

Health Professions Pathways Program (HPPP)

Department of Health Care Access and Information August 2023

Background and Eligibility

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

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

- Pipeline programs that provide comprehensive academic enrichment, career development, mentorship, and advising in order to support underrepresented individuals as students to pursue health careers.
- Paid summer internships for undergraduate students.
- · One-year post undergraduate fellowships.
- One-year post baccalaureate scholarships.
- Conducting a conference and/or workshop series aimed at informing individuals of opportunities in health professional careers.
- Providing support and technical assistance to health professional schools and colleges, as well as to student and community organizations active in minority health professional development.
- Conducting relevant workforce research and data analysis in the field of minority and disadvantaged health professional development.



Application Release Dates

Registration: Open now

Application release: August 15, 2023

Application deadline: October 16, 2023

Applications open and close at 3:00 pm



Before You Apply

- Applicants must agree to the Grant Agreement terms and conditions before receiving funds.
- HCAI <u>will not</u> make changes to the terms and conditions specified in the Grant Agreement.
- Funds shall not supplant existing state or local funds.



Available Funding

- Total HPPP Funding Available: \$16,000,000.00
- HCAI may award full, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria score, geographic representation, program efficiency, and the amount of available funds.



Helpful Resources

HPPP Grant Guide

https://hcai.ca.gov/wpcontent/uploads/2023/08/HPPP-2023-24-Grant-Guide-2.pdf

Application website <u>https://funding.hcai.ca.gov/</u>



eApplication (eApp) Registration



Creating an Account – Step #1

| Clion | Newsroom | Boards & Committees | About HCAI Subsc | ribe 💽 SIGN IN | Create Account |
|--|--|---------------------|------------------|----------------|-----------------|
| HCAI | | | Search | | Q |
| Building Safety & Finance | Loan Repayments, Scholarships & Grants | Workforce Capacit | y Data (| i Reports | Facility Finder |
| ⊡Signin Create Acc Sign in with a local acc | wrt Retern invlation | | | | |
| Emai | | | | | |
| *Password | Sign in Forgot your password? | | | | |

| Services | Data Submissions | CA Healthcare Infrastructure | Public Transparency | About HCAI |
|-------------------------|--|----------------------------------|---------------------------|--------------------|
| Submit Data | Patient-Level Administrative Data | All Facilities | Public Meetings | Newsroom |
| Loan Repayment Programs | Health Facility Utilizations | Healthcare Facility Detail | Public Records | Divisions |
| Scholarships | Hospital & LTC Financials | Seismic Compliance and Safety | Payment to Agency Reports | Laws & Regulations |
| Grants | Coronary Artery Bypass Graft Surgeries | Hospital Community Benefit Plans | | Public Meetings |
| Penalty Appeals | Healthcare Financial Assistance Policies | California Primary Care Office | | Careers |
| | Hospital Chargemasters | | | |

 Check the "Create Account" box to gain access to the HPPP application (do not check the other boxes).



Creating an Account – Step #2

| 🕄 Sign in | Create Account | Redeem invitation | | |
|------------------------------------|---|--|------------------------------------|------------------------------|
| Password must be Register for a | at least 8 character a new local acc | long and include at least one upper and lowercase count | e letter, a number (0-9), and a sp | ecial character (such as l@# |
| | * Email | | | |
| * | Password | |] | |
| * Confirm | password | |] | \Im |
| | Genera Play th | te a new image a audio code | | |
| | Enter t | e code from the image | | |
| | CI | eate Account | | |

Provide your email, password
 (twice), and image code.



Profile



Check the "Organization for healthcare workforce support" box to gain access to the HPPP application (do not check the other boxes).

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







Check the "**No**" box to the question, "Are you applying to a Song-Brown Program?"

Check the "Yes" box to the question, "Are you applying for other Grants Programs (Health Professions Career Opportunity & Behavioral Health Programs)?"

Check the "Health Professions Pathways Program (HPPP)" box.





After you have checked the "Health Professions Pathways Program (HPPP)" box, please tell us who you are. Anyone can create a profile and participate in the application process when the Program Director authorizes it, but only a Program Director may submit the application.

