

Primary Care Residency (PCR) Technical Assistance Webinar

Department of Health Care Access and Information

June 2026

HCAI's Vision and Mission



Vision

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

Mission

HCAI expands 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:
 - Primary Care (Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics)
 - Family Nurse Practitioners/Physician Assistants (FNP/PA)
 - Registered Nurses (RN)
 - Midwifery Programs (Certified Nurse Midwives and Licensed Midwives) **No funding currently available*
- Song-Brown provides financial incentives to programs to:
 - Graduate individuals who practice in medically underserved areas
 - Enroll members of underrepresented groups in medicine to the program
 - Locate the program's main training site in a medically underserved area
 - Operate a main training site at which the majority of the patients are Medi-Cal recipients

Application Key Dates

Key Events	Dates and Times
Application Opens	June 18, 2026, at 3:00 p.m.
Webinars	June 11, 2026, at 10:00 a.m. and June 25, 2026, at 2:00 p.m.
Application Early Submission	July 20, 2026, at 3:00 p.m.
Application Closes	August 3, 2026, at 3:00 p.m.
Award Notice	December 2026
Grant terms:	
New PCR Programs	April 1, 2027 – October 30, 2028
New PCR Programs with a Match	April 1, 2027 – November 30, 2029
THC Existing Slots	April 1, 2027 – July 31, 2028
Existing and Expansion Slots	June 30, 2027 – August 31, 2030

Before You Apply

- If your program requires approval to contract from a coordinating authority, inform the authority of terms and conditions contained in the Grant Agreement.
- Applicants must agree to the terms and conditions as outlined in the Grant Guide before receiving funds.
- HCAI **will not** make changes to the terms and conditions specified in the Grant Agreement.
- Funding shall be used to expand primary care services.
- Funds shall not supplant existing federal, state, or local funds to provide primary care services.

Changes for 2026

- All applicant programs must provide an additional signatory beyond their grant agreement signatory. This additional signatory must have the institutional authority to enter into an agreement with the State of California.
- Applicant programs must provide Fellowship information for residency program graduates.
- 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.

Information to Gather: Existing, Expansion, and Teaching Health Center (THC)

- Correct organization name and address. The legal name for your organization must match the address on file with the IRS. Incorrect information can delay the agreement process.
- All required signatory names and contact information (required for Grant Agreement, Additional Signatory, and Payee Data record (STD-204)).
- Facility type for each primary continuity clinic training site.
- Payer mix information for each listed primary continuity clinic.
- Race/ethnicity data for all current residents.

Information to Gather: Existing, Expansion, and THC

- Current practice site or Fellowship information for all graduates entered.
- National Provider Identification number for all graduates entered.
- Applicable required attachments (ACGME Accreditation or ACGME Expansion letter).
- Permission from your organization to apply for the grant.

Information to Gather: New Programs

- Correct organization name and address. The legal name for your organization must match the address on file with the IRS. Incorrect information can delay the agreement process.
- All required signatory names and contact information (required for Grant Agreement, Additional Signatory, and Payee Data record (STD-204)).
- Facility type for each primary continuity clinic training site.
- Payer mix information for each listed primary continuity clinic.

Required Documents: New Programs

Gather information for phases and applicable required attachments. Each phase from A-D will require an attachment at time of application.

- A. Institution Affiliation (sponsor) Letter or Proof of Application
- B. Fiscal Plan
- C. Timeline in Place
- D. Training Sites Recruited (If Phases D-G are selected, only a Letter of Sustainability is required)

Program Funding Categories

Existing Primary Care Residency Program (Existing)	A program that is accredited by the Accreditation Council for Graduate Medical Education and will enroll at least one class by July 1 of the following year.
Teaching Health Center (THC)	A community-based ambulatory patient care center, operating a primary care residency program. Community-based ambulatory patient care settings include, but are not limited to, federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, and entities receiving funds under Title X of the federal Public Health Service Act (Public Law 91-572). Health and Safety Code Section 128205 subdivision (h). The sponsoring institution of the residency program must be a qualified Teaching Health Center or an educational consortium that includes a health center.
New Primary Care Residency Slots for Existing Programs (Expansion)	A permanent increase in the number of Accreditation Council on Graduate Medical Education categorical primary care residency positions for an existing primary care program as evidenced by a letter from ACGME, dated July 1, 2024, or later. A program may continue to apply for expansion funding until all approved ACGME expansion positions have been filled.

Program Funding Categories, Continued

New Primary Care Residency Program	A program that meets one of the following criteria: <ul style="list-style-type: none">• Has completed Accreditation Phases: a) ACGME Institutional Affiliation, b) Fiscal Plan, c) Timeline in Place, and d) Training Sites Recruited. OR <ul style="list-style-type: none">• Has obtained Continued residency program accreditation, has no first-year residents at the time of the application, and has not received any prior Song-Brown funding.
New Primary Care Residency Programs with a Match	A program that meets the following criteria: <ul style="list-style-type: none">• Is in the process of completing Accreditation Phases:<ul style="list-style-type: none">a) ACGME Institutional Affiliation,b) Fiscal Plan, andc) Timeline in Place.• Has not received any prior Song-Brown funding.• Is willing to match twenty-five percent (25%) of their organization's funds toward HCAI's total award.

Available Funding

Award Category	Total Available	Award Amount	Disbursement Method
Existing Slots	\$18.6 M	<ul style="list-style-type: none"> •Spread over a 3-year period to support at least one resident of an existing PCR program •\$125,000 per filled first-year slot; maximum of five slots •No indirect costs allowed 	Paid quarterly in arrears
Teaching Health Centers	\$5.6 M	<ul style="list-style-type: none"> •One-time funding to support a recognized THC •\$125,000 per filled first-year slot; maximum of six slots. •Maximum of 8% indirect costs allowed 	70% upon contract execution; remainder upon proof of allowable expenditures
Expansion Slots	\$3.3 M	<ul style="list-style-type: none"> •Spread over a 3-year period to support at least one resident of a PCR program that has permanently expanded •\$300,000 per first-year slot; maximum of three slots 	Paid quarterly in arrears
New Programs	\$3.3 M	<ul style="list-style-type: none"> •Funding to offset the costs associated with achieving Continued ACGME accreditation •Up to \$2,000,000 	Upon proof of continued accreditation and allowable expenditures
Total	\$31 M		

Helpful Resources

1. [Song-Brown Glossary](#)
2. [PCR Grant Guide](#)
3. [Song-Brown Program Allowable Costs Guide](#)

eApplication (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](#)

