



## **Allied Healthcare Loan Repayment Program (AHLRP) for the County Medical Services Program (CMSP)**

### **Grant Guide For Fiscal Year 2025-26**

Applicants must agree to the terms and conditions prior to receiving funds. The Department of Health Care Access and Information will not make changes to the terms and conditions specified in this Grant Guide.

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## **Section I: AHLRP Grant Information**

### **A. Background and Mission**

The purpose of the County Medical Services Program (CMSP) Allied Healthcare Loan Repayment Program (AHLRP) is to increase the number of appropriately trained allied healthcare professionals in California in underserved areas and communities throughout California.

Eligible applicants may receive loan repayment grant awards of up to \$16,000 in exchange for a 12-month service obligation practicing and providing direct patient care at one or more CMSP-contracted provider sites in any of the 35 CMSP-designated counties.

### **B. Eligibility Requirements**

#### **1. Provider Eligibility Requirements**

To be eligible for an AHLRP award, each applicant must:

- Practice an eligible discipline with a license or certification in good standing.
- Not have any other existing service obligations with other entities, including other HCAI programs.
- Not be in breach of any other health professional service obligation.
- Have unpaid educational loans.
- Commit to providing a 12-month service obligation at one or more CMSP-contracted provider sites in a CMSP-designated county.
- Provide 32 or more hours of direct patient care per week.
- Complete and submit an application through the [HCAI Funding Portal](#) (eApp) by June 30, 2025, at 3:00 p.m.

## 2. Eligible Disciplines

AHLRP applicants must be currently licensed and practicing one of the following allied healthcare disciplines:

• Anesthesia Technician	• Medical Assistant
• Anesthesiologist Assistant	• Medical Interpreter
• Associate Clinical Social Worker	• Medical Laboratory Scientist
• Associate Marriage and Family Therapist	• Medical Radiation Scientist
• Associate Professional Clinical Counselor	• Neurophysiologist
• Audiologist	• Occupational Therapist
• Auto-Transfusionist	• Occupational Therapy Assistant
• Cardiovascular Technologist	• Orthoptist
• Certified AOD Counselor	• Orthotist/Prosthetist
• Chiropractor	• Paramedic
• Clinical Laboratory Scientist	• Perfusionist
• Community Health Worker	• Pharmacist
• Dental Assistant	• Phlebotomist
• Dental Hygienist	• Physical Therapist
• Diagnostic Sonographer/Radiographer (including Mammographer, etc.)	• Physical Therapy Assistant
• Dietitian/Nutritionist	• Podiatrist
• Electrocardiogram Technician	• Psychological Associate
• Emergency Medical Technician	• Psychologist
• Health Educator	• Radiotherapist/Radiation Therapist/ Medical Dosimetrist
• Licensed Clinical Social Worker	• Respiratory Therapist
• Licensed Marriage and Family Therapist	• Speech Therapist
• Licensed Professional Clinical Counselor	• Surgical Technologist

### 3. Practice Site Eligibility Requirements

AHLRP applicants must work in a CMSP-designated county and at one or more CMSP-contracted provider sites.

The 35 CMSP-designated counties include:

• Alpine	• Lake	• Shasta
• Amador	• Lassen	• Sierra
• Butte	• Madera	• Siskiyou
• Calaveras	• Marin	• Solano
• Colusa	• Mariposa	• Sonoma
• Del Norte	• Mendocino	• Sutter
• El Dorado	• Modoc	• Tehama
• Glenn	• Mono	• Trinity
• Humboldt	• Napa	• Tuolumne
• Imperial	• Nevada	• Yolo
• Inyo	• Plumas	• Yuba
• Kings	• San Benito	

A full list of CMSP-contracted provider sites is available on [our website](#).

### 4. Qualifying and Non-Qualifying Educational Loans

- Qualifying commercial lending institutions are those subject to examination and supervision by an agency of the United States, or by the state in which the institutions have their place of business.
- Loans (government and commercial) obtained from a qualifying lender for undergraduate and graduate health profession degrees.
- Consolidated and/or refinanced educational loans that clearly delineate the original loans and the degrees conferred.

