



Song-Brown Primary Care Residency (PCR) Technical Assistance Guide

Department of Health Care Access and Information

August 2024

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)
- 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 Release Dates

- eApp Registration: Open now
- Application release: July 25, 2024
- Early submission review: August 27, 2024
- Application deadline: September 10, 2024
- Applications open and close at 3:00 p.m.

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 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 2024

- New Program strategy questions has changed.
- Program data page has changed.
- Resident data page has changed to collect aggregate data.

Information to Gather (Existing, Expansion, and 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.
- Grant Agreement and Payee Data record (STD-204) signatories.
- 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, Continued (Existing, Expansion, and THC)

- Current practice site 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.
- Grant Agreement and Payee Data record (STD-204) signatories.
- 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.
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)	<p>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, 2022, or later.</p> <p>A program may continue to apply for expansion funding until all approved ACGME expansion positions have been filled.</p>

Program Funding Categories, Continued

New Primary Care Residency Program	<p>A program that meets one of the following criteria:</p> <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. <p>OR</p> <ul style="list-style-type: none">• Has obtained 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	<p>A program that meets the following criteria:</p> <ul style="list-style-type: none">• Is in the process of completing Accreditation Phases: a) ACGME Institutional Affiliation, b) Fiscal Plan, and c) 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 ACGME accreditation Up to \$2,000,000 	Upon proof of accreditation and allowable expenditures
Total	\$31 M		

Helpful Resources

1. [Song-Brown Glossary](#)
2. [PCR Grant Guide](#)

eApplication (eApp) Registration

Creating an Account

Building Safety & Finance

Loan Repayments, Scholarships & Grants

Workforce Capacity

Data & Reports

Facility Finder

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



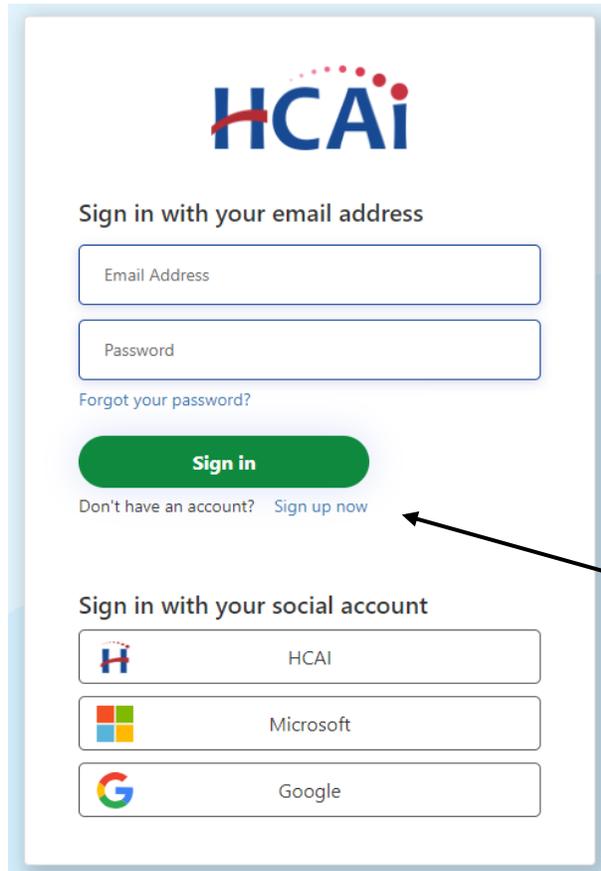
Release Date

Due Date

Who Can Apply

If you are a new applicant,
register now – don't wait

Creating an Account, Continued



The screenshot shows the HCAi login interface. At the top is the HCAi logo. Below it, the text "Sign in with your email address" is followed by two input fields: "Email Address" and "Password". A link "Forgot your password?" is positioned below the password field. A green "Sign in" button is centered below the fields. Below the button, the text "Don't have an account? Sign up now" is displayed. An arrow points from the "Sign up now" link to the explanatory text on the right. At the bottom, the section "Sign in with your social account" features three buttons: "HCAi" (with a red 'H' icon), "Microsoft" (with the Microsoft logo), and "Google" (with the Google logo).