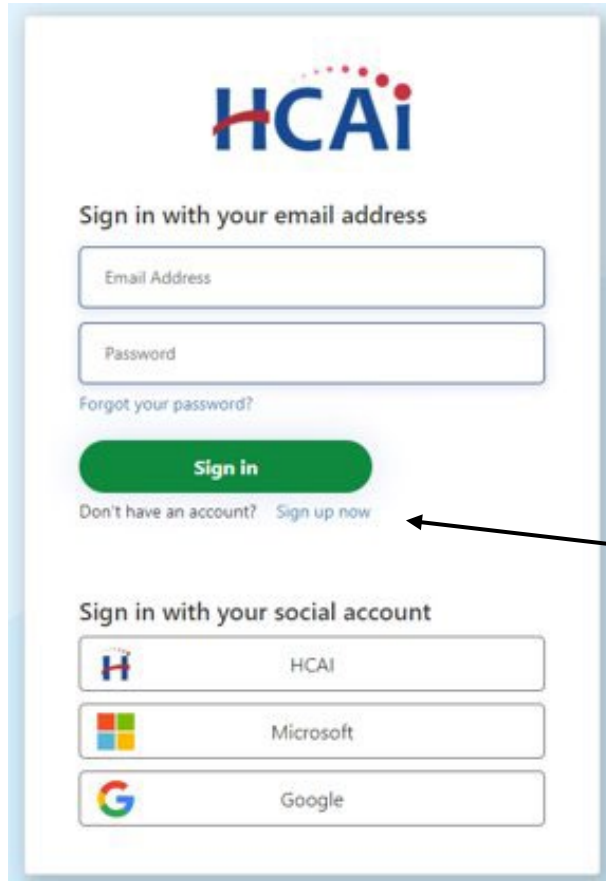
APPLICATIONS – OPEN OR COMING SOON

Program ↑	Release Date	Due Date	Who Can Apply
-----------	--------------	----------	---------------

There are no records to display.

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 “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 a profile setup page. At the top left, there is a user profile card for 'Briana Romo' and a 'My Security Settings' section with a 'Change Email' link. Below this is a 'Submit' button. The main section is titled 'Select your user type. (Choose all that apply) *' and contains four checkboxes: 'Healthcare Professional', 'Student', 'Organization for healthcare workforce support', and 'Organization for small rural hospital improvement'. Below this is another 'Submit' button. Further down, there is a section 'Select your user type. (Choose all that apply) *' with a checked checkbox for 'Organization for healthcare workforce support'. Below that is a question 'Are you applying for Song Brown Programs?' with radio buttons for 'No' and 'Yes' (selected). At the bottom, there is a search field with a magnifying glass icon and a 'Request New Organization' button. Arrows from the text on the right point to the 'Organization for healthcare workforce support' checkbox, the magnifying glass icon, and the 'Request New Organization' button.

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

Healthcare Professional

Student

Organization for healthcare workforce support

Organization for small rural hospital improvement

[Submit](#)

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

Organization for healthcare workforce support

Are you applying for Song Brown Programs?

No Yes

Select an organization from the search list below.

[Request New Organization](#)

1. Check the “Organization for healthcare workforce support” box to gain access to Song-Brown PCR 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

The screenshot shows a web form titled "New Organization". On the left, there is a sidebar with a profile picture placeholder, a "Profile" link, and a "My Security Settings" section containing "Change Password" and "Change Email" links. The main form area contains the following fields: "Organization Name *" (a text input field), "+ Select Address" (a button), "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), and "County" (a dropdown menu). At the bottom of the form are "Submit" and "Cancel" buttons. Two black arrows originate from the numbered list on the right: one points to the "Organization Name" field, and the other points to the "+ Select Address" 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

The screenshot shows a web interface for completing a profile. On the left, there is a sidebar with a lock icon and the text "My Security Settings", and two buttons: "Change Password" and "Change Email". The main content area is titled "Organization" and includes a search prompt: "Select an organization from the search list below." Below this is a search box containing "Showcase Organization" with a clear (x) and search (Q) button. The form fields are as follows:

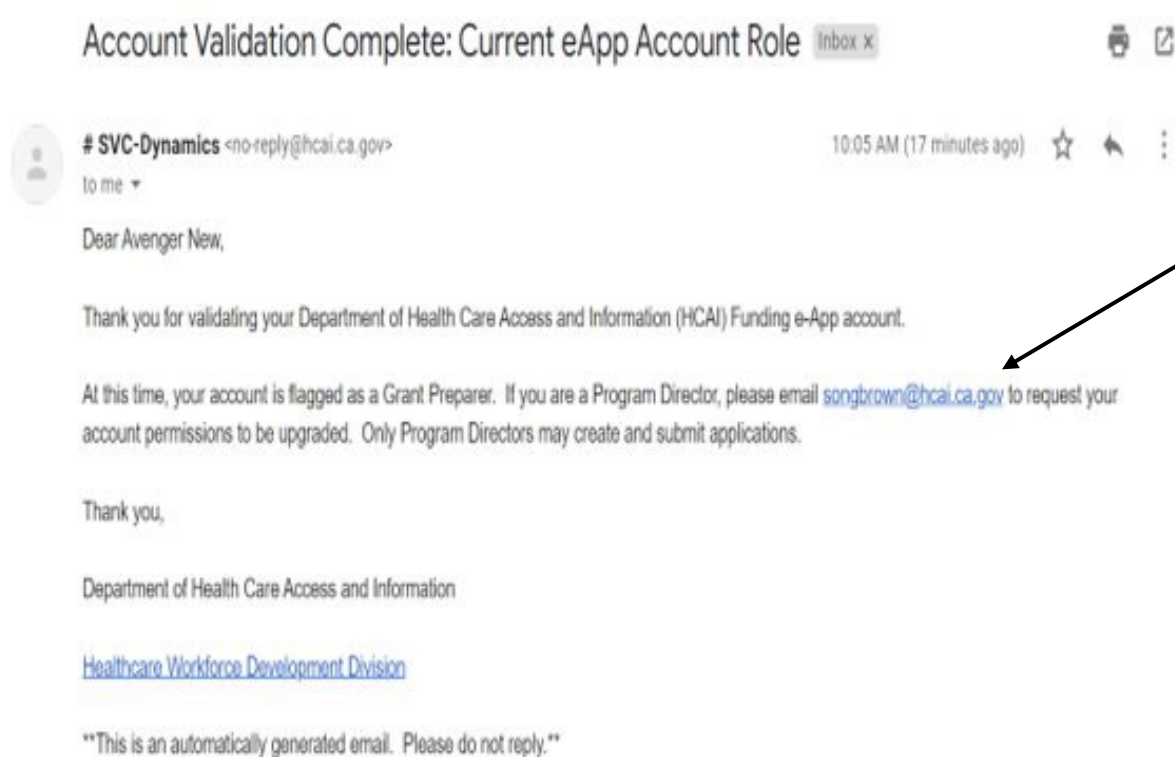
- Prefix: A dropdown menu.
- First Name *: A text input field.
- Middle Initial: A text input field.
- Last Name *: A text input field.
- Suffix: A dropdown menu.
- Title: A text input field.
- Degree *: A dropdown menu.
- Phone 1 *: A text input field.
- Phone 2: A text input field.
- Email *: A text input field containing "colin.aditest+1@gmail.com".

At the bottom of the form, there is a checkbox labeled "Receive email announcements for new grant or scholarship opportunities" and a blue "Save" button.