The following types of debt are **not eligible** for loan repayment under AHLRP:

• Parent PLUS loans	• Consolidated with mortgage loan	• Credit card debt
• Loan repaid in full	• Primary Care Loan (PCL) Program	• Personal lines of credit
• Loan not in the provider's name	• Loans in default	• Consolidated with loans owed by another person

Applicants' educational loans must be in good standing. "Good standing" for the purposes of educational loan debt is defined as not being in default. Applicants may have educational loans that are in deferment and/or forbearance. Applicants who are awarded must continue to make payments during the terms of their contract as required by their lending institution.

## **C. Available Funding and Award Amounts**

### **1. Available Funding**

Approximately \$450,000 is available to support allied healthcare professionals working in CMSP-designated counties.

### **2. Award Amount**

The maximum award amount for the CMSP AHLRP is **\$16,000**. HCAI may award full, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria, and the amount of available funds. Applicants will not be awarded more than their total remaining loan balance.

AHLRP's goal is to recruit and retain allied healthcare professionals to provide healthcare in CMSP-designated Counties of California. A Grantee may apply for additional grants following the successful completion of their current AHLRP agreement. To remain eligible, the individual must still have qualifying educational loans, successfully completed their current AHLRP agreement, and meet all the other AHLRP eligibility requirements. A Grantee can apply for an award every year they are eligible contingent on the availability of funding.

A new application must be submitted to be considered for award, as each service obligation requires a separate grant agreement. Therefore, obligations may not overlap nor be considered a continuation of a previous agreement.

## **D. Initiating an Application**

The applicant is responsible for providing all necessary information and ensuring that the information contained in the application is accurate.

Applicants must register and submit all applications (including all required forms, documents and/or attachments) through the web-based eApp <https://funding.hcai.ca.gov/>.

New applicants must first register as a user to access the application materials. Returning applicants must use their previous email and password to login. Section II: Provider eApp Technical Guide contains information regarding how to register and complete your application.

You may apply for more than one HCAI scholarship or loan repayment program at a time. However, if awarded, you can only contract for one service obligation at a time.

## **E. Service Obligation**

Grantee must provide permanent full-time service in direct patient care, including practicing for a term of at least twelve months in a CMSP-designated county at a CMSP-contracted provider site in an approved allied healthcare discipline. "Full-time Service" is defined as a minimum of 32 hours per week. "Direct Patient Care" means the provision of health care services provided directly to individuals being treated for or suspected of having physical or mental illnesses. Direct patient care includes both face-to-face and telehealth-based preventative care and first-line supervision. "First-line Supervision" means the direct supervision of staff who are providing direct patient care.

## **1. Practice Site Absences**

Grantees may have up to 35 workdays per contract service year away from the AHLRP practice site for vacation, holidays, continuing professional education, illness, or any other reason. HCAI will extend the Grantee's obligation end date for each day of absence over the allowable 35 workdays. Refer to Attachment B: Sample Grant Agreement, Section C: Scope of Work.

## **2. Communication Requirements**

Grantees must email HCAI within these specified timeframes for the following reasons:

### **a. Immediately:**

- If you are no longer employed by the approved practice site.

### **b. 30 calendar days prior to:**

- Changing your name, mailing address, phone number, email address or lending institution.
- Beginning a work schedule that will not meet your service obligation, including switching from full-time to half-time status.

### **c. 60 calendar days prior to:**

- Taking a position at a new practice site or organization.
- Making any changes to your employer or employment status.
- Beginning a leave of absence longer than 30 days, for medical or personal reasons.

## **F. Evaluation and Scoring Procedures**

HCAI may make awards to multiple applicants. Please refer to Attachment A: Evaluation and Scoring Criteria. Final awards include consideration of the following elements:

1. At the time of application closing, HCAI will check each application for the presence or absence of required information in conformance with the submission requirements.
2. HCAI may reject applications that contain false or misleading information.
3. HCAI will use the evaluation tool in Attachment A: Evaluation and Scoring Criteria to score applications and will grant awards to the highest scored applications. HCAI intends for this application to support multiple counties in California by providing a distribution of awards throughout the state. HCAI may give preference to applications seeking to support geographic regions not addressed by other similarly scored applications.