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

Your email has been confirmed successfully.

Profile

My Security Settings

Change Password

Change Email

Select your user type (Choose all that are applicable):*

Healthcare Professional

Student

Organization

Select an organization from the search list below. If your organization is not listed, click on the **Request New Organization** button to submit a request for your organization to be added to the list.

1. Check the “Organization” 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 side, there is a navigation menu with the following items: "Profile", "My Security Settings" (with a lock icon), "Change Password", and "Change Email". The main form area contains the following fields and buttons:

- Organization Name ***: A text input field.
- + Select Address**: A button to open an address selection window.
- Street Address ***: A text input field.
- Suite/Dept**: A text input field with a help icon.
- City ***: A text input field.
- State**: A dropdown menu with "CA" selected.
- Zip Code ***: A text input field.
- County**: A dropdown menu.
- Submit** and **Cancel**: Two buttons at the bottom of the form.

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

My Security Settings

Change Password

Change Email

Organization

Select an organization from the search list below.

Showcase Organization

Prefix

First Name * Middle Initial

Last Name * Suffix

Title Degree *

Phone 1 * Phone 2

Email *

Receive email announcements for new **grant** or **scholarship** opportunities

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 information may delay your registration.

Account Roles

Account Validation Complete: Current eApp Account Role Inbox x



SVC-Dynamics <no-reply@hcai.ca.gov>
to me ▾

10:05 AM (17 minutes ago) ☆ ↶ ⋮

Dear Avenger New,

Thank you for validating your Department of Health Care Access and Information (HCAI) Funding e-App account.

At this time, your account is flagged as a Grant Preparer. If you are a Program Director, please email songbrown@hcai.ca.gov to request your account permissions to be upgraded. Only Program Directors may create and submit applications.

Thank you,

Department of Health Care Access and Information

[Healthcare Workforce Development Division](#)

This is an automatically generated email. Please do not reply.

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

Assign Other Users

Showcase Person

Profile

Assign Other Users

My Security Settings

Change Password

Change Email

Full Name ↑ Organization Applicant Role E-mail Phone Degree

Add User

There are no records to display.

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



Apply Here

Grant Applications

Awards

Payments & Deliverables

Messages

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

APPLICATIONS – OPEN OR COMING SOON

Program
↑

Release Date

Due Date

Who Can Apply

Song-Brown Primary Care Residency 2024

07/25/2024 3:00 PM

09/10/2024 3:00 PM

Organization



1. Navigate to the “Apply Here” page on the main menu
2. Select the “Song-Brown Primary Care Residency 2024” 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.



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.

Apply Here	Applications - In Progress/Submitted	Awards	Payments	Messages	Forms/Requests			
Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	Options
SBPCR-1000355	Showcase Training Program	Janine Doe		Submitted	Song-Brown Primary Care Residency 2019	04/05/2022 12:00 AM		▼

[Register to Vote](#) [Privacy](#) [Accessibility](#) [Conditions of Use](#) [Contact Us](#)

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Useful Information, Continued

Asterisks

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

Training 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

Application – Song-Brown Primary Care Residency

Program Information

Song-Brown Primary Care Residency 2019

Organization

Courtney's Corgi Academy

Program Director *

Janine Doe

Program Director Email

steph.adxtest+1@gmail.com

Program Type *

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

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

Training Program Title *

Training Program not listed

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 “Training Program Title” from a list of training programs by clicking on the magnifying glass
4. If your training program is not listed, check the box “Training Program not listed”

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

Program Information: Address

☑ Training Program not listed

Training Program Title *

+ Select Address

Street Address * Suite/Dept

City * State * Zip Code *

County *

Search Address 401 pioneer ave Search

Search Results

- 401 Pioneer Ave, Woodland, CA 95776
- 401 N Pioneer Ave, Negaunee, MI 49886

Close

1. After checking the box, new fields will appear below
2. Type in the program name under “Training 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 [?](#)

City * State * Zip Code *

County *

Award Category * (select all that apply):

- New Program
- Existing Slots
- Teaching Health Center Slots [?](#)
- Expansion Slots

[Next](#)

