)

Screen: HPPP – PopHI Application – Program Data page 1, part 2 of 4

Allied Health

- ☐ Registered Dietician
- ☐ Pharmacy Technician
- ☐ Health Educator
- ☐ Community Health Worker
- ☐ Certified Nursing Assistant
- ☐ Medical Interpreter
- ☐ Physical Therapy Assistant
- ☐ Internationally Board-Certified Lactation Consultant

Health Profession

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

How many program sites do you have? *

Program sites are where the program will take place.

Click on the **Add Program Site** button to add a new program site.

Add Program Site

Site Address Site URL

There are no records to display.

- Select your program's primary health profession focus for Allied Health if applicable.
- Use the text box to briefly describe the specific health profession your program will support.
- Then enter the number of program sites you have in the text box.
- Go to the next slide to review how to add program sites.

Program Data (Part 3 of 4)

Screen: HPPP – PopHI Application – Pop-up screen to add program sites

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

How many program sites do you have? *

Program sites are where the program will take place.

Click on the **Add Program Site** button to add a new program site.

Site Address Site URL

There are no records to display.

Does your organization propose to promote primary care careers, behavioral health careers, caring for older adults, and equal 100%.

Primary Care *

Behavioral Health *

Caring for Older Adults *

Allied Health

Previous Next

Create

Site Address *

Site URL *

Facility Type. Select all that apply. *

- ☐ Family Planning
- ☐ Indian Health Service
- ☐ Tribal and Urban Indian Program
- ☐ County-Operated Health Facility
- ☐ Federally Qualified Health Center
- ☐ Native American Health Center
- ☐ Rural Health Clinic
- ☐ State-Operated Health Facility
- ☐ Veteran's Facility

Submit

- Click on the “Add Program Site” button.
- A pop-up window will appear.
- Enter the program site address.
- Enter the program site URL website address.
- Select the facility type of the program site.
- Then scroll down to click the “Submit” button to return to the application.
- Repeat steps to add each of your program sites.
- Go to the next slide to review how to complete this section of the application.

Program Data (Part 4 of 4)

Screen: HPPP – PopHI Application – Program Data page 1, part 4 of 4

How many program sites do you have? *

Program sites are where the program will take place.

2

Click on the **Add Program Site** button to add a new program site.

[Add Program Site](#)

Site Address	Site URL	
2020 El Camino Avenue, Sacramento, CA 95821	https://hcai.ca.gov	⌵
302 L Street, Fremont, CA 94536	https://hcai.ca.gov	⌵

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

Primary Care *

25

Behavioral Health *

25

Caring for Older Adults *

25

Allied Health

25

Which Allied Health profession does your program prioritize? *

[Previous](#) [Next](#)

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- Enter the percentage (in whole numbers) for each health career your program will address.
- You may enter 100% for one health career if that applies to your program.
- Make sure the total for all health careers equals 100%.
- If you enter a percentage for “Allied Health,” type the specific health career in the text box below the percentage.
- Then click the “Next” button to continue.

Application Section: Organization experience

Organization Experience

Screen: Organization Experience

HPPP - PopHI Application
App-HPPP-PopHI-1012

Organization Experience

Select the types of underrepresented individuals that your organization has experience with exposing to primary care, caring for older adults, behavioral health, and/or allied health. Select all that apply.

- ☐ Economically disadvantaged: Individuals whose family income meets the criteria for economic disadvantage as defined by the U.S. Census Bureau's low-income thresholds or is at or below 200% of the HHS Federal Poverty Guidelines.
- ☒ Educationally disadvantaged: Individuals whose educational experience were limited or inhibited, consistent with the NHSC educational disadvantage criteria. This may include, but is not limited to, individuals from schools with low college-going rates or low academic performance indicators, first-generation college students, individuals with diagnosed learning or physical impairments affecting educational participation, individuals for whom English remains a barrier to academic success, or individuals from schools with high eligibility rates for free or reduced-price lunch.
- ☒ Environmentally disadvantaged: Individuals who live or reside in communities officially designated as Disadvantaged Communities (DACs) by the California Environmental Protection Agency, characterized by significant environmental burdens such as high pollution levels, poor air or water quality, proximity to industrial or waste sites, or limited access to green spaces.
- ☐ Individuals that live or reside within MSHA.
- ☐ None of the above.

For each listed health career type, enter the number of years of experience your organization has. To add the start and end dates, click on the corresponding row and select the dates from the calendar fields. The Total Years field is automatically calculated and cannot be edited.

Health Career Type	Start Date	End Date	Total Years	How many of those years did you expose underrepresented individuals to this profession?
Behavioral Health	01/01/2018	06/14/2026	7.52	0.00
Primary Care	01/01/2022	06/28/2026	4.49	0.00
Caring for Older Adults	01/01/2024	06/28/2026	0.58	0.00
Allied Health	01/01/2023	06/13/2026	3.40	0.00

Save & Continue

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

Does your organization plan to utilize Year 1 as a Planning and Program Development phase?