## G. Award Process

HCAI will notify selected applicants after finalizing all award decisions. The award process time can vary depending upon the number of applications received. HCAI will use DocuSign to send grant agreement documents to Grantee for review and signatures.

## H. Grant Agreement Deliverables

The Grantee shall submit two or more Progress Reports through the eApp, during the 12-month service obligation, at HCAI's request.

Deliverable	Due Date	Payment
Progress Report One	April 30, 2026	No
Progress Report Two	October 31, 2026	Yes

## I. Post Award and Payment Provisions

1. HCAI expects the Grantee will begin the performance of the grant agreement on the start date listed on the grant documents. Work performed, and payments before the grant agreement start date, will not count towards the requirements for the grant agreement.
2. HCAI shall terminate the Agreement at the Grantee's request, no later than 45 days after the grant agreement was executed. To request a termination, Grantee must:
  - a. Submit a written request for such a termination; and
  - b. Repay all amounts paid to the Grantee pursuant to this Agreement. Any repayments for a year of obligated service shall be made no later than the end of the state fiscal year in which the Grantee completes such year of service.
3. The State Controller's Office mails a paper check directly to the Grantee's residential address on file. **Note: Please ensure HCAI has your most recent residential address on file to avoid a delay in payment.** See Attachment B: Sample Grant Agreement, Section D: Payment Provisions and Reporting Requirements, for detailed information.
4. HCAI cannot provide tax advice to Grantees. HCAI staff are not tax professionals and tax consequences may vary depending on the Grantee. For this reason, Grantees should seek professional tax advice.

## J. Breach Policy

HCAI reserves the right to recover monies for the Grantee's failure to fulfil the obligations set forth in the grant agreement. Refer to Attachment B: Sample Grant Agreement – Section G: Breach for detailed information.

## K. Key Dates

The key dates for the program year are as follows:

Event	Date	Time
Application Available	May 1, 2025	3:00 p.m.
Application Submission Deadline	June 30, 2025	3:00 p.m.
Anticipated Award Notice Date	September 2025	N/A
Proposed Grant Agreement Start Date	November 1, 2025	N/A

## L. Contact Us

For questions related to AHLRP and the eApp, please email HCAI staff at [cmsp@hcai.ca.gov](mailto:cmsp@hcai.ca.gov).

## **Section II: Provider eApp Technical Guide**

### **Provider eApp Technical Guide**

#### **1. Accessing the Application System**

HCAI uses the eApp to allow healthcare providers and students to submit applications. This Grant Guide contains information you need to complete and submit an application in the eApp.

To access the eApp, go to <https://funding.hcai.ca.gov/>. To ensure proper functionality in the eApp, use Chrome or Microsoft Edge, as Internet Explorer is no longer supported. Using a Windows-based PC/laptop is recommended. We do NOT recommend accessing eApp, via smartphones, tablets, and/or iOS-based devices.

#### **2. Registration and Login**

All applicants must register in the eApp system before beginning an application. To register as a new user, click the “Create Account” button on the home page and follow the instructions. After submitting your email address and creating a password, you will receive an email with an account activation link. Click the link in the email to return to the eApp and complete your user Profile. After your user Profile is completed, navigate to the “Apply Here” tab to begin your application.

#### **3. Submitting an Application**

- By submitting the application, you agree to the grant Terms and Conditions.
- HCAI will not consider late and/or incomplete applications. For more detailed information, refer to “Key Dates” (Section K) in this Grant Guide.
- Once you click the “Submit” button, you cannot go back to revise the application.
- You will receive an automated email confirming your submission.

#### **4. AHLRP Application Components**

A submitted application must contain all required information and conform to the Grant Guide format.