1. 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 Programs

Overview of New Programs and New Programs with Match

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 ⓘ

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 fundings
- The phase you have completed determines which New Program application 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	ACGME Institutional Affiliation	"Yes"	\$1 million dollars
Phase B	Fiscal Plan	"Yes"	
Phase C	Timeline in Place	"Yes"	
Phase D	Training Sites Recruited	"Yes"	
Phase E	Curriculum Development	"Yes" or "No"	
Phase F	Recruit and Develop Faculty	"Yes" or "No"	
Phase G	Secure ACGME Residency 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 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	ACGME Institutional Affiliation	"Yes"	\$2 million dollars with a 25% match
Phase B	Fiscal Plan	"Yes" or "No"	
Phase C	Timeline in Place	"Yes" or "No"	
Phase D	Training Sites Recruited	"No"	
Phase E	Curriculum Development	"No"	
Phase F	Recruit and Develop Faculty	"No"	
Phase G	Secure ACGME Residency 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:

- Award Amount
- 25 Percent Match
- Total Budget

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

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 *

Please select the type of entity *

Governmental Entity

Non-governmental Entity

Doing Business As (DBA)

Prefix Contract Administrator First Name * Contract Administrator Last Name *

Title

Phone 1 * (916) 717-8342 Phone 2 Provide a telephone number

Contract Administrator Email *

Grant Agreement Signatory

First Name * Last Name * Phone * Provide a telephone number

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

PO Box *

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" identify the contractor organization as a Governmental Entity or Non-Governmental Entity.
3. "Grant Agreement Signatory" must be an individual with authority to enter into a grant agreement.
4. "STD. 204 Signatory" name 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.
5. PO box option available for the 204 category.

Program Data

- Review ACGME accreditation phases A-G
- 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)

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

Note that since you selected 'Yes' to this question, you will be required to upload documentation information in the last section of this application.

B. Fiscal Plan?

Yes

Note that since you selected 'Yes' to this question, you will be required to upload documentation information in the last section of this application.

C. Timeline in Place?

Yes

Note that since you selected 'Yes' to this question, you will be required to upload documentation information in the last section of this application.

D. Training Sites Recruited

No

You are eligible to apply for a grant up to \$2 million dollars with a 25 percent match.

Program Data, Continued

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 Residency Accreditation?

No

- Selecting “Yes” to Phases A-D makes you eligible for up to \$1 million in funding (New Programs).
- 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.

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

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	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Continuity Clinic	Street Address	Suite/Dept	City	State	Zip Code	County
There are no records to display.										

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

NOTE: We only need primary outpatient training site(s) not every training site

Training Sites: Facility Type

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

1. 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 Sites: Payer Mix

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

Yes No

How many hours, on average, would a first, second, and third year resident spend taking care of patients in this specific continuity clinic for a whole year (1 year example = 520 Hours)?*

1st Year Residents

1.00

2nd Year Residents

520.00

3rd Year Residents

1.00

Payor Mix

Provide payer mix information (%) for the last 12 months (May 2021- May 2022). *

Medicare/Medicaid (Dual Eligibility)

10.00

Medi-Cal (Traditional and Managed Care)

20.00

Uninsured

1.00

Training Site Reviewed

No Yes

1. Complete all required fields.
2. Provide payer mix information for the last 12 months.
3. Select training site reviewed once you've reviewed your training site information for accuracy.
4. 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.

New: Training site reviewed button is new and must be selected yes to move forward.

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.

Training Sites With Errors

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

There are no records to display.

Training Sites With No Errors

Add a Site

Training Site Name	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Continuity Clinic	Street Address	Suite/Dept	City	State	Zip Code	County
zzzYoungjedizz	No			Yes	2020 W El Camino Ave		Sacramento	CA	95833	Sacramento <input checked="" type="checkbox"/>

Previous

Save & Next

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

Executive Summary and Program Strategies

Executive Summary

Provide an executive summary description for the new training program. Include how your program will meet the priorities of the Song Brown statute. Please reference the Primary Care Residency Grant Guide on Song-Brown website for more information.*

Maximum limit of 2500 characters.