☐ Yes
☐ No

Previous Next

- Select all groups of underrepresented individuals your organization has experience working with.

- Enter the Year Started, Year Ended, and the Total Years of Experience for each health career type.
- Then indicate how many of those years your program exposed underrepresented individuals to this profession by entering the number of years in the text boxes.

- Respond to the questions.
- Then click the “Next” button to continue.

Application Section: Award Category

Award Category

Screen: HPPP – PopHI Application – Award Category

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Funding Portal

English + Site Map

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App: HPPP-PopHI-1012

Award Category

Organization Type
Select your organization type. Select all that apply.

Community-based Organization is a public or private nonprofit that is representative of a community and provides services to the local community. Community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary healthcare services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas in which economic, geographic, or cultural barriers limit access to affordable healthcare services. Health centers deliver care to the nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the nation's veterans. Also known as Community Clinic. This can also include any additional organizations covered by Covered California's "Essential Community Provider" (ECP) types, which includes the following:

- Family planning sites
- Indian health Service
- Tribal and Urban Indian Program
- County-Operated Health Facility
- Federally Qualified Health Center
- Native American Health Center
- Rural Health Clinic
- State-Operated Health Facility
- Veterans facility

Health Professions Training Program is a program offering specialized health care training including professional schools (e.g., nursing, medical, dental, and health schools, etc.) and graduate education (e.g., residency and fellowship programs).

☐ 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 nonprofit universities and colleges, including community colleges
☐ Health professions training programs

1. Select your organization type. Select all that apply is a required field.

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Career Opportunity

Select your Health Profession Career Opportunity Type.

☐ Pipeline Programs (Award category A)
☐ Summer Internships (Award category B)
☐ Post Undergraduate Fellowships (Award category C)
☐ Post Baccalaureate Scholarships (Award category D)

Previous Next

- Select your organization type.
- Then another section will appear on the page for the Health Profession Opportunity Type. Select the option category that you are proposing.
- Depending upon the category you select, another section called “Award Category” will appear on the page for you to respond.

- Go to the next set of slides to review how to complete this section of the application for each award category.

Award Category A: Pipeline Programs

Screen: HPPP – PopHI Application – Award Category

- ☒ 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 nonprofit universities and colleges, including community colleges
- ☐ Health professions training programs

Career Opportunity

Select your Health Profession Career Opportunity Type.

- ☒ Pipeline Programs (Award category A)
- ☐ Summer Internships (Award category B)

Award Category

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

Since you have selected "Yes" for having a planning year on the Organization Experience page, then you must have 0 students for the first year.

Pipeline Programs (Award category A) 50 Students per academic year

2026 - 2027 *	0
2027 - 2028 *	50
2028 - 2029 *	50
2029 - 2030 *	50
2030 - 2031 *	50

Previous

Next

Example for Organization type: High School or School Districts with category A: Pipeline Programs:

- Select your organization type.
- Then select your health profession career opportunity type (award category)
- Depending upon the category you select, another section called "Award Category" will appear on the page for you to respond.
- Enter the total number of expected program participants for each year.
- Then click the "Next" button to continue.

Award Category B: Summer Internships

Screen: HPPP – PopHI Application – Award Category

- ☒ 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 nonprofit universities and colleges, including community colleges
- ☐ Health professions training programs

Career Opportunity

Select your Health Profession Career Opportunity Type.

- ☐ Pipeline Programs (Award category A)
- ☒ Summer Internships (Award category B)

Award Category

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

Summer Internships (Award category B) Maximum 3 Interns per academic year

2026 - 2027 *	0
2027 - 2028 *	3
2028 - 2029 *	3
2029 - 2030 *	3
2030 - 2031 *	3

Previous

Next

Example for Organization type: High School or School Districts with category B: Summer Internships:

- Select your organization type.
- Then select your health profession career opportunity type (award category)
- Depending upon the category you select, another section called “Award Category” will appear on the page for you to respond.
- Enter the total number of expected interns for each year.
- Then click the “Next” button to continue.

Award Category C: Post Undergraduate Fellowships

Screen: HPPP – PopHI Application – Award Category

☐ 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 nonprofit universities and colleges, including community colleges

☐ Health professions training programs

Career Opportunity

Select your Health Profession Career Opportunity Type.

☐ Pipeline Programs (Award category A)

☐ Summer Internships (Award category B)

☒ Post Undergraduate Fellowships (Award category C)

☐ Post Baccalaureate Scholarships (Award category D)

Award Category

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

Post Undergraduate Fellowships (Award category C) Maximum 3 fellowships per year

2026 - 2027 *

2027 - 2028 *

2028 - 2029 *

2029 - 2030 *

2030 - 2031 *

Previous

Next

Example for Organization type: Community-based organizations with category C: Post Undergraduate Fellowships

- Select your organization type.
- Then select your health profession career opportunity type (award category)
- Depending upon the category you select, another section called “Award Category” will appear on the page for you to respond.
- Enter the total number of expected fellowships for each year.
- Then click the “Next” button to continue.

Award Category D: Post Baccalaureate Scholarships

Screen: HPPP – PopHI Application – Award Category

☐ 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 nonprofit universities and colleges, including community colleges
☐ Health professions training programs

Career Opportunity
Select your Health Profession Career Opportunity Type.

☐ Pipeline Programs (Award category A)
☐ Summer Internships (Award category B)
☐ Post Undergraduate Fellowships (Award category C)
☒ Post Baccalaureate Scholarships (Award category D)

Award Category
Total number of expected program participants for each opportunity type per year. Do not include staff, volunteers, or presenters.

Post Baccalaureate Scholarships (Award category D) Maximum 7 scholarships per year

2026 - 2027 *
2027 - 2028 *
2028 - 2029 *
2029 - 2030 *
2030 - 2031 *

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Next

- Example for Organization type: Community health centers with category D: Post Baccalaureate Scholarships
- Select your organization type.
 - Then select your health profession career opportunity type (award category)
 - Depending upon the category you select, another section called “Award Category” will appear on the page for you to respond.
 - Enter the total number of expected scholarships for each year.
 - Then click the “Next” button to continue.

Application Section: Budget

Program Budget

Screen: HPPP-PopHI Application - Budget

Application Contents

1. Program Information

2. Program Attestations

3. Contract Administration

4. Program Proposal

5. Program Objectives

6. Qualitative

7. Services

8. Program Data

9. Organization experience

10. Award Category

→ 11. Budget

12. Assurances

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Budget

Total Proposed Budget *

400,000.00

Budget Magic Table

[Paste from Excel](#)

Academic Year	Award Category	Indirect Cost *	Personnel *	Advertising *	Meals *	Transportation *	Facility Costs *	Implementation Cost Total	Total Requested
AY 2026-27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AY 2027-28	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00
AY 2028-29	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00
AY 2029-30	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00
AY 2030-31	\$100,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100,000.00
Totals	\$400,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$400,000.00

Saved 10:52 PM

Grand Total Requested *

Grand Total Requested amount for all academic years is calculated as the sum of the award category total, indirect cost total and implementation cost total

400,000.00

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- Follow the screen prompts to fill out each item for your program budget.
- Once all areas of the budget are complete, click on the “Next” button to continue.

Application Section: Assurances

Assurances

Screen: HPPP-PopHI Application - Assurances

The screenshot displays the 'Assurances' section of the HPPP-PopHI Application. The sidebar on the left lists the application contents, with '12. Assurances' selected. The main content area shows the 'Assurances' section with a checkbox labeled 'I Certify *' and a text box for the applicant to certify that the information provided is true and accurate. Below the text box are 'Previous' and 'Submit' buttons. A callout box on the right provides instructions: 'Mark the “I Certify” box to certify that the information provided in the application is true and accurate. Then click the “Submit” button to continue.'

Application Contents

- 1. Program Information
- 2. Program Attestations
- 3. Contract Administration
- 4. Program Proposal
- 5. Program Objectives
- 6. Qualitative
- 7. Services
- 8. Program Data
- 9. Organization experience
- 10. Award Category
- 11. Budget
- 12. Assurances