The AHLRP application has nine sections to complete:

1. General Information
2. Contact Information (one contact required)
3. Educational Information
4. Professional Information
5. Employment Verification
6. Educational Debt and Tax Information
7. Personal Statements
8. Required Documents
  - You must submit documents in one of the following file formats: .jpg, .doc, .docx, or .pdf. If you submit a document in another format, it will be rejected and will put your application at risk of not being complete.
9. Application Certification

## Attachment A: Evaluation and Scoring Criteria

Core Categories	Guidelines	Total Possible Points
Community Background	Describe how your family and employment background, education, training, and life experiences have influenced your decision to pursue a health professional career.  <b>0-2 points:</b> Applicant describes how their experiences influenced their decision to pursue a career as a healthcare provider.	2
	Describe how your family and employment background, education, training, and life experiences have influenced your commitment to working in an underserved area.  <b>0-2 points:</b> Applicant describes how their experiences have influenced their commitment to working in a medically underserved area.	2
	Have you lived in an underserved or disadvantaged community? If so, please describe your experiences. If not, describe how you can relate to a community that is underserved or disadvantaged.  <b>0-2 points:</b> Applicant describes why they consider themselves part of an underserved or disadvantaged community or how they can relate to those who live in an underserved or disadvantaged community.	2
Career Goals	Describe your career goals in relation to your current employment.  <b>2 points:</b> Applicant intends to stay with their current employer.  <b>2 points:</b> Applicant is committed to practicing direct patient care in an underserved area beyond the service obligation.	4
Cultural Competency	Give a specific example of how your professional and/or educational experiences have contributed to gaining an understanding of the cultural and linguistic needs of the medically underserved community.  <b>0-5 points:</b> Assess the degree that the applicant's experiences have prepared them to respond effectively to the cultural and linguistic needs of the medically underserved community.	5
Financial Need	Financial need is calculated by using the adjusted gross income on the applicant's Tax Returns, Number of Dependents, the Federal Poverty level for the last two tax years, and annual educational debt.	2
Employment History	<b>1 point:</b> Applicant works or has worked as a health provider in a medically underserved area for less than three years.  <b>2 points:</b> Applicant works or has worked as a health provider in a medically underserved area for three years or more.	2

Core Categories	Guidelines	Total Possible Points
Extra Points	<p><b>2 points:</b> Majority of patients speak English <b>or</b> Applicant communicates with patients in their native language.</p> <p><b>1 point:</b> Awarded if applicant stated they are a military veteran, with proof of honorable discharge.</p>	3
Total Points		<p>22</p> <p>15 points minimum to receive an award</p>

## Attachment B: Sample Grant Agreement

GRANT AGREEMENT BETWEEN THE  
DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
(COUNTY MEDICAL SERVICES PROGRAM –  
ALLIED HEALTHCARE LOAN REPAYMENT PROGRAM AND  
**[GRANTEE NAME], [DISCIPLINE/SPECIALTY]**  
GRANT AGREEMENT NUMBER **[GRANT AGREEMENT NUMBER]**

THIS GRANT AGREEMENT (“Agreement”) is entered into on **[Grant Start Date]** by and between the State of California, Department of Health Care Access and Information (hereinafter “HCAI”) and **[Provider Name]** (hereinafter “Grantee”)

WHEREAS, HCAI is authorized by contract with the County Medical Services Program Governing Board to provide loan repayment to healthcare professionals who agree to work in a County Medical Services Program (hereinafter “CMSP”) contracted site.

WHEREAS, HCAI supports healthcare accessibility through the promotion of a diverse and competent workforce while providing analysis of California’s healthcare infrastructure and coordinating healthcare workforce issues.

WHEREAS, HCAI seeks to accomplish its mission by encouraging healthcare professionals to provide healthcare in medically underserved areas through the Allied Healthcare Loan Repayment Program.

WHEREAS, the CMSP Allied Healthcare Loan Repayment Program (hereinafter “AHLRP”) provides support to healthcare professionals in the repayment of educational loans.

WHEREAS, Grantee is a qualified allied healthcare professional who was selected by HCAI through duly adopted procedures to receive grant funds from AHLRP.