1. Enter all required fields. When finished click the “Save” 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.

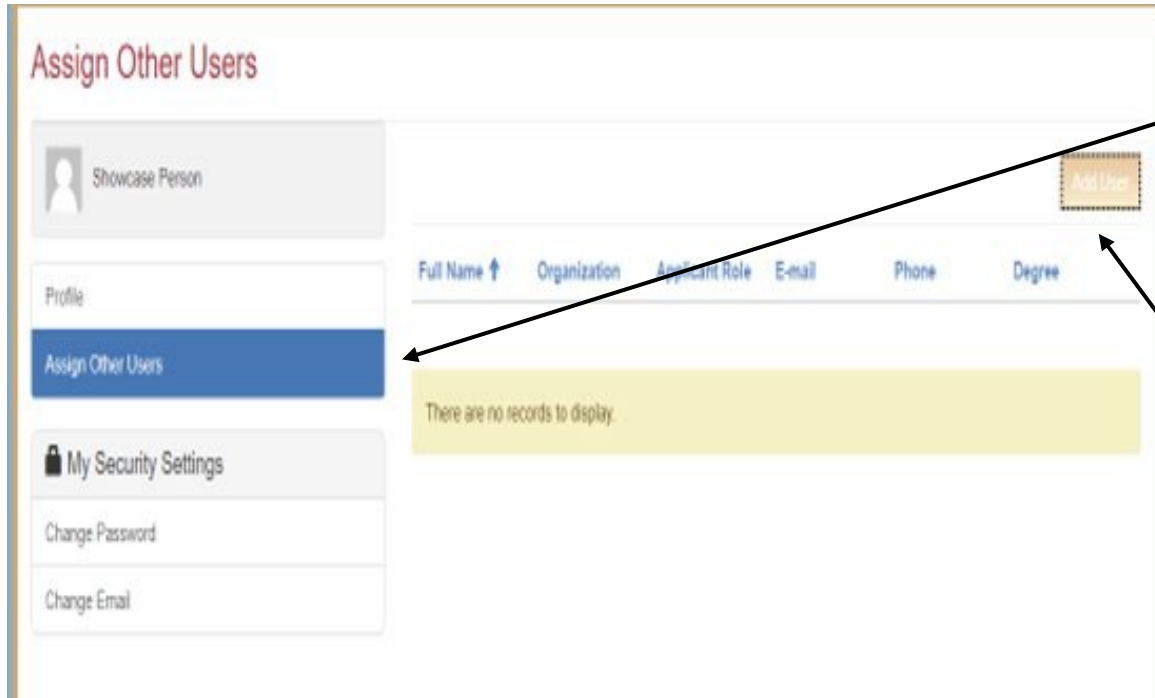
Account Roles



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

Note: Program Directors may initiate, view, edit, submit applications, payment certifications and Final Reports. Grant Preparers are limited to viewing, editing applications, and submitting payment certifications.


Assigning Other Users



1. Program Directors have an additional tab on their “Profile” page called “Assign Other Users.”
2. Navigating to this page from your “Profile” page allows you to add users who can view and edit applications only.
3. Click the “Add User” button to give registered Grant Preparers access to your applications.

Note: Only Program Directors can submit a completed application.

Apply Here

[Assign Other Users](#) [Sign Out](#)  [John Nguyen](#)

[Grant Application Reviews](#) [Apply Here](#) [Grant Applications](#) [Awards](#) [Payments & Deliverables](#) [Messages](#)

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
2023 Health Professions Pathways Program (HPPP) - Categories A-D	08/11/2023 8:00 AM	12/31/2026 5:00 PM	Organization
Health Careers Exploration Program 2025	07/01/2024 3:00 PM	12/01/2026 3:00 PM	Organization
Peer Personnel Training and Placement Program 2025	01/01/2025 3:00 PM	01/10/2026 5:00 PM	Organization
Peer Personnel Training and Placement Program 2026	11/24/2025 3:00 PM	03/30/2026 5:00 PM	Organization
Psychiatry Education Capacity Expansion Grant Program 2024	01/01/2025 8:00 AM	05/31/2026 8:00 AM	Organization
Song-Brown Certified Nurse Midwifery 2025	07/29/2024 9:00 AM	12/31/2026 3:00 PM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2025	07/29/2024 9:00 AM	12/31/2025 3:00 PM	Organization
Song-Brown Licensed Midwifery 2025	06/01/2025 3:00 PM	12/31/2025 3:00 PM	Organization
Song-Brown Primary Care Residency 2025	05/05/2025 7:30 AM	06/30/2026 4:01 PM	Organization
Song-Brown Primary Care Residency 2026	05/05/2025 7:30 AM	12/31/2026 4:01 PM	Organization

[COVID-19 Updates](#) [Register to Vote](#) [Privacy Policy Statement](#) [Accessibility](#) [Data Collection/Conditions of Use](#) [Subscribe to HCAI](#)
California Department of Health Care Access and Information © Copyright 2025 State of California

1. Navigate to the “Apply Here” page on the main menu.
2. Select the “Song-Brown Primary Care Residency 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.

Previous

Save & Next

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.

Grant Application Reviews	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)
SBPCR-0002126	College of the Redwoods, ADN Program	John Nguyen	Family Medicine	In Progress	Song-Brown Primary Care Residency 2025	06/30/2026 4:01 PM	06/30/2026 1:00 AM

Useful Information, Continued

Asterisks


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

Residency 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 * 

Starting the Application

Program Information

[Grant Application Reviews](#) [Apply Here](#) [Grant Applications](#) [Awards](#) [Payments & Deliverables](#) [Messages](#)

Application – Song-Brown Primary Care Residency

Program Information

Song-Brown Primary Care Residency 2026

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

Program Director *

John Nguyen

Program Director Email

johndaoz916@gmail.com

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

- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology (OB/GYN)
- Pediatrics

Select a residency program from the **Residency Program Title** search list below. If your residency program is not listed, check the **Residency Program not listed** checkbox to add your program's information.

Residency Program Title * 

1. Your program information will pre-populate with information you entered in your “Profile” page.
2. Select the “Program Type” you want to apply for.
3. Select a “Residency Program Title” from a list of training programs by clicking on the magnifying glass.
4. If your residency program is not listed, check the box “Residency Program not listed”.

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

Program Information: Address

Residency Program not listed

Residency Program Title *

Street Address *

2020 W El Camino Ave

City *

Sacramento

Country *

Sacramento

Sub-Unit *

State *

CA

Zip Code *

95833

Address Lookup

Enter your address into the search bar, click "Search", then wait for the lookup tool to display validated addresses that match your search.

Search Results

Select the correct validated address from the search results.

2020 W El Camino Ave, Sacramento, CA 95833

1. After checking the "Residency Program not listed" box, new fields will appear below.
2. Type in the program name under "Residency 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

Select Address

Street Address *	Suite/Dept	
2020 W El Camino Ave		
City *	State *	Zip Code *
Sacramento	CA	95833
County *		
Sacramento		

Award Category * (select all that apply):

- New Program
- Existing Slots
- Teaching Health Center Slots ?
- Expansion Slots

Save & Next

Select the “Award Category” you are applying for.

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.

PCR New and New with Match Programs

Overview of New Programs and New Programs with Match

Program Data

GME Naïve vs Non-Naïve New

Do you have a residency program at your facility/primary site? *

No Yes

Does your facility/primary site serve as a rotation site for another residency program? *

No Yes

ACGME Accreditation Phase

Have you completed this phase of accreditation? If Yes, please provide documentation.*

A. Institution Affiliation (sponsor) Letter or Proof of Application ?

No

If you do not reply yes, then you are ineligible for all New Programs funding.

- Phase A is mandatory to receive any type of New Programs funding.
- The phases you have completed ultimately determines which New Program funding you are eligible to apply for.

Note: A program may not apply for THC, Existing, or Expansion funding if applying for any New PCR Programs funding during the same cycle.

Determining Eligibility for New Programs

	Phase Description	Phase Completed	Eligibility Result
Phase A	Institutional Affiliation	"Yes"	
Phase B	Fiscal Plan	"Yes"	
Phase C	Timeline in Place	"Yes"	
Phase D	Training Sites Recruited	"Yes"	
Phase E	Curriculum Development	"Yes" or "No"	\$1 million dollars
Phase F	Recruit and Develop Faculty	"Yes" or "No"	
Phase G	Secure ACGME Residency Continued Accreditation	"Yes" or "No"	

- Has received sponsoring institution accreditation or will have applied for sponsoring institution accreditation by time of annual PCR application release.
- Has obtained Continued residency program accreditation, has no first-year residents at the time of the application and has not received any prior Song-Brown funding.
- Has completed Phases A-D.
- If yes to A-D, you may apply for New Programs funding.

Determining Eligibility for New Programs with Match

	Phase Description	Phase Completed	Eligibility Result
Phase A	Institutional Affiliation	"Yes"	
Phase B	Fiscal Plan	"Yes"	
Phase C	Timeline in Place	"Yes" or "No"	
Phase D	Training Sites Recruited	"Yes" or "No"	
Phase E	Curriculum Development	"No"	\$2 million dollars with %25 match
Phase F	Recruit and Develop Faculty	"No"	
Phase G	Secure ACGME Residency Continued Accreditation	"No"	

- In process of applying for or has already received sponsoring institution accreditation.
- Has not received any prior Song-Brown funding.
- In process of completing or has completed Phases A-C.
- You have not yet completed Phases D-G.
- You are willing to match twenty-five percent (25%) of your organization's funds toward HCAI's total award.
- If yes to A-C, you may apply for New Programs with a Match funding.

New Programs with Match: How it Works

The table below provides an example of how the match works:

HCAI Grant Award Amount	Grantee Participation - Twenty-Five Percent (25%) Match	Total Budget
\$2,000,000	\$500,000.00	\$2,500,000.00

- Award Amount
- Twenty-Five Percent (25%) Match
- Total Budget

PCR New Program Application

Program Information: New Program

Award Category * (select all that apply):

New Program

Existing Slots

Teaching Health Center Slots 

Expansion Slots



1. Check the box “New Program”.
2. After completing this page, click “Save & Next”.

Save & Next

Contract Administration

Contract Administration

Contract Organization Name *

Doing Business As (DBA)

Please select the type of entity *

Governmental Entity ←

Non-governmental Entity

Prefix Contract Admin First Name * Contract Admin Last Name *

Contract Admin Title

Phone 1 * Phone 2

Contract Administrator Email *

1. "Contract Organization Name" and "Doing Business As (DBA)" must match what you report to the Internal Revenue Service.
2. "Please select the type of entity" must identify the contractor organization as a Governmental Entity or Non-Governmental Entity.

Contract Administration, Continued

Additional Signatory

First Name * Last Name * Additional Signatory Title *

Phone 1 * Email *

Grant Agreement Signatory

First Name * Last Name * Phone *

Email *

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

No Yes

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

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

No Yes

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

Select Address

Street Address Suite/Dept

City * State * Zip Code *

County

1. "Additional Signatory" is a new requirement starting this year. Examples of an additional signatory could include the organization's Designated Institutional Officer, Department Chair, Chief Medical Officer or another contact with contracting authority.
2. "Grant Agreement Signatory" must be an individual with institutional authority to enter into a grant agreement.
3. PO box option available for the 204 category.
4. "STD. 204 Signatory" must be an authorized signatory.
 - **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.

Program Data

Program Data

GME Naïve vs Non-Naïve New

Do you have a residency program at your facility/primary site? *

No Yes

Does your facility/primary site serve as a rotation site for another residency program? *

No Yes

ACGME Accreditation Phase

Have you completed this phase of accreditation? If Yes, please provide documentation.*

A. Institution Affiliation (sponsor) Letter or Proof of Application?

Yes

B. Fiscal Plan?

Yes

C. Timeline in Place?

Yes

D. Training Sites Recruited?

Yes

You are eligible to apply for a grant up to \$1 million dollars.

- Review ACGME accreditation phases A-G and select the response that best describes the status of each phase listed.
- Selecting “Yes” to Phase A, B, or C, “No” to Phases D-G, and being willing to match 25% makes you eligible for up to \$2 million in funding (New Programs with Match).
- Selecting “Yes” to Phases A-D makes you eligible for up to \$1 million in funding (New Programs – no match required).

Program Data, Continued

Program Data

GME Naive vs Non-Naive New

Do you have a residency program at your facility/primary site? *

No Yes

Does your facility/primary site serve as a rotation site for another residency program? *

No Yes

ACGME Accreditation Phase

Have you completed this phase of accreditation? If Yes, please provide documentation. *

A. Institution Affiliation (sponsor) Letter or Proof of Application ?

Yes

B. Fiscal Plan ?

Yes

C. Timeline in Place ?

Yes

D. Training Sites Recruited ?

Yes

You are eligible to apply for a grant up to \$1 million dollars.

E. Curriculum Development ?

No

F. Faculty Recruitment ?

No


G. Secure ACGME Continued Residency Accreditation ?


No


- For New Programs with Match, supporting documentation is required at time of application for each phase answered with "Yes."
- For New Programs, only a letter of sustainability is required at time of application if all phases are answered with "Yes".


Training Sites


Have you completed this phase of accreditation? If Yes, please provide documentation.*


A. Institution Affiliation (sponsor) Letter or Proof of Application 

Yes 


B. Fiscal Plan 

Yes 


C. Timeline in Place 


Yes 

D. Training Sites Recruited


Yes 


You are eligible to apply for a grant up to \$1 million dollars.


E. Curriculum Development 

No 

F. Faculty Recruitment

No 

G. Secure ACGME Residency Accreditation 

No 

1. Selecting "Yes" to Phase D will require you to fill out training site information on the next page.
2. To add a primary outpatient training site(s), click the "Add a Site" button.
3. A pop-up window will display.
4. Complete all required fields shown.

Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

[Add a Site](#)

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

There are no records to display

Note: We only need primary outpatient training site(s), not every training site.

Training Sites: Facility Type

Select the “Facility Type” of your training site.

Note: Verify your facility type by using the links provided. Use only these links to identify:

- Community Health Centers
- Disproportionate Share Hospital
- FQHC’s
- FQHC Look-a-Likes
- Government Owned Facilities
- Indian Health Services Clinics
- Rural Hospitals
- Teaching Hospitals

Note: Only indicate a facility type that can be found.

