

PECE Application: New Psychiatry Residency Program

Intro

Welcome to the Mental Health Services Act (MHSA) Workforce Education and Training (WET) Psychiatric Education Capacity Expansion (PECE) Grant Program funding application. The PECE Grant Program will provide funding to institutions and organizations to expand the number of psychiatry residents and psychiatric mental health nurse practitioner (PMHNP) students trained to work in the public mental health system (PMHS). This is achieved by providing funding for:

1. New psychiatry residency and PMHNP training programs
2. Expanding existing psychiatry residency and PMHNP training programs

Program Info

Please provide the following information for the program.

Program Name:

Address:

City:

State:

ZIP Code:

Please provide contact information for the program director.

First Name:

Last Name:

Title:

Phone Number (xxx-xxx-xxxx):

Email Address:

Are you the program director for this program?

Yes

No

Please provide your contact information.

First Name:

Last Name:

Title:

Phone Number (xxx-xxx-xxxx):

Email Address:

Will you also act as the project representative for **grant agreement** inquiries (i.e., the person who will sign the grant agreement)?

Yes

No

Project Representative: Grant Agreement Inquiries

Please provide the name, title, address, phone number and email for your Project Representative in the fields below. If awarded, OSHPD will use this information for the Grant Agreement (see link at the end of this application).

Full Name:

Title:

Address

(including suite number, if any):

City

State

ZIP Code

Phone Number

(xxx-xxx-xxxx):

Email Address

(xxx@xxx.gov):

Will you also act as the project representative for **administrative** inquiries (e.g., the person who processes invoices)?

Yes

No

Project Representative: Administrative Inquiries

Please provide the name, title, address, phone number and email for your Project Representative in the fields below. If awarded, OSHPD will use this information for the Grant Agreement (see link at the end of this application).

Full Name:

Title:

Address (including suite number, if any): City

State

ZIP Code

Phone Number (xxx-xxx-xxxx):

Email Address (xxx@xxx.gov):

Type of Program

On behalf of which type of program are you applying?

- Psychiatry Residency Program
- PMHNP Program

Is your program new or already established?

- New (has admitted no students/residents)
- Established (accredited and has previously admitted students/residents)

Funding Requested

Please indicate the total funding amount you are requesting.

Funding Requested:

\$

Psych Residency New

Do you plan to dedicate a portion of your psychiatry residency slots to Child and Adolescent Psychiatry fellowships?

- Yes
- No

Proposed Residency and Fellowship Positions

How many first-year residents will you seek ACGME accreditation for *if you receive PECE funding*? Please indicate the total number of positions and the number of those positions reserved for Child and Adolescent Fellows, if any.

Total First-Year Resident Positions

First-Year Resident Positions Dedicated to Child and Adolescent
Fellows

#

Rotation Sites

We are collecting information about your proposed rotation sites for application scoring purposes. Please click the link below to download the template, add in the necessary data about your proposed rotation sites, and upload the completed template below.

[Psychiatry Residency Rotation Site Template](#)

Note: This data should align with the data you report to ACGME. If you do not have any proposed rotation sites yet, please skip this question.

Does your organization/institution currently have a residency program for one or more other specialties?

- Yes
 No

Does your organization/institution currently serve as a rotation site for medical students from outside organizations?

- Yes
 No

Letter of Sustainability

Successful applicants must demonstrate that the program and/or its sponsoring organization supports creating or expanding the program and is committing future funds to recruit and train future residents and/or fellows.

Please attach a letter from your sponsoring institution that endorses your residency program and speaks to the sustainability of your program beyond MHSA WET funds awarded. This letter must indicate the number of new residents that will be admitted as a result of receiving this grant. *See the Grant Guide for a sample sustainability letter.*

Have you received funding from another source to support establishing this new program?

- Yes
- No

Other Funding

How much funding have you received, in what time period, and from what source(s)?

Funding received:

Funding period:

Funding source(s):

Proposed Budget

Please complete the proposed budget table below, assuming you receive PECE funding.

	2020-21	2021-22	2022-23	2023-24
Program Personnel	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Faculty	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Consultants	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Other Costs (including administrative costs)	\$ <input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	<input type="text" value="0"/>

Please describe any other costs, including administrative costs (maximum 250 words). Word count: 0

Payee Data Record

Please right click the link below to open the Payee Data Record (STD 204) in a new tab, download the form, complete it, sign it, and upload the completed form.

[Payee Data Record \(STD 204\)](#)

Contractor Certification Clauses

Please click the link below, download the Contractor Certification Clauses form, complete it, sign it, and upload the completed form.

[CCC 04-2017](#)

Confirmations

Please confirm the following statements to complete your application.

- My program will seek to obtain Accreditation Council for Graduate Medical Education accreditation by July 1, 2023.

- My proposed program has not enrolled its first cohort.

- My proposed program has not received prior state funding for this purpose.

- I certify that the statements herein are true and complete to the best of my knowledge.

End

Thank you for completing the PECE Grant Program application.

Please click the forward arrow below to submit your application.