1. The “Executive summary” is required to be answered before continuing to the next page.
2. You have a maximum limit of 2,500 characters per response.
3. After completing this page, save and proceed by clicking “Next”.
4. Indicate which strategies you plan to use in the development of your program.

Note: If you exceed the character limit in your Executive Summary you will see a pop-up message. If you copy and paste text from another document, text will be cut off at 2,500 characters. Double-check the information you enter and make sure everything is captured.

Strategy questions 1-5

Strategies 1 of 5

Select the strategies you will use to recruit residents Underrepresented in Medicine (URM). Select all that apply.*

- Establishes partnerships with community-based organizations serving educational institutions for purposes of recruitment and increasing access and exposure to prospective URM residents
- Utilizes an established pathway or pipeline program
- Hosts events tailored, in part or in whole, specifically for prospective URM residents
- Conducts individualized outreach to prospective URM 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

Previous

Save & Next

Strategies 3 of 5

Select the strategies you will use to support residents Underrepresented in Medicine (URM). Select all that apply.*

- Create and maintain a mentorship program available to all URM residents that strives to pair residents with staff/faculty members with shared lived experience
- Program faculty members, lecturers, and staff reflect the cultural diversity of URM residents
- 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 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 representative of URM residents
- Hire program leaders representative of URM residents
- Provide residents training in cultural competency
- Teach professionalism that incorporates multi-cultural social etiquette and social norms representative of URM residents
- Have residents participate in community outreach activities in AUN (e.g., going to high schools in AUN)
- Other
- None of the above

Strategies 2 of 5

Select the strategies you will use to admit residents Underrepresented in Medicine (URM). Select all that apply.*

- Incorporates holistic review into the admissions process, to include individual applicant experiences and attributes indicative of URM residents
- Accounts for applicant socioeconomic status in review process
- Ensures representation of selection committee members who reflect the diversity of URM residents
- 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

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

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

- 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/ PA's

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 and next when done.

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.

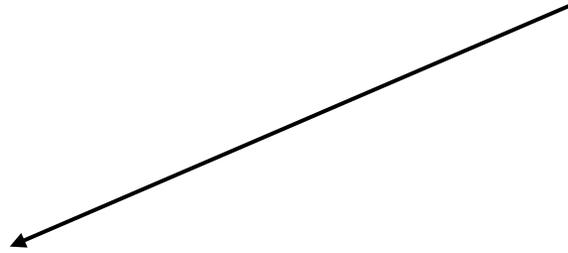
How much funding are you requesting? * Your 25% required contribution will be a :

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 and 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.

There are no folders or files to display.

Institutional Affiliation (sponsor) Letter

Please attach proof that you have applied for, or acquired ACGME institutional affiliation.

Filename must start with InsLtr_ to be accepted. Example: InsLtr_MyDocument.

Institutional affiliation upload ✓ 0 files uploaded, 0 files required.

Fiscal Plan

Please attach your fiscal plan to achieve ACGME accreditation.

Filename must start with FisPlan_ to be accepted. Example: FisPlan_MyDocument.

Budget/Funding Plan upload ✓ 0 files uploaded, 0 files required.

Timeline

Please attach your proposed timeline for ACGME accreditation (phases A – G).

Filename must start with Time_ to be accepted. Example: Time_MyDocument.

Timeline in place upload ✓ 0 files uploaded, 0 files required.

Curriculum Development

Please attach your overall plan for clinical rotations, didactic teaching, and other longitudinal curricula for your program.

Filename must start with CurDev_ to be accepted. Example: CurDev_MyDocument.

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

Secure ACGME Residency Accreditation*

Please attach your ACGME residency program accreditation letter.

Filename must start with ACGME_ to be accepted. Example: ACGME_MyDocument.

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

1. Files uploaded must include prefix (Example: Accr_). 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.

Institutional Affiliation (sponsor) Letter

Please attach proof that you have applied for, or acquired ACGME institutional affiliation.

Filename must start with InsLtr_ to be accepted, Example: InsLtr_MyDocument.

Institutional affiliation upload. ✓ 0 files uploaded, 0 files required.

Fiscal Plan

Please attach your fiscal plan to achieve ACGME accreditation.

Filename must start with FisPlan_ to be accepted, Example: FisPlan_MyDocument.