Training Site Name *

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

No Yes

+ Select Address

Street Address *

Suite/Dept

City

State

Zip Code

County

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/>

<input checked="" type="checkbox"/> Community Health Centers	<input type="checkbox"/> Government Owned Facility
<input type="checkbox"/> County Primary Care Clinic	<input type="checkbox"/> Indian Health Services Clinic
<input type="checkbox"/> Disproportionate Share Hospital	<input type="checkbox"/> Rural Hospital
<input type="checkbox"/> FQHC	<input type="checkbox"/> Student Run Clinic
<input type="checkbox"/> FQHC Look-a-Like	<input type="checkbox"/> Teaching Hospital
<input type="checkbox"/> Free Clinic	<input type="checkbox"/> Not Applicable

Site NPI Number (Check NPI Registry) *

Training Sites: Payer Mix

Is this training site the main primary care continuity clinic site where your residents will serve their dedicated panel of patients?*

No Yes

Payer Mix

Provide payer mix percentage for the 12 month period May 2025-April 2026. Use whole numbers only . *

Medicare Only

Medicare/Medicaid (Dual Eligibility)

Medi-Cal (Traditional and Managed Care)

Uninsured

1. Complete all required fields.
2. Provide payer mix information for the last 12 months.
3. After completing this page, click the “Submit” button.

Note: “Payer Mix” is required for all listed training sites. “Payer Mix” does not have to equal 100% but must be in whole numbers only.

Training Sites: Editing

Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

Total Number of Continuity Clinics

1

Add a Site

Training Site Name ↑	NPI	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County	
testing site	1231456782	No			2020 W El Camino Ave		Sacramento	CA	95833	Sacramento	⌵

Previous

Save & Next

1. To edit or delete individual entries, click the down-arrow button next to the desired entry.
2. This menu gives you the options to edit or delete each individual entry.
3. After completing this page, click “Save & Next”.

Strategy Questions 1-5

Strategies 1 of 5

Select the strategies you will use to recruit primary care residents. Select all that apply.*

- Establishes partnerships with community-based organizations serving educational institutions for purposes of recruitment and increasing access and exposure to prospective primary care residents
- Utilizes an established pathway or pipeline program
- Hosts events tailored, in part or in whole, specifically for prospective primary care residents
- Conducts individualized outreach to prospective primary care residents before, during, and after the application process
- Attendance at academic, health, and career fairs in Areas of Unmet Need (AUN)
- Other
- None of the above

Strategies 2 of 5

Select the strategies you will use to admit primary care residents. Select all that apply.*

- Incorporates holistic review into the admissions process, to include individual applicant experiences and attributes indicative of primary care residents
- Accounts for applicant socioeconomic status in review process
- Ensures a diverse representation of 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 primary care residents. Select all that apply.*

- Create and maintain a mentorship program available to all primary care residents that strives to pair residents 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 4 of 5

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

- Use targeted recruitment strategies to prioritize residents coming from AUN
- Provide employment assistance opportunities to encourage graduates to commit to patient-focused/clinical-focused practice in a AUN
- Provide employment assistance leading to graduate employment in AUN
- 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
- Provide residents training in cultural competency
- Teach professionalism that incorporates multi-cultural social etiquette and social norms representative of primary care residents
- Have residents participate in community outreach activities in AUN (e.g., going to high schools in AUN)
- Other
- None of the above

Indicate which strategies you plan to use in the development of your program.

1. Provide responses for each strategy question 1-5.
2. Multiple responses can be selected per strategy question.
3. Each selected strategy question will prompt a narrative for further explanation.
4. After completing each page click “Save and Next”.

Residency Training

Residency Training

How many first-year residents will you initially be accredited for?*

Will your residents train side-by-side with FNP and/or PA's? *

Yes No

Previous

Save & Next

- Indicate how many first-year residents will you initially be accredited for or plan to be accredited for.
- Select if your residents will train side by side with FNP and/or PAs.

Expected Expenditures

Expected Expenditures

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

- Provide how much funding you are requesting based on your expected expenditures and what you are eligible to apply for.
- Maximum funding requested for New Programs is \$1 million.
- Maximum funding requested for New Programs with Match is \$2 million.
- Click "Save & Next" when completed.

New Programs with Match Budget/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? * Your 25% required contribution will be a

Combined Total Proposed Budget

Budget/Funding

Please provide your anticipated or realized expenses related to each budget category listed. Please separate your costs into their respected phases.*

Proposed Program Budget	Phase A	Phase B-D	Phase E-G	Total
A. Program Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
B. Consultants	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
C. Faculty Salary and Benefits (if any)	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
D. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Grand Totals	0	0	0	0

- New Programs with Match applicants will have to complete an additional table (Budget/Funding).
- Provide your anticipated or actual expenses related to each budget category listed.
- Separate your costs into their respected phases.
- Click "Save & Next" once you've completed all sections.

Required Documents

Required Documents

Letters of Sustainability

Attach a letter from your sponsoring institution that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded. You may also upload two additional letters of support if needed. See [example letter of sustainability](#).
Filename must start with LtrSus_ to be accepted. Example: LtrSus_MyDocument

Sustainability Letter Upload 0 files uploaded, 1 file required.

Sponsoring Institution Affiliation Letter (Phase A)

Please attach proof that you have applied for, or acquired ACGME institutional affiliation.
Filename must start with PhaseA_ to be accepted. Example: PhaseA_MyDocument.

Institutional affiliation upload 1 file uploaded, 1 file required.

Fiscal Plan (Phase B)

Please attach your fiscal plan to achieve ACGME accreditation.
Filename must start with PhaseB_ to be accepted. Example: PhaseB_MyDocument.

Budget/Funding Plan upload 1 file uploaded, 1 file required.

Timeline (Phase C)

Please attach your proposed timeline for ACGME accreditation (phases A – G).
Filename must start with PhaseC_ to be accepted. Example: PhaseC_MyDocument.

Timeline in place upload 1 file uploaded, 1 file required.

Curriculum Development (Phase E)

Please attach your overall plan for clinical rotations, didactic teaching, and other longitudinal curricula for your program.
Filename must start with PhaseE_ to be accepted. Example: PhaseE_MyDocument.

Curriculum Development upload 0 files uploaded, 0 files required.

Secure ACGME Continued Residency Accreditation (Phase G) *

Please attach your ACGME continued residency program accreditation letter.
Filename must start with PhaseG_ to be accepted. Example: PhaseG_MyDocument.

ACGME Accreditation upload 0 files uploaded, 0 files required.

Name ↑	Modified	
PhaseA_docx (19 KB)	06/03/2026 9:49 AM	<input type="checkbox"/>
PhaseB_docx (19 KB)	06/03/2026 9:48 AM	<input type="checkbox"/>
PhaseC_docx (19 KB)	06/03/2026 9:47 AM	<input type="checkbox"/>

1. Files uploaded must include prefix (Example: LtrSus_). Save your document using the prefix indicated prior to uploading.
2. The red buttons on this page indicate required documents based on your phase responses.
3. Click on the red button to upload the required documents.

Required Documents, Continued

Required Documents

Letters of Sustainability

Attach a letter from your sponsoring institution that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded. You may also upload two additional letters of support if needed. See [example letter of sustainability](#).
Filename must start with LtrSus_to be accepted, Example: LtrSus_MyDocument

Sustainability Letter Upload ✓ 1 file uploaded, 1 file required.

Sponsoring Institution Affiliation Letter (Phase A)

Please attach proof that you have applied for, or acquired ACGME institutional affiliation.
Filename must start with PhaseA_to be accepted, Example: PhaseA_MyDocument.

Institutional affiliation upload ✓ 1 file uploaded, 1 file required.

Fiscal Plan (Phase B)

Please attach your fiscal plan to achieve ACGME accreditation.
Filename must start with PhaseB_to be accepted, Example: PhaseB_MyDocument.

Budget/Funding Plan upload ✓ 1 file uploaded, 1 file required.

Timeline (Phase C)

Please attach your proposed timeline for ACGME accreditation (phases A – G).
Filename must start with PhaseC_to be accepted, Example: PhaseC_MyDocument.

Timeline in place upload ✓ 1 file uploaded, 1 file required.

Curriculum Development (Phase E)

Please attach your overall plan for clinical rotations, didactic teaching, and other longitudinal curricula for your program.
Filename must start with PhaseE_to be accepted, Example: PhaseE_MyDocument.

Curriculum Development upload ✓ 0 files uploaded, 0 files required.

Name ↑	Modified	
LtrSus_docx (19 KB)	06/03/2026 9:56 AM	
PhaseA_docx (19 KB)	06/03/2026 9:49 AM	
PhaseB_docx (19 KB)	06/03/2026 9:48 AM	
PhaseC_docx (19 KB)	06/03/2026 9:47 AM	

1. Once you upload all required documents, the buttons turn green signifying that you may continue. Uploads may take up to 15 minutes.
2. To delete a document, click the down arrow and choose "Delete".
3. Click "Next" to take you to the final page of the application.

Assurances

100%

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

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

[Previous](#)

1. Answer the new interview question. Your response will not affect your score.
2. Read the certification statement and check the box if you agree.
3. Click the “Submit” button.

Note: Once you submit your application you cannot make further edits.

Note: Only Program Directors can submit an application. Grant Preparers will not see the “Submit” button.

Submission Complete



[Apply Here](#)

[Applications - In Progress/Submitted](#)

[Awards](#)

[Payments & Deliverables](#)

[Messages](#)

Application SBPCR-0001134 – Song-Brown Primary Care Residency

Submission completed successfully.

Services

[Submit Data](#)

[Loan Repayment Programs](#)

[Scholarships](#)

[Grants](#)

[Penalty Appeals](#)

Data Submissions

[Patient-Level Administrative Data](#)

[Health Facility Utilizations](#)

[Hospital & LTC Financials](#)

[Coronary Artery Bypass Graft Surgeries](#)

[Healthcare Financial Assistance Policies](#)

[Hospital Chargemasters](#)

CA Healthcare Infrastructure

[All Facilities](#)

[Healthcare Facility Detail](#)

[Seismic Compliance and Safety](#)

[Hospital Community Benefit Plans](#)

[California Primary Care Office](#)

Public Transparency

[Public Meetings](#)

[Public Records](#)

[Payment to Agency Reports](#)

About HCAi

[Newsroom](#)


[Divisions](#)

[Laws & Regulations](#)

[Public Meetings](#)

[Careers](#)

Viewing and Printing Your Application

Grant Application Reviews	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)	
SBPCR-0002128	College of the Redwoods, ADN Program	John Nguyen	Family Medicine	In Progress	Song-Brown Primary Care Residency 2025	06/30/2026 4:01 PM	06/30/2026 1:00 AM	

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

PCR Existing Slots, Teaching Health Center (THC) Slots and Expansion Slots Applications

Program Information: Existing, THC and Expansion

Program Information

Song-Brown Primary Care Residency 2025

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

Program Director *

Program Director Email

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

Family Medicine

Internal Medicine

Obstetrics and Gynecology (OB/GYN)

Pediatrics

Select a residency program from the Residency Program Title search list below. If your residency program is not listed, check the Residency Program not listed checkbox to add your program's formation.

Residency Program Title *

Residency Program not listed

ward Category * (select all that apply):

New Program

Existing Slots

Teaching Health Center Slots

Expansion Slots

1. Provide all requested information.
2. Use the magnifying glass search function to select the “Residency Program Title” from the list.
3. After checking the box next to the desired award category, additional fields will populate.
4. After completing this page, click “Save & Next”.

Contract Administration

Contract Administration

Contract Organization Name [?](#) *

Doing Business As (DBA) [?](#)

Please select the type of entity *

Governmental Entity [?](#)

Non-governmental Entity [?](#)

Prefix

Contract Admin First Name [?](#) *

Contract Admin Last Name [?](#) *

Contract Admin Title [?](#)

Phone 1 *

Phone 2

Contract Administrator Email *

1. "Contract Organization Name" and "Doing Business As (DBA)" must match what you report to the Internal Revenue Service
2. "Please select the type of entity" must identify the contractor organization as a Governmental Entity or Non-Governmental Entity

Contract Administration, Continued

Additional Signatory

First Name * Last Name * Additional Signatory Title *

Phone 1 * Email *

Provide a telephone number

Grant Agreement Signatory

First Name * Last Name * Phone *

Email *

Provide a telephone number

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

No Yes

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

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

No Yes

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

Select Address

Street Address Suite/Dept

2020 W El Camino Ave

City * State * Zip Code *

Sacramento CA 95833

County

Sacramento

1. "Additional Signatory" is a new requirement starting this year. Examples of an additional signatory could include the organization's Designated Institutional Officer, Department Chair, Chief Medical Officer or another contact with contracting authority.
2. "Grant Agreement Signatory" must be an individual with institutional authority to enter into a grant agreement.
3. PO box option available for the 204 category.
4. "STD. 204 Signatory" must be an authorized signatory
 - **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.

Program Data

Program Data

Select the data you will be reporting: *

- Resident and Graduate data
- Resident data only
- New program, no Resident or graduate data

The residency program has been in continuous operation since what year? *

Do your non-first-year residents spend or plan to spend at least an average of eight hours per week at a primary care continuity clinic?*

- No
- Yes

1. Complete all required fields shown.
2. Having resident and graduate data to report will allow additional fields to appear for you to complete further into the application.
3. Add all requested training site, resident, and graduate data as instructed on each page.

Continuity Training Sites

Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

Total Number of Continuity Clinics

Add a Site

Training Site Name	NPI	Private Practitioner	Private Practitioner	Private Practitioner	Street Address	Suite/Dept	City	State	Zip Code	County
--------------------	-----	----------------------	----------------------	----------------------	----------------	------------	------	-------	----------	--------

There are no records to display.

Previous

Save & Next

1. To add a training site(s), click the “Add a Site” button.
2. A pop-up window will display.
3. Complete all required fields shown.