NOW THEREFORE, HCAI and the Grantee, for the consideration and under the conditions hereinafter set forth, agree as follows:

### A. Definitions

1. “Approved Practice Site” and/or “Practice Site” is a CMSP clinic or other provider under contract with CMSP in one of the 35 designated counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Modoc, Mono, Napa, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Tuolumne, Yolo, and Yuba.
2. “Deputy Director” means the Deputy Director of the Health Workforce Development or their designee.

3. “Direct Patient Care” means the provision of health care services provided directly to individuals being treated for or suspected of having physical or mental illnesses. Direct patient care includes both, face-to-face and telehealth-based preventative care and first-line supervision.
4. “First-line Supervision” means the direct supervision of staff who are providing direct patient/client care.
5. “Full-Time Service” is defined as a minimum of 32 hours per week providing direct patient care.
6. “Grant Agreement/Grant Number” means Grant Number **[Grant Agreement Number]**, awarded to Grantee.
7. “Grantee” means an applicant who was selected by HCAI to receive grant funds.
8. “Grant Funds” means the loan repayment assistance for qualified educational debt provided by AHLRP which is funded by funds received from the CMSP Governing Board.
9. “Program” means the AHLRP.
10. “Program Application” means the grant application electronically submitted by Grantee.
11. “Program Manager” means the HCAI manager responsible for the program.
12. “Progress Report” means a report completed by the grantee and signed by their employer, certifying the grantee is meeting their contractual obligation to provide a minimum of 32 hours of direct patient care per week at an approved practice site.
13. “State” means the State of California and includes all its Departments, Agencies, Committees and Commissions.

## **B. Terms of the Agreement**

This Agreement shall take effect on **[Contract Start Date]** and shall terminate on **[Contract End Date]**.

## **C. Scope of Work**

Grantee agrees to the following Scope of Work. In the event of a conflict between the provisions of this section and the Grantee’s Program Application, the provisions of this Scope of Work Section shall prevail.

The Grantee shall:

1. For the period of **[Contract Start Date]** through **[Contract End Date]** provide full-time service in direct patient care, including practicing at least 12 months at an Approved Practice Site as a(n) **[Discipline]**.

- a. Grantee may take up to 35 days during the Term of this Agreement from their Approved Practice Site for any leave of absence approved by their worksite, except otherwise required in order to comply with the applicable federal and state laws, without affecting their service obligation.
  - b. Should Grantee take more than the 35 days stated above, HCAI and Grantee must agree to amend the terms of this Agreement to extend the service obligation for each day of absence over the 35 days.
2. Apply all Grant Funds received to the qualifying educational loan(s) provided by the lending institution(s) listed on the Program Application. Grantee must pay all received Grant Funds towards the qualifying educational loans during the term of this Agreement. Work performed, and payments made before the Grant Agreement start date, will not count towards the requirements for the Grant Agreement. Failure to adhere to this provision is a material breach of this Agreement and will result in penalties described below.
3. Pay to the lending institution(s) listed in the approved Program Application any interest that accrues during the term of this Agreement.
4. Notify HCAI, in writing, of any and all, name, mailing address, phone number, and email address changes within 30 days of the changes.
5. Grantee must notify HCAI within 30 days of any change in the place of employment. HCAI will verify if the new place of employment is an Approved Practice Site. It is highly recommended for Grantees to contact their Program Officer (identified under Section L HCAI and Grantee Contact Information) to verify eligibility of a potential new employer before switching places of employment.
6. Submit to HCAI by required deadlines, as determined by HCAI, all requested information and documents during the duration of the term of this Agreement **[Contract Start Date]** through **[Contract End Date]**. HCAI may request information including, but not limited to Progress Reports. Grantee must not have agreed to a contract with another entity to practice professionally for a period during the term of this Agreement in exchange for financial assistance, including tuition reimbursement, scholarships, loans, or a loan repayment. Grantee shall be ineligible to receive a loan repayment under this Agreement until the conflicting obligation to this other entity has been fulfilled. The “Public Service Loan Forgiveness (PSLF) Program” is not considered a service obligation.