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Assurances

☐ I Certify *

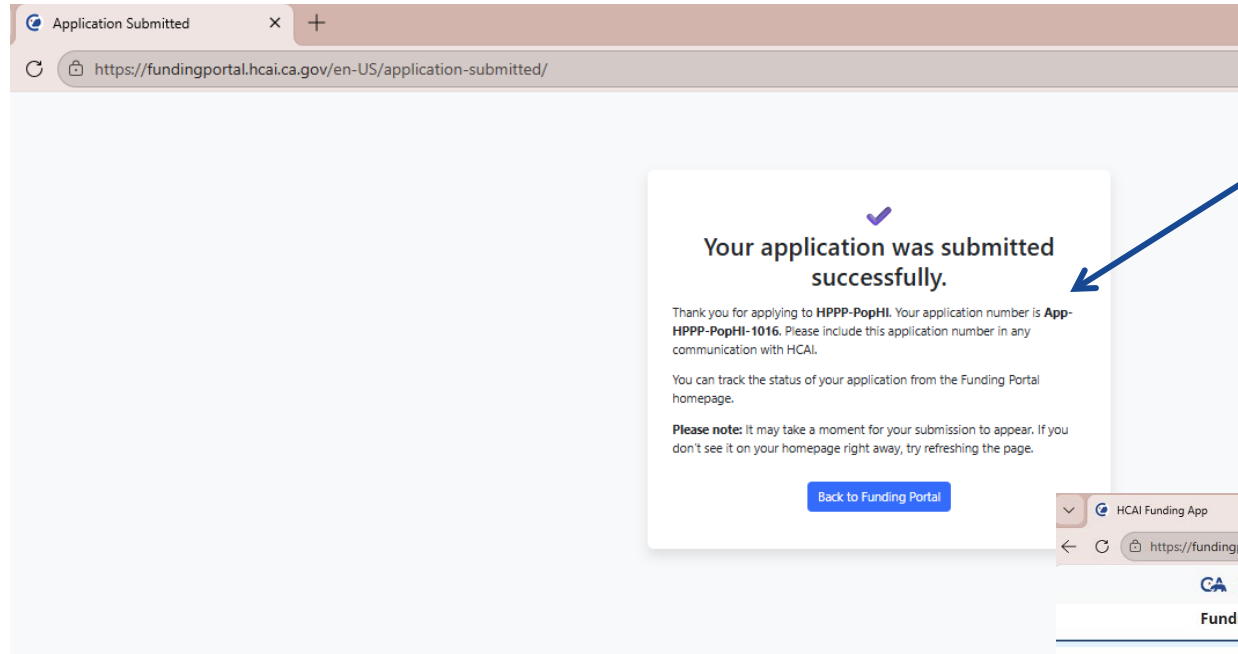
I, the applicant, certify that the information provided in the application is true and accurate to the best of my knowledge.

Previous Submit

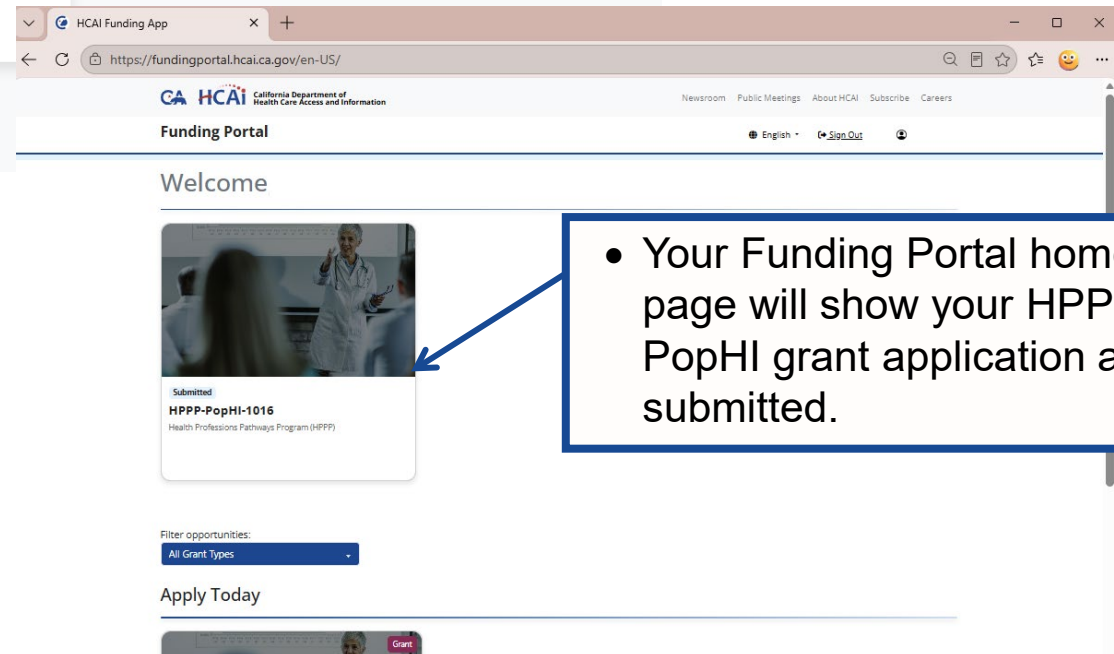
- Mark the “I Certify” box to certify that the information provided in the application is true and accurate.
- Then click the “Submit” button to continue.

Confirmation and Post-submission (final screen)

Screen: Confirmation



- This screen will display a confirmation message with your application number.
- You can track the status of your application from the Funding Portal Homepage.
- Click the “Back to Funding Portal” button to view your profile and application status.



- Your Funding Portal home page will show your HPPP – PopHI grant application as submitted.

Questions

Send all questions to: HPCOP@HCAI.ca.gov

- If you have a *submitted application*, please include your HPPP - PopHI 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 HPPP - PopHI 2026 – 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 HCAI Program staff.