Budget/Funding Plan upload ✓ 0 files uploaded, 0 files required.

Timeline

Please attach your proposed timeline for ACGME accreditation (phases A – G).

Filename must start with Time_ to be accepted, Example: Time_MyDocument.

Timeline in place upload ✓ 0 files uploaded, 0 files required.

Curriculum Development

Please attach your overall plan for clinical rotations, didactic teaching, and other longitudinal curricula for your program.

Filename must start with CurDev_ to be accepted, Example: CurDev_MyDocument.

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

Secure ACGME Residency Accreditation*

Please attach your ACGME residency program accreditation letter.

Filename must start with ACGME_ to be accepted, Example: ACGME_MyDocument.

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

Name ↑	Modified	
LtrSus_MyDocument.docx (19 KB)	07/01/2022 2:14 PM	▼

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

Application SBPCR-1000584 – Song-Brown Primary Care Residency

100%

Assurances

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

[Previous](#)

1. Read the statement.
2. Agree to the statement by checking the box.
3. Click the “Submit” button.

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

Note: Only Program Directors may 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](#)

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About HCAI

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[Public Meetings](#)

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Viewing & Printing Your Application

Once you submit your application you can view and print your application by selecting the Options dropdown on the “Application-In Progress/Submitted” page.

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
SBPCR-0001133	zzzjediacademyzzz	Luke Skywalker		Submitted	Song-Brown Primary Care Residency 2021	10/07/2022 4:00 PM	07/08/2022 3:00 PM	No <input type="button" value="v"/>

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
--	---	--	--	--

**PCR
Existing Slots,
Teaching Health Center Slots,
and
Expansion Slots Applications**

Program Information: Existing, THC, and Expansion

Program Information *

Song-Brown Primary Care Residency 2021

Organization

Melissa's PCR Program

Program Director *

Melissa Small

Program Director Email

melissaomand08@gmail.com

Program Type *

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

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

Training Program Title *

University of California, Riverside OB/GYN Residency Program

Training Program not listed

Award Category * (select all that apply):

New Program

Existing Slots

Teaching Health Center Slots

Expansion Slots

1. Provide all requested information
2. To link data from prior applications to the new application, use the magnifying glass search function to select the “Training 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 *

Please select the type of entity *

Governmental Entity

Non-governmental Entity

Doing Business As (DBA)

Prefix Contract Administrator First Name * Contract Administrator Last Name *

Title *

Phone 1 * (918) 717-8342 Phone 2 Provide a telephone number

Contract Administrator Email *

Grant Agreement Signatory *

First Name * Last Name * Phone * Provide a telephone number

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

PO Box *

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" identify the contractor organization as a Governmental Entity or Non-Governmental Entity.
3. “Grant Agreement Signatory” must be an individual with authority to enter into a grant agreement.
4. “STD. 204 Signatory” name 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.
5. PO box option available for the 204 category.

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

Would you like to import graduate and training site data from your last application? *

- No
- Yes

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

2005

You have chosen expansion funding, which academic year would the filled first-year resident(s) start the program? *

2006

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. On this page you will provide program data.
2. Having resident and graduate data to report will allow additional fields to appear for you to complete further into the application.
3. Complete all required fields shown.
4. If you did not apply in 2023, select “No” to the import data question. In this case, 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.

If your organization was a past applicant and opted to include training site information from the last submitted application, the table below displays your previously identified main primary care continuity clinic site(s). To edit information or delete a training site that no longer exists, click on the **Options** button next to a training site name and select **Edit** or **Delete**.

Total Number of Continuity Clinics

Training Sites With Errors

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

There are no records to display.

Training Sites With No Errors

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

There are no records to display.

Add a Site

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
4. Imported training sites
 - If you selected “Yes” to import prior year’s data on the “Program Data” page, you will only see continuity training sites from the prior year’s application
 - Verify the imported site information is correct
 - Edit or delete an imported site by selecting the “Options” dropdown list for that line

Continuity Training Sites: Facility Type

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/>

- 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

1. 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 information (%) for the last 12 months (June 2023 - May 2024). *

Medicare/Medicaid (Dual Eligibility)

10.00

Medi-Cal (Traditional and Managed Care)

0.00

Uninsured

0.00

Training Site Reviewed for Accuracy

No Yes

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.