#### D. Payment Provisions and Reporting Requirements

1. HCAI shall make one payment of Grant Funds within the Service Term, from **[Contract Start Date]** to **[Contract End Date]**, payable directly to the Grantee. HCAI reserves the right to change payment provisions within the Agreement term, if needed.
2. Payments will be made in accordance with, and within the time specified in, Government Code, Title 1, Division 3.6, Part 3, Chapter 4.5, commencing with Section 927.
3. Service obligations will be monitored via the regular submission of progress reports by the Grantee on a bi-annual basis. HCAI reserves the right to increase or decrease the number of progress reports required to be submitted within the Agreement term, if needed. Nothing in this Agreement relieves the Grantee of the primary responsibility to repay the educational debts listed in the approved program application. Grantee shall be issued payment pursuant to HCAI receiving completed progress reports. Grantee will receive an automated email from *no-reply@hcai.ca.gov* when their progress report is available to download and submit in the Funding e-App portal. Progress reports will be available to download approximately one month prior to the due date.
4. The total obligation of HCAI under this Agreement shall be **[\$Award Amount]** to the Grantee and shall be payable upon confirmation the Grantee has completed their service obligation.
5. Payment shall be made and is conditioned upon HCAI's receipt of documentation of the Grantee's provision of the service obligation, and other documents as required by HCAI. Payment shall be made within 45 calendar days of receipt by HCAI of all required documentation. Payment under this Agreement is not issued with regard to any loan payment due date and may be made at any time within the terms of this Agreement.

#### E. Award May be Exempt from Federal Income Taxes

HCAI does not provide tax advice, and this section may not be construed as tax advice from HCAI. Grantee should seek advice from an independent tax consultant regarding the financial implication(s) of any funds received from HCAI. HCAI does not withhold taxes from payments to Grantees. HCAI will not issue an IRS 1099 form for this agreement.

Payments made under certain State Loan Repayment Programs may be exempt from federal taxes under 26 United States Code section 108, subdivision (f)(4):

“In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act (enacted by Pub L. 108-357, § 320(a) in 2004), or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of healthcare services in underserved or health professional shortage areas (as determined by such State).”

## F. Budget Contingency Clause

1. It is mutually agreed that if the funds provided by the CMSP Governing Board are reduced or eliminated, this Agreement shall be of no further force and effect. In this event, HCAI shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
2. If funding for any fiscal year is reduced or deleted by the CMSP Governing Board for purposes of this Program, HCAI shall have the option to cancel this Agreement with no liability occurring to HCAI. In the event that funding is reduced and not deleted, HCAI may offer an Agreement amendment to Grantee to account for the reduced amount. In the event that HCAI elects to offer an Agreement amendment consistent with the terms of this budget contingency clause, HCAI shall retain the right to cancel this Agreement at any time until and unless an Agreement amendment reflecting the reduced amount has been signed by the parties.

## G. Breach

HCAI reserves the right to recover the following amounts for Grantee's failure to perform the obligations set forth in this Agreement:

1. For failure to start or complete Grantee's service obligation, HCAI shall recover all of the following:
  - a. The total amounts paid by HCAI to, or on behalf of, the Grantee for loan repayments for any period of obligated service not served; and
  - b. An amount equal to the number of months of obligated service not completed by the Grantee multiplied by \$1,500.
2. Any amount HCAI is entitled to recover from the Grantee for breach of this Agreement shall be paid within one year of the date HCAI determines that the Grantee is in breach of this Agreement.
3. Per Government Code sections 16580-16586, HCAI has statutory authority to collect on any outstanding debts. HCAI may attempt to collect from the Franchise Tax Board or any Medi-Cal offsets. HCAI may contact the Employment Development Department, the Board of Equalization and/or a collection agency in an effort to obtain repayment of the funds owed.
4. Grantee will be ineligible to apply for any HCAI Programs in the future if they materially breach their contract unless Grantee obtains relief under Section H.