Important: For the time being, ignore the button to "Request a New Organization"



Submit

| Chison | | | Profile A | ssign Other Users | Sign Out | GREGORY HOUSE |
|---|--|------------------------------|-------------------------------|--------------------------|--------------------|-------------------|
| HCAi | | | | | | |
| Apply Here | Grant Application - In Progress/Submitted | Song-Brown Ap; | plications - In Progress/Su | bmitted | Awards | Payments & Delive |
| Open grant applicatio submitted, go to the A | ns matching your Profile are displayed below. To find additiona ppplications In Progress/Submitted tab. | al applications, please char | ige the applicable user types | in your Profile. To find | d applications ali | ready started or |
| Program | | Release Date | Due Date | Who Ca | an Apply | |
| 2023 Health Profess | sions Pathways Program (HPPP) - Categories A-D | 08/11/2023 8:00 AM | 10/16/2023 5:00 PI | v Organiz | ation | |

08/11/2023 8:00 AM

07/18/2023 3:00 PM

10/16/2023 5:00 PM

09/21/2023 3:01 PM

Organization

Organization

2023 Justice and System - Involved Youth (JSIY)

Song-Brown Primary Care Residency 2023

Services Data Submissions CA Healthcare Infrastructure Public Transparency About HCAI Patient-Level Administrative Data Submit Data All Facilities Public Meetings Newsroom Loan Repayment Programs Health Facility Utilizations Healthcare Facility Detail Public Records Divisions Scholarships Hospital & LTC Financials Seismic Compliance and Safety Payment to Agency Reports Laws & Regulations Grants Coronary Artery Bypass Graft Surgeries Hospital Community Benefit Plans Public Meetings Healthcare Financial Assistance Policies California Primary Care Office Penalty Appeals Careers Hospital Chargemasters

To verify that you have successfully set up your profile, check to see if your name is visible in the top right corner of the screen.

If not, repeat those last few steps.

If so, click, "2023 Health Professions Pathways Program (HPPP) - Categories A-D".



View details

| Welcome to the Health Professions Pathways Program (HPPP). The purpose of the HPPP | P is to fund organizations that will develop and implement career pathways programs. |
|---|--|
| This program provides funding for health professions by engaging the following strategies | с |
| Pipeline programs (Award Category A) that provide comprehensive academic enrichme underrepresented regions and backgrounds to pursue health careers. Minimum of 240 pa | int, career development, mentorship, and advising in order to support students from incipants per year. |
| Summer internehips (Award Category B) for college students in community health cent community-based initiatives that promote health equity. Maximum of 20 interns per year. | ers, public health departments, public behavioral health settings, geriatric providers, and |
| Post undergraduate followships (Award Category C) for underrepresented students in r behavioral health, and geriatric health and other health careers. One-year fellowships. Me | nedicine for in depth, pre-graduate school experience in primary care and prevention, primum of 5 fellows per year. |
| Post Baccalaureate Scholanships (Award Category D) cover tuition charged by post ba careers and have already earned a bachelor's degree. One-year scholarship. Maximum o | ccalaureate programs designed specifically for students who are interested in health /f 5 scholarships per year. |
| Application Release Date | Close Date |
| 08/11/2023 8:00 AM | 10/16/2023 5:00 PM |
| Only Program Directors are allowed to initiate a HPPP application. To request to |) be a Program Director please contact us at hppp@hcal.ca.gov. |
| | |

RELATED DOCUMENTS

There are no notes to display.

If you are the Program Director, you will need an HCAI staff member to upgrade your status from a Grant Preparer to a Program Director in the system. Please send an email to this address asking us to upgrade your status and tell us the name of your organization along with your organization's address. Until you get a confirmation email from HCAI, there is nothing further to do.



Assigning Other Users – Step #1



When you receive your confirmation email recognizing you as the Program Director, you can add additional staff members to your profile. They will be able to assist inputting your application information. Click, "Assign Other Users" to do that.

Note: First, they will need to create a profile for themselves with their own username and password. After they have successfully created a profile, you can look up their name in "**Add User**" and add them to your profile.



Assigning Other Users – Step #2

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|----------------------|------------------|--------------|----------------|-------------------------|-------------------|----------|---|
| HCAi | Lookup records | | | | | | x |
| TTC/ II | Gregory House | • | | | | | Q |
| Apply Here | ✓ Full Name ↑ | Organization | Applicant Role | E-mail | Phone | Degree | |
| | Gregory House | | Grant Preparer | Gregory.House@email.com | (916) 444-4444 | PhD | |
| Assign Other | | | | | | | |
| - | | | | | | | |
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| M ZZELVIR | | | | | | | |
| Profile | Selected records | | | | | | |
| Assign Other Users | | | | | | | |
| | Gregory House X | | | | | | v |
| My Security Setting: | | | | Add | | Cancel | |
| Change password | | | | Aut | | Gancel | |

After your staff members have created their profiles, click the "Add User" button to give your staff members access to your application(s). We recommend using the search button to go through the list.

