

Certification and Final Report Guide

Song-Brown Program Department of Health Care Access and Information (HCAI) August 2022

Song-Brown Certifications



4. HCAI will withhold the final quarterly payment due to the Grantee under this Agreement until all required reports are submitted to HCAI and approved. Additional information may be requested by HCAI during the term of the Grant Agreement and/or upon reviewing the Final Report. HCAI will notify the Grantