

PECE Application: Psychiatry Residency Expansion 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 Expansion

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

- Yes
- No

If funded, do you plan to create Child and Adolescent Psychiatry fellowship slots within your program?

- Yes
- No

Current Residency and Fellowship Positions

What is the current number of ACGME approved first-year residents for your organization?

	#
Total First-Year Residents	<input type="text"/>
First-Year Resident Positions Dedicated to Child and Adolescent Fellows	<input type="text"/>

Proposed Residency and Fellowship Positions

What is the proposed number of ACGME approved first-year residents you plan to add *if you receive PECE funding*?

	#
First-Year Residents Added	<input type="text"/>
First-Year Resident Positions Dedicated to Child and Adolescent Fellows	<input type="text"/>

Rotation Sites

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

[Psychiatry Residency Rotation Site Template](#)

Note: This data should align with the data you report to ACGME.

Does your psychiatry residency training program have a history of training residents in PMHS settings (i.e., settings that serve adults with serious mental illness and/or children with serious emotional disturbance) within the past two years?

- 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 MHA WET funds awarded. This letter must indicate the number of new resident slots that will be permanently added as a result of receiving this grant. *See the Grant Guide for a sample sustainability letter.*

ACGME Accreditation Letter

Please upload the most recent Accreditation Council for Graduate Medical Education accreditation letter.

Proposed Budget

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

	2020-21	2021-22	2022-23	2023-24	2024-25
Program Personnel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Faculty	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Program Incentives:					
Faculty Loan	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repayment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Program Incentives:					
Subsidized Faculty	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Housing					
Program Incentives:					
Faculty Bonus	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Program Incentives:					
Other*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Resident Salaries	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Fellow Salaries	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Costs (including					
administrative costs)**	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

*Please describe any other program incentives costs (maximum 250 words). Word count: 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 statement to complete your application.

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.