Note: Only Program Directors can submit an application.



Apply Here

| Chow | Profile Assign Other Users Sig | n Out | GREGORY HOU |
|---|---|-------|--------------------|
| HCAi | View details | x | |
| Apply Here | Welcome is the Health Professions Pathways Rogram (HPPP), The purpose of the HPPP is to fund organizations that will develop and implement career pathways programs. This program provides funding for health professions by engaging the billowing strategies: 1. Policies aroarams (March Calscon A) that provide concombenets aspacemic enrothment: career development, mentambia and advision in order to succord students from | | Paymer |
| Open grant applications mate submitted, go to the Applicat | undengresentel regions and sadigrunds to pursue health careers. Uninnum of 240 participants per year. 2. Summer internations (Heard Category 5) for college students in community health centers, public health departments, public behavioral health <u>seatlager per affic providers</u> , and community-based initiatives that promote health equity. Maximum of 20 interns per year. | _ | already started or |
| Program | Post undergraduate feloastics (lease) Calegor (Like work represented students in metions for in-depth, pre-graduate actional experience in primary care and prevention, behavioral health, and several matter and other health carees. One-year feloastips, Maximum of Steloas per year. | | |
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| 2023 Justice and System - | Application Release Date Close Date 09/10/2023 5:00 PM | | |
| Song-Brown Primary Care | Apply | | |
| | RELATED DOCUMENTS | | |
| Services | There are no notes to display. | | out HCAI |
| Submit Data Loan Repayment Programs | | | wsroom visions |
| Scholarships | | | ws & Regulations |
| Grants | | | blic Meetings |
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-Navigate to the "**Apply Here**" page on the main menu.

Select the "2023 Health Professions Pathways Program (HPPP) - Categories A-D" link.

Click the "**Apply**" button when you are ready to begin.



Helpful Tips



Useful Information

Navigating the application

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



Saving your application

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

Navigate to the "Applications-In Progress/Submitted" page to resume your application.

| pply Here Grant Application - In Progress/Submitted Song-Brown Applications - In Progress/Submitted Awards Payments & Deliverables | Apply Here Grant Application - In Progress/Submitted Song-Brown Applications - In Progress/Submitted Awards Payments & Deliverables Grant Apps | Apply Here Gr | rant Application - In Progress/Sc | ubmitted | Song-Brown Applicatio | ns - In Progress/Submitte | ed Awards | ; Рауп | nents & Deliverab |
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| | Modification Due | Grant Apps | | | | | | | |



Useful Information, Continued

Asterisks

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

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.





Starting the Application



Program Information – Page 1 of 2



Your program information will pre-populate with information you entered in your "Profile" page.

Add your specific Program Name here. This might be different from your organization name.

Select your primary health profession focus.

Narrative Portion: Describe the specific health professions your proposal will promote.



Program Information – Page 1 of 2

| Organization Type 🔺 | —————————————————————————————————————— |
|--|--|
| Select your organization type. Select all that apply.* | Your answers will trigger what |
| High schools or school districts proposing to serve high school students | type of Corear Opportunity |
| Community-based organizations 3 | type of Career Opportunity |
| Community health centers 0 | category that you are eligible to |
| Public universities and colleges, including community colleges | |
| Private universities and colleges, including community colleges | apply for. |
| Health professions training programs 3 | |
| Counties | Select your Career Opportunity |
| | Catagory Vou are only able to |
| Career Opportunity < | category. Tou are only able to |
| Health Professions Career Opportunity Type * | select one per application. If |
| Pipeline Programs (Award category A) | vou would like to choose |
| O Summer Internships (Award category B) | |
| ○ Post Undergraduate Fellowships (Award category C) | another, you will have to create |

O Post Baccalaureate Scholarships (Award category D)

Save & Next

another, you will have to create another application later.

After saving, you can leave and return later to continue working on your application.



Program Information – Page 2 of 2



Please provide the number of expected participants for each fiscal year. Depending on the category you have chosen, there may be a minimum of maximum on the number of participants.