Continuity Training Sites: Facility Type

Training Site Name *

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

No Yes

Street Address *

Suite/Dept

City

State

Zip Code

County

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/>

<input type="checkbox"/> Community Health Centers	<input type="checkbox"/> Government Owned Facility
<input type="checkbox"/> County Primary Care Clinic	<input type="checkbox"/> Indian Health Services Clinic
<input type="checkbox"/> Disproportionate Share Hospital	<input type="checkbox"/> Rural Hospital
<input type="checkbox"/> FQHC	<input type="checkbox"/> Student Run Clinic
<input type="checkbox"/> FQHC Look-a-Like	<input type="checkbox"/> Teaching Hospital
<input type="checkbox"/> Free Clinic	<input type="checkbox"/> Not Applicable

Select the “Facility Type” of your training site

Note: Verify your facility type by using the links provided. Use only these provided resources to identify:

- Community Health Centers
- Disproportionate Share Hospital
- FQHCs
- FQHC Look-a-Likes
- Government Owned Facilities
- Indian Health Services Clinics
- Rural Hospitals
- Teaching Hospitals

Continuity Training Sites: Payer Mix

Is this training site the main primary care continuity clinic site where your residents serve their dedicated panel of patients?*

No Yes

Payer Mix

Provide payer mix percentage for the 12 month period May 2025-April 2026. Use whole numbers only . *

Medicare Only

Medicare/Medicaid (Dual Eligibility)

Medi-Cal (Traditional and Managed Care)

Uninsured

1. Complete all required fields.
2. Payer mix information is asking to provide a percentage of the last 12 months.
3. After completing this page, click the “Submit” button.

Note: “Payer Mix” is required for all listed training site(s). “Payer Mix” does not have to equal 100% but must be in whole numbers only.

Continuity Training Sites: Editing

Training Sites

Click on the **Add a Site** button to add a new primary outpatient training site used by residents to fulfill their ACGME requirements for serving a dedicated panel of patients.

Total Number of Continuity Clinics

Add a Site

Training Site Name ↑	NPI	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County	
zzzWebinarPresentationzzz	1234567890	No			2020 W El Camino Ave		Sacramento	CA	95833	Sacramento	▼

1. To edit or delete individual entries, click the down-arrow button next to the desired entry.
2. This menu will give you the options to edit or delete each individual entry.
3. After completing this page, click "Save & Next".

Executive Summary

Executive Summary

Provide an executive summary description of your training program. Include the year your program started and demonstrate how your program is meeting the priorities of the Song Brown statute. Please reference the Primary Care Residency Grant guide on the Song-Brown website for more information.*

Maximum limit of 2500 characters.

1. Provide requested executive summary and 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 may not transpose over properly. Double-check the information you enter and make sure everything is captured.

Funding and Expenditures

Funding and Expenditures

Funds Requested

Funding Type (enter all that apply)

	# of Slots Requested	Maximum Amount per Slot	Total Funds Requested
Existing Program Slots*	4	125,000	500,000
Program Expansion Slots*	2	300,000	600,000
Grand Total			1,100,000

Provide the residency program expenditures for academic year (2020/21)

Faculty Costs	500,000
Residency Stipends	250,000
Family Practice Center Costs	250,000
Other Costs	100,000
Total Annual Expenditure	1,100,000

- “Funding and Expenditures” are based on what funding category you are applying apply for.
- Provide the number of slots requested for each funding category.
- If you are applying for THC and Existing funding, ensure your slots do not exceed your program's total number of approved first-year slots.
- Annual expenditures for the last academic year is required for all programs except New Programs.

Note: You do not need to enter information into the greyed fields. These fields will auto-populate with information.

Funding and Expenditures, Continued

Teaching Health Center Budget Summary

Complete this budget proposal for the requested funding for each of the following direct costs, rounded to the nearest dollar.

Personnel



Annual Budget

Requested Song-Brown Funding

Operating Expenses



Annual Budget

Requested Song-Brown Funding

Major Equipment



Annual Budget

Requested Song-Brown Funding

Other Costs



Annual Budget

Requested Song-Brown Funding

Indirect Cost Percentage, Maximum 8%

Total Program Annual Budget

Total Requested THC Song-Brown Funding

1. Complete all required fields shown if applying for THC funding.
2. The “Total Program Annual Budget” must be equal to or more than “Total Requested THC Song-Brown Funding”.
3. After completing this page, click “Save & Next”.

Aggregate Resident Data

Aggregate Resident Data

Enter the following data for the 25/26 academic year:

Total number of ACGME approved residency slots* [?](#)

Total number of filled 1st Year Resident slots*

Total number of filled 2nd Year Resident slots*

Total number of filled 3rd Year Resident slots*

Total

Provide the race/ethnicity of all residents enrolled in aggregate

American Indian/Native American/Alaska Native

Asian-Asian Indian

Asian-Cambodian

Asian-Chinese

Asian-Filipino

Asian-Indonesian

Asian-Japanese

Asian-Korean

- Provide the total number of ACGME approved slots for each academic year.
- Resident race/ethnicity data is now collected in aggregate for all the years requested.

Graduate Data

Graduate Data

Instructions:
Enter data in each field for the graduating class for each year shown. If no data for a year, enter "0". Include the number of graduates for academic years 2020/21 to 2024/25

AY 2020/21
0

AY 2021/22
0

AY 2022/23
0

AY 2023/24
0

AY 2024/25
0

Total
0

1. Enter in graduate data before adding each graduate
2. Graduate data needs to match the number of graduates entered

Click on the Add a Graduate button to add each graduate. The number of graduates entered must reflect the total graduate data reported for the academic years 2020/21 to 2024/25. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual's NPI number, check the [NPI Registry](#).

Total Number of Graduates

Add a Graduate

Graduating Class of Academic Year	First Name	Last Name	Gender	Ethnic/Racial Category
There are no records to display.				

All Graduates Submitted.*

Graduate Data

Click on the Add a Graduate button to add each graduate. The number of graduates entered must reflect the total graduate data reported for the academic years 2020/21 to 2024/25. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual's NPI number, check the [NPI Registry](#).

Total Number of Graduates

Add a Graduate

Graduating Class of Academic Year



First Name

Last Name

Gender

Ethnic/Racial Category

There are no records to display.

All Graduates Submitted.*

Previous

Save & Next

1. To add graduate data, click the “Add a Graduate” button.
2. A pop-up window will display
3. To edit or delete each individual entry, click the down-arrow button next to the desired entry
4. After completing this page, check the box to confirm then click “Save and Next”.

Graduate Data: Facility Type

Facility Type (select all that apply) *

Use the OSHPD Geo-website or State Loan Repayment websites to determine facility type.

<https://geo.oshpd.ca.gov/hpsa-search>

<https://eapp.oshpd.ca.gov/funding/fqhc-site-search/>

- Community Health Centers
- County Primary Care Clinic
- Disproportionate Share Hospital
- FQHC
- FQHC Look-a-Like
- Free Clinic

- Government Owned Facility
- Indian Health Services Clinic
- Rural Hospital
- Student Run Clinic
- Teaching Hospital
- Not Applicable

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

No Yes

Graduate Data Reviewed

No Yes

Select your “Facility Type” and complete the following information:

Note: Verify your facility type by using the links provided. Use only these provided resources to identify:

- Community Health Centers
- Disproportionate Share Hospital
- FQHCs
- FQHC Look-a-Likes
- Government Owned Facilities
- Indian Health Services Clinics
- Rural Hospitals
- Teaching Hospitals

Common Application Errors

- Applicant did not enter any data for residents or graduates, even though the applicant has residents and/or graduates.
- 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 grantee and 204 signatories or information is incorrect.
- Applicant did not provide the additional agreement signatory.
- Applicant added a training program and did not search for previously used training program.