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

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**[Grantee's Full Name]**

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**Date**

## **H. Provisions for Suspension, Waiver, Cancellation or Voluntary Termination of Service**

1. Any service or payment obligation incurred by the Grantee will be canceled upon the Grantee's death.
2. HCAI may waive or suspend the Grantee's Service Obligation or payment obligation incurred under this Agreement if the Grantee is permanently incapacitated by illness or injury, which prevents Grantee from practicing his/her profession, or prevents Grantee from obtaining any other gainful employment. HCAI reserves the right to request medical or disability documentation as deemed necessary in order to complete the waiver or suspension request. Grantee must submit a written request to HCAI for waiver or suspension of Grantee's service obligations. A suspension of Grantee's obligation may be granted up to one year if Grantee's compliance is temporarily impossible or an extreme hardship. Additional time taken will extend the Service Term end date. (Note: A waiver permanently relieves the Grantee of all or part of the Service Obligation; however, waivers are not routinely granted and require a showing of compelling circumstances).
3. HCAI may provide for the partial or total waiver or suspension of any obligations of service or payment by Grantee whenever compliance by the individual is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to any individual would be unconscionable.
4. Leave of absence for medical or personal reasons may be granted up to six months if the Grantee provides independent medical documentation of physical or mental health disability or personal circumstances, including terminal illness of an immediate family member, which results in the Grantee's temporary inability to perform their service obligation. Grantee must submit a written request to HCAI which must be approved at least 30 calendar days prior to beginning any leave of absence. Periods of approved leave of absence of service will revise the Service Term end date after a Grant Agreement amendment.
5. If the Grantee plans to be away from his/her approved practice site(s) for paternity/maternity/adoption leave, the Grantee is required to inform HCAI at least 60 calendar days before taking the leave. HCAI allows Grantees to be away from their approved practice site(s) within the timeframes established by either the Family Medical Leave Act (up to 12 weeks), or other federal and state law; however, the Grantee must adhere to the leave policies of his/her approved practice site.
6. Call to Active Duty in the Armed Forces, leave of absence, or suspension of service may be granted to Grantees who are military reservists and are called to active duty; Grantees may be granted from six months to one year, beginning on the activation date described in the reservist's call to active duty order. In addition to the written request for suspension, a copy of the Order to active duty must be submitted to HCAI. The period of active duty will not be credited toward the service obligation. Periods of approved leave of absence of service will extend the Grantee's Agreement end date.

7. HCAI shall terminate the Agreement at the Grantee's request, no later than 45 days after the grant agreement execution. To request a termination, Grantee must:
  - a. Submit a written request for such termination; and
  - b. Repay all amounts paid to Grantee pursuant to this Agreement. Any repayments for a year of obligated service shall be made no later than the end of the state fiscal year in which the Grantee completes such year of service.

#### **I. Change of Practice Location**

1. Grantee may request that HCAI permit him or her to change the practice location from one approved practice site to another. The request must be in writing and must be received and approved by HCAI, a minimum of 30 calendar days prior to the desired change. If the proposed transfer practice site is disapproved and the Grantee refuses assignment to another approved practice site, the Grantee may be placed in breach.
2. Grantees that voluntarily resign from their approved practice site(s) without prior approval from HCAI or are terminated by their approved practice site(s) for cause may be placed in breach. Grantee must notify HCAI in writing of immediate termination.
3. If Grantee becomes unemployed or is informed by his/her practice site of a termination date, Grantee must notify HCAI immediately in writing. The Agreement may be extended for the length of time the Grantee is without a practice site, so long as the period without a practice site does not exceed six months and so long as the employment is not a result of termination for cause. If additional time is needed, and the period without a practice site is not a result of termination for cause, Grantee may notify HCAI in writing, requesting additional time. HCAI will inform the Grantee of their decision in writing.

#### **J. Executive Order N-6-22 – Russia Sanctions**

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-2-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Contractor advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

#### **K. General Terms and Conditions**

1. Timeliness: Time is of the essence in this Agreement. Grantee will submit required deliverables as specified and adhere to the deadlines as specified in this Agreement. Anticipating potential overlaps, conflicts, and scheduling issues, to adhere to the terms of the Agreement, is the sole responsibility of the Grantee.

2. **Final Agreement:** This Agreement, along with the Grantee's Application, exhibits and forms constitutes the entire and final agreement between the parties and supersedes any and all prior oral or written agreements or discussions. In the event of a conflict between the provisions of this Agreement and the Grantee's application, exhibits, and forms, the provisions of this Agreement shall prevail.
3. **Cumulative Remedies:** A failure to exercise or a delay in exercising, on the part of HCAI, any right, remedy, power or privilege hereunder shall not operate as a waiver thereof; nor shall any single or partial exercise of any right, remedy, power or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power or privilege. The rights, remedies, powers, and privileges herein provided are cumulative and not exclusive of any rights, remedies, powers, and privileges provided by law.
4. **Ownership and Public Records Act:** All reports and the supporting documentation and data collected during the funding period which are embodied in those reports, shall become the property of the State and subject to the California Public Records Act (Gov. Code, § 6250 et seq.).
5. **Independence from the State:** The Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.
6. **Waiver:** The waiver by HCAI of a breach of any provision of this Agreement by the Grantee will not operate or be construed as a waiver of any other breach. HCAI expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
7. **Approval:** This Agreement is of no force or effect until signed by both parties. The Grantee may not commence performance until such approval has been obtained.
8. **Amendment:** No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or arrangement not incorporated in the Agreement is binding on any of the parties.
9. **Assignment:** This Agreement is not assignable by the Grantee, either in whole or in part, without the consent of HCAI in the form of a formal written amendment.
10. **Indemnification:** Grantee agrees to indemnify, defend and save harmless the State, its officers, agents, and employees from any and all claims and losses accruing or resulting to any person, firm, or corporation who may be injured or damaged by Grantee in the performance of this Agreement.

11. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
- a. The Grantee will discuss the problem informally with the HCAI Grant Representative. If unresolved, the problem shall be presented, in writing, to the Deputy Director stating the issues in dispute, the basis for the Grantee's position, and the remedy sought. Grantee shall include copies of any documentary evidence and describe any other evidence that supports its position with its submission to the Deputy Director.
  - b. Within ten working days after receipt of the written grievance from the Grantee, the Deputy Director or their designee shall make a determination and respond in writing to the Grantee indicating the decision and reasons for it.
  - c. Within ten working days of receipt of the Deputy Director's decision, the Grantee may appeal the decision of the Deputy Director by submitting a written request for review to the Chief Deputy Director stating why the Grantee does not agree with the Deputy Director's decision.
  - d. Within ten working days, the Chief Deputy Director or their designee shall respond in writing to the Grantee with their decision. The Chief Deputy Director's decision will be final.
12. Termination for Cause: In addition to the Breach provisions above, HCAI may terminate this Agreement and be relieved of any payments should Grantee fail to perform the requirements of this Agreement at the time and in the manner herein provided. Grantee shall return any unused Agreement Funds that were previously provided to Grantee as of the date of termination.
13. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
14. Unenforceable Provision: If any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

**L. HCAI and Grantee Contact Information**

The representatives of HCAI and the contact information for each party during the term of this Agreement are listed below. Direct all inquiries to:

State Agency: Department of Health Care Access and Information	HCAI Program Awarded Under: <b>[Name of Program]</b>
Section/Unit: Health Workforce Development	Grantee's First Name, Last Name: <b>[Grantee's Full Name]</b>
Program Officer Name: <b>[Program Officer Full Name]</b>	Address: <b>[Address 1]</b>
Address: 2020 West El Camino Avenue, Suite 1222 Sacramento, CA 95833	Phone Number 1: <b>[Phone 1]</b>
Phone: <b>[Program Officer Main Phone]</b>	Phone Number 2: <b>[Phone 2]</b>
Email: <b>[Program Officer Primary Email]</b>	Email: <b>[Email Address]</b>

**M. Parties' Acknowledgement**

*By signing below, the Department of Health Care Access and Information (HCAI) and Grantee acknowledge that this Agreement accurately reflects the understanding of HCAI and Grantee with respect to the rights and obligations under this Agreement.*

\_\_\_\_\_  
**[Grantee's Full Name]**

\_\_\_\_\_  
**Date**

*For the Department of Health Care Access and Information:*

\_\_\_\_\_  
**Date**