Program Information – Page 2 of 2

| ck on the Ad | d Program Site butto | on to add new prog | ram site | | | |
|--|---|---|-------------------------|----------------------|----------------|----------------|
| | | | | | Add Pr | ogram Site |
| Name 🕇 | Street Address | Suite/Apt/Dept | City | State | Zipcode | County |
| | | | | | | |
| There are no | records to display. | | | | | |
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| es your organiz older adults, a | zation propose to pro nd/or other health ca | omote primary care areers? The total m | e careers just equa | , behavio I 100%. | ral health ca | areers, caring |
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Please tell us how many program sites you have. You will have to enter each of those site's names and addresses until you have the same quantity as those you reported directly above.

Please report the percentages of your organization's promotional interests. It must add up to 100%.

Click "Save and Next" to continue.



Program Proposal



Former/current homeless/underhoused youth I

Immigrants

Refugees

Adult/non-traditional learners (including veterans)

None of the above

Please tell us your program's target participant group(s).

Select the underserved groups that your organization has targeted for outreach and recruitment.



Program Proposal

Addressing Challenges of Target Population

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

- Provide financial aid information
- Provide wraparound services
- D Provide mentoring opportunities with peers and/or healthcare professionals from diverse backgrounds
- Provide academic counseling/academic preparation
- Offer some of the program components online
- Expose students to health care careers
- Provide internships and summer enrichment programs
- Form institutional partnerships
- Provide structured cohort program
- Hire faculty from disadvantaged backgrounds
- None of the above

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

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



Please tell us your program's target population's challenges.

Select your programs cultural and linguistic responsiveness.



Program Objectives

| Apply Here | Grant Application - In Progress/Submitted | Song-Brown Applications - In Progress/Submitted | Awards | Payments & Deliverables |
|-----------------------|--|---|--------|-------------------------|
| | | | | |
| Applicatio | n HPPP-0001053 - Health Pr | ofessions Pathways Program | | |
| | | | | |
| | 22% | | | |
| Program (| Objectives | | | |
| Please select the act | ivities which your organization will use to support the program. | Select all that apply. • 😔 | | |
| Assistance with h | ealth professions school application | | | |
| Conferences (hos | ited and external) | | | |
| Courses (Science | and Health careers) | | | |
| Engagement with | health professions schools and residency programs | | | |
| Financial and fun | ding education workshops | | | |
| Guaranteed incom | ne | | | |
| Housing assistant | ce | | | |
| MCAT and other t | test preparation (SAT, GRE, DAT) | | | |
| Mental health awa | areness and support | | | |
| Mentorship | | | | |
| Newsletter | | | | |
| Parental/family er | ngagement | | | |
| C Research and cor | mmunity experiences | | | |
| Saturday academ | ies or retreats | | | |
| 🗌 Scholarship assis | tance | | | |
| Structured cohort | programs (enrichment, career, internships, summer research, | graduate school/medical school preparation) | | |
| Student coordinat | tors and case managers | | | |
| C Student health clu | ibs | | | |
| Tutoring | | | | |
| D | ocial media support | | | |
| veo based and s | | | | |

 Please select the activities which your organization will provide to support the program.

Previous Save & Next



Qualitative Questions



There are three qualitative questions with a character limit of up to 1,000 characters for each question. If you have prepared responses, you can cut and paste them as long as they do not exceed the 1,000-character cap.

Previous Save & Next



Organization Experience



MM/DD/YYYY

MM/DD/YYYY

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Behavioral Health

Other Health

MM/DD/YYYY

MM/DD/YYYY

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

Please provide the start and end dates for the years of experience that your organization has had with these career types. The total years will auto-calculate.



Organization Experience

| Is 2 the maximum number of years of experience your organization has with exposing underrepresented individuals to any one health career type?* | |
|--|--|
| 🔿 No 🔿 Yes 🗹 | |
| Please describe your organization's past experience exposing underrepresented individuals to primary care, caring for older adults, behavioral health, and/or other health careers.* | |
| • | |
| | |

This question is intended as a verification for the highest number of years your organization has had experience working in. It comes from the question directly above it.

This is a narrative for your organization's past experience working with underrepresented individuals. It also has a 1,000character cap.





Services



Previous Save & Next

This is a Yes/No mentorship question to ask if your organization provides such services.

This is a question to ask if your organization provides academic support for student success.