Required Documents

Required Documents

Letters of Sustainability

Attach a letter from your sponsoring institution that addresses your program and speaks to the sustainability of your program (second Step-Down funds awarded). You may also upload two additional letters of support if needed. See example letter of sustainability. **File name must start with LstDoc_ to be accepted. Example: LstDoc_MyDocument**

Sustainability Letter Upload 1 file uploaded, 1 file required.

Name ↑	Modified	
Phase0_doc (10 KB)	06/03/2025 9:48 AM	
Phase0_doc (10 KB)	06/03/2025 9:48 AM	
Phase0_doc (10 KB)	06/03/2025 9:47 AM	

Sponsoring Institution Affiliation Letter (Phase A)

Please attach proof that you have applied for, or achieved ACGME institutional affiliation. **File name must start with PhaseA_ to be accepted. Example: PhaseA_MyDocument**

Institutional affiliation upload ✓ 1 file uploaded, 1 file required.

Fiscal Plan (Phase B)

Please attach your fiscal plan to achieve ACGME accreditation. **File name must start with PhaseB_ to be accepted. Example: PhaseB_MyDocument**

Fiscal/Financial Plan upload ✓ 1 file uploaded, 1 file required.

Timeline (Phase C)

Please attach your proposed timeline for ACGME accreditation (phases A – G). **File name must start with PhaseC_ to be accepted. Example: PhaseC_MyDocument**

Timeline to place upload ✓ 1 file uploaded, 1 file required.

Curriculum Development (Phase E)

Please attach your overall plan for clinical rotations, didactic teaching, and other longitudinal curricula for your program. **File name must start with PhaseE_ to be accepted. Example: PhaseE_MyDocument**

Curriculum Development upload ✓ 0 files uploaded, 0 files required.

Secure ACGME Continued Residency Accreditation (Phase G)

Please attach your ACGME continued residency program accreditation letter. **File name must start with PhaseG_ to be accepted. Example: PhaseG_MyDocument**

ACGME Accreditation upload ✓ 0 files uploaded, 0 files required.

1. Files uploaded must include prefix (Accr_). Save your document using the prefix indicated prior to uploading.
2. The red buttons on this page indicate required documents.
3. Depending on funding type, you will upload specified documents.
4. Click on the red button to upload the required documents.

Required Documents, Continued

Required Documents

Letters of Sustainability

Attach a letter from your sponsoring institution that endorses your program and speaks to the sustainability of your program beyond Song-Brown funds awarded. You may also upload two additional letters of support if needed. See example letter of sustainability. **Filename must start with LbSus_ to be accepted. Example: LbSus_MyDocument.**

Sustainability Letter Upload ✓ 1 file uploaded, 1 file required.

Sponsoring Institution Affiliation Letter (Phase A)

Please attach proof that you have applied for, or acquired ACGME institutional affiliation. **Filename must start with PhaseA_ to be accepted. Example: PhaseA_MyDocument.**

Institutional affiliation upload ✓ 1 file uploaded, 1 file required.

Fiscal Plan (Phase B)

Please attach your fiscal plan to achieve ACGME accreditation. **Filename must start with PhaseB_ to be accepted. Example: PhaseB_MyDocument.**

Budget/Funding Plan upload ✓ 1 file uploaded, 1 file required.

Timeline (Phase C)

Please attach your proposed timeline for ACGME accreditation (phases A – G). **Filename must start with PhaseC_ to be accepted. Example: PhaseC_MyDocument.**

Timeline in place upload ✓ 1 file uploaded, 1 file required.

Curriculum Development (Phase D)

Please attach your overall plan for clinical rotations, didactic teaching, and other longitudinal curricula for your program. **Filename must start with PhaseD_ to be accepted. Example: PhaseD_MyDocument.**

Curriculum Development upload ✓ 0 files uploaded, 2 files required.

Name ↑	Modified	
LbSus_docx (19 KB)	06/03/2026 9:56 AM	
PhaseA_docx (19 KB)	06/03/2026 9:49 AM	Delete
PhaseB_docx (19 KB)	06/03/2026 9:48 AM	
PhaseC_docx (19 KB)	06/03/2026 9:47 AM	

1. Once you upload all required documents, the buttons will turn green signifying that you may continue. Uploads may take up to 15 minutes.
2. To delete a document, click the arrow button to bring a selection of drop-down options then click "Delete".
3. Click "Save & Next" to take you to the final page of the application.

Assurances

100%

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

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

[Previous](#)

1. Answer the new interview question, your response will not affect your score.
2. Read the certification statement and check the box if you agree.
3. Click the “Submit” button.

Note: Once you submit your application you cannot make further edits.

Note: Only Program Directors can submit an application. Grant Preparers will not see the “Submit” button.

Submission Complete



[Apply Here](#)

[Applications - In Progress/Submitted](#)

[Awards](#)

[Payments & Deliverables](#)

[Messages](#)

Application SBPCR-0001134 – Song-Brown Primary Care Residency

Submission completed successfully.

Services

[Submit Data](#)
[Loan Repayment Programs](#)
[Scholarships](#)
[Grants](#)
[Penalty Appeals](#)

Data Submissions

[Patient-Level Administrative Data](#)
[Health Facility Utilizations](#)
[Hospital & LTC Financials](#)
[Coronary Artery Bypass Graft Surgeries](#)
[Healthcare Financial Assistance Policies](#)
[Hospital Chargemasters](#)

CA Healthcare Infrastructure

[All Facilities](#)
[Healthcare Facility Detail](#)
[Seismic Compliance and Safety](#)
[Hospital Community Benefit Plans](#)
[California Primary Care Office](#)

Public Transparency


[Public Meetings](#)
[Public Records](#)
[Payment to Agency Reports](#)

About HCAI

[Newsroom](#)
[Divisions](#)
[Laws & Regulations](#)
[Public Meetings](#)
[Careers](#)

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

Grant Application Reviews	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)	
SBPCR-0002126	College of the Redwoods, ADN Program	John Nguyen	Family Medicine	In Progress	Song-Brown Primary Care Residency 2025	06/30/2026 4:01 PM	06/30/2026 1:00 AM	

Follow Us!



Website



X



Facebook



YouTube



LinkedIn

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

Sign Up to our Newsletter!



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

Contact Us!

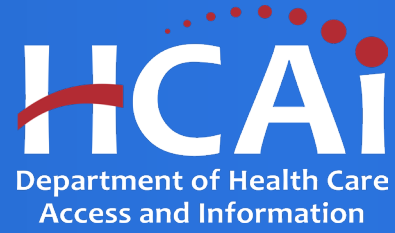


Phone (916) 326-3700



Email SongBrown@hcai.ca.gov

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



For further questions, please email

SongBrown@hcai.ca.gov