If your organization was a past applicant and opted to include training site information from the last submitted application, the table below displays your previously identified main primary care continuity clinic site(s). To edit information or delete a training site that no longer exists, click on the **Options** button next to a training site name and select **Edit** or **Delete**.

Total Number of Continuity Clinics

Training Sites With Errors

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

There are no records to display.

Training Sites With No Errors

Add a Site

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

1. To edit individual entries, scroll to the far right for the “Options” column
2. Click the down-arrow button next to the desired entry
3. This menu will give you the options to edit or delete each individual entry
4. After completing this page, click “Save & Next”

Executive Summary and Program Description

Executive Summary and Program Description

Executive Summary*

insert executive summary and program description here.

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 will be cut off at 2,500 characters. 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 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. After completing this page, click “Save & Next”
3. The “Total Program Annual Budget” must be equal to or more than “Total Requested THC Song-Brown Funding”

Aggregate Resident Data

Aggregate Resident Data

Enter the following data for the 24/25 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 number of filled 4th Year Resident slots*

Total

Provide the race/ethnicity of all residents enrolled in aggregate

American Indian/Native American/Alaska Native

- Resident race/ethnicity data is now collected in aggregate for all the years requested.
- Provide the total number of ACGME approved slots for each academic year.
- **Note:** The Aggregate Resident data page replaces the prior years Resident Data page. We are no longer collecting this information at the resident level.

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 positions approved and filled for academic years 2019/20 to 2023/24

AY 2019/20	<input type="text" value="1"/>
AY 2020/21	<input type="text" value="0"/>
AY 2021/22	<input type="text" value="0"/>
AY 2022/23	<input type="text" value="0"/>
AY 2023/24	<input type="text" value="1"/>
Total	<input type="text" value="2"/>

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 2019/20 to 2023/24. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual's NPI number, check the NPI Registry.
If your organization was a past applicant and you opted to include graduate data from the last submitted application, the table below displays those graduates. Review information for accuracy and make edits where appropriate. To edit information, click on the Options button next to an individual's name and select Edit or Delete.

Total Number of Graduates

Graduates With Errors

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

Graduates With No Errors

[Add a Graduate](#)

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

Graduate Data

Graduate Data

Click on the Add a Graduate button to add each graduate. The number of graduates entered on this page must reflect the graduate data reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual's NPI number, check the NPI Registry.

If your organization was a past applicant and you opted to include graduate data from the last submitted application, the table below displays those graduates. To edit information, click on the Options button next to an individual's name and select **Edit** or **Delete**.

The number of graduates entered on this page must reflect the student data you reported for the academic years in the Program Data section of this application.

Total Graduates

1

Graduates With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
-----------------------------------	--------------	-----------	--------	------------------------

There are no records to display.

Graduates With No Errors

Add a Graduate

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
-----------------------------------	--------------	-----------	--------	------------------------

2021/22	Luke	Skywalker	Male	Asian - Laotian/Hmong
---------	------	-----------	------	-----------------------

Check here to confirm graduates entered matches the total number of graduates for each year on the Program Data page.*

1. To add graduate data, click the “Add Graduate” button
2. A pop-up window will display
3. Imported graduate data
 - If you selected “Yes” to import prior year’s data, the Graduate data from the prior year’s application appears
 - Verify the imported graduate information is correct
 - Edit or delete imported graduates by selecting the “Options” dropdown list for that line
 - Click the down-arrow button next to the desired entry

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/>

- | | |
|--|--|
| <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 checked="" type="checkbox"/> FQHC Look-a-Like | <input type="checkbox"/> Teaching Hospital |
| <input type="checkbox"/> Free Clinic | <input type="checkbox"/> Not Applicable |

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

No Yes

Graduate Data Reviewed

No Yes

1. 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

Graduate Data: Editing

Graduate Data

Click on the Add a Graduate button to add each graduate. The number of graduates entered on this page must reflect the graduate data reported for the academic years in the Program Data section of this application. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual's NPI number, check the [NPI Registry](#).