Program Budget – Page 1 of 2

| Application HPPP-0001053 - Health Professions Pathways Program Image: Construction of the profession of the p | Apply Here | Grant Application - In Progress/Submitted | Song-Brown Applica | ations - In Progress/Submitted | Awards | Payments & Deliverables |
|---|-----------------------|---|--------------------|--------------------------------|-------------|-------------------------|
| Program Budget - Page 1 of 2 How many individuals are you entering records for?* Image: Comparison of the compa | Application | n HPPP-0001053 - Health F | Professions Path | ways Program | | |
| Program Budget - Page 1 of 2 How many individuals are you entering records for?* Image: Control of the | | 68% | | | | / |
| How many individuals are you entering records for?* | Program B | udget - Page 1 of 2 | | | | |
| Add Personnel Personnel ID Position Title Organization Total Compensation Requested There are no records to display. Image: Compensation Requested Image: Compensation Requested Image: Compensation Requested | How many individuals. | are you entering records for? * | | | | |
| There are no records to display. All Personnel Submitted | Personnel ID | Position Title | Organization | Total Compensatio | n Requested | Add Personnel |
| Al Personnel Submitted | There are no reco | vrds to display. | | | | |
| | All Personnel Subm | nitted | | | | |
| | | | | | | |

This question is intended to ask about your program's annual compensation expenses (i.e. how much you pay your Program Director, and/or direct support staff for this specific program). When you click "**Add Personnel**", the quantity must match the number you reported in the question directly above.

- Lastly, don't forget to click "All Personnel Submitted" when complete.



Program Budget – Page 2 of 2



This first greyed-out portion is pre-populated from your entries from the prior page.

When you click the "Add Direct Cost", you will need to report your other direct expenses. To do so, you must select each expense category...AND...you must enter an amount <u>no matter</u> <u>what</u> (i.e. "0" if you have no expense to report).

The greyed-out section represents your cumulative total up to this point.



Program Budget – Page 2 of 2

| Total Indirect Costs * • | Please report your Indirect Costs for each year (if you have any to report). The cap on Indirect Costs cannot exceed 15% of your total budget. |
|--|--|
| 2027-2028 Please explain how the direct costs listed above support you program. | Please explain how the Direct Costs listed above support your program. |
| Total Expenses Total Direct Costs Total Indirect Costs Grand Total 10000 All Budget Categories Submitted | Don't forget to check the " All Budget Categories Submitted " button when you are done. |
| Previous Save & Next | |



Contract Administration

| Apply Here | Grant Application - In Progress/Submitted | Song-Brown Applications - In Progre | ss/Submitted | Awards P | Payments & Delivera |
|---------------------------------|---|-------------------------------------|-------------------------|--------------|---------------------|
| Applicatio | n HPPP-0001053 - Health P | rofessions Pathways Pro | ogram | | |
| | | | | | |
| | | 88% | | | |
| Contract A Contract Organiza | Administration | |] | | |
| O Non-governmer | ntal Entity 😜 | | | | |
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| Provide a teleph | one number Provide | a telephone number | | | |
| Contract Administr | ator Email* | | - | | |
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Important: The information you enter on this page will be used in your Grant Agreement and in your STD 204-Payee Data Record (for payments). Errors with this information can cause a delay in executing your Grant Agreement and possibly delay your first payment after that. Also, your organization name and address must match with the information that you provided to the IRS.



Contract Administration



Previous

Save & Next

If your STD-204 Signatory is the same as your Grant Signatory, you will not have to fill that part out again if you check that box.

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



Assurances



The Assurances page is the last page of the application process.

Once you check the box "I Certify", then click, "Submit", you will no longer be able to make edits to your application.



Viewing & Printing Your Application

| Apply Here | Grant Application - In Pro | gress/Submitted 🔍 | Song-Brown Applications - In Progress | /Submitted Award | s Payments & Deliverab |
|----------------------|----------------------------|-------------------|--|----------------------------|------------------------|
| | | | | | |
| Grant Apps | | | | | |
| | | | | | Modification Due |
| Application Number 🕇 | Initiated By | Application Statu | Cycle | Due Date (Cycle) | Date (Cycle) |
| HPP-0001053 | Gregory House | Submitted | 2023 Health Professions Pathwa Program (HPPP) - Categories A- | ys 10/16/2023 5:00 PM D | v |
| | | | | | |

Once you submit your application you can view and print your application by selecting the Options dropdown on the "Application-In Progress/Submitted" page, then click on the drop-down icon to access to the "View/Print" option.



Common Application Errors

- Applicant did not reconcile the organization participant counts based on what they had initially entered.
- Applicants do not provide the correct contract organization name.
- Applicant did not reconcile their budget to their initial total request for funds.
- Applicants do not provide the correct grantee and STD 204 signatories.



Questions?

HPCOP@HCAI.ca.gov

Note: If you have a question, please include your Program (HPPP, JSIY, HCEP) and Application ID in the Subject Line.