If your organization was a past applicant and you opted to include graduate data from the last submitted application, the table below displays those graduates. To edit information, click on the **Options** button next to an individual's name and select **Edit** or **Delete**.

The number of graduates entered on this page must reflect the student data you reported for the academic years in the Program Data section of this application.

Total Graduates

1

Graduates With Errors

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
-----------------------------------	--------------	-----------	--------	------------------------

There are no records to display.

Graduates With No Errors

Add a Graduate

Graduating Class of Academic Year	First Name ↑	Last Name	Gender	Ethnic/Racial Category
-----------------------------------	--------------	-----------	--------	------------------------

2021/22	Luke	Skywalker	Male	Asian - Laotian/Hmong
---------	------	-----------	------	-----------------------

Check here to confirm graduates entered matches the total number of graduates for each year on the Program Data page.*

1. To edit individual entries, scroll to the far right for the “Options” column
2. Click the down-arrow button next to the desired entry
3. This menu will give you the options to edit or delete each individual entry
4. After completing this page, check the box to confirm then click “Save and Next”

Common Application Errors

- Applicant did not enter any data for residents or graduates, even though the applicant has residents and/or graduates.
- Applicant enters practice site name and address for out of state graduates. This information is only needed for graduates practicing in California.
- 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 added a training program and did not search for previously used training program.

Required Documents

Required Documents

Accreditation Approval Letter

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.

Accreditation Letter Upload ✓ 1 file uploaded, 1 file required.*

Name ↑	Modified	
Accr_Fiscal Training.docx (345 KB)	07/01/2022 4:25 PM	▼

Expansion Approval Letter

Attach a copy of the appropriate expansion approval letter from the ACGME. [Expansion Approval Letter Example](#)

Expansion Approval Letter Upload 0 files uploaded, 1 file required.*

Previous

Save & Next

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

Accreditation Approval Letter

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.

Accreditation Letter Upload ✓ 1 file uploaded, 1 file required.*

Name ↑	Modified	
Accr_Fiscal Training.docx (345 KB)	07/01/2022 4:25 PM	▼

Expansion Approval Letter

Attach a copy of the appropriate expansion approval letter from the ACGME. Expansion Approval Letter Example

Expansion Approval Letter Upload 0 files uploaded, 1 file required.*

Previous

Save & Next

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 “Next” to take you to the final page of the application.

Assurances

Application SBPCR-1000584 – Song-Brown Primary Care Residency

100%

Assurances

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

Previous

1. Read the statement.
2. Agree to the statement by checking the box.
3. Click the “Submit” button.

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

Note: Only Program Directors may submit an application. The “Submit” button will not appear for Grant Preparers.

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](#)

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Viewing & Printing Your Application

- Once you submit your application you can view and print your application by selecting the “Options” dropdown on the “Application-In Progress/Submitted” page.

The screenshot displays the HCAi web application interface. At the top left is the HCAi logo. Below it is a dark blue navigation bar with five tabs: "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments & Deliverables", and "Messages". The "Applications - In Progress/Submitted" tab is active, showing a table of grant applications. The table has columns for Grant Application Number, Training Program, Initiated By, Program Type, Status, Program, Application Due Date, Modification Due Date, and SBPCR New Program. A single application is listed with the number SBPCR-0001133, training program zzzjediacademyzzz, initiated by Luke Skywalker, status Submitted, program Song-Brown Primary Care Residency 2021, application due date 10/07/2022 4:00 PM, modification due date 07/08/2022 3:00 PM, and SBPCR New Program No. Below the table is a navigation menu with five categories: Services, Data Submissions, CA Healthcare Infrastructure, Public Transparency, and About HCAi. Each category lists several sub-items.

Grant Application Number ↑	Training Program	Initiated By	Program Type	Status	Program	Application Due Date	Modification Due Date	SBPCR New Program
SBPCR-0001133	zzzjediacademyzzz	Luke Skywalker		Submitted	Song-Brown Primary Care Residency 2021	10/07/2022 4:00 PM	07/08/2022 3:00 PM	No

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

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Contact Us!



Phone (916) 326-3700



Email songbrown@hcai.ca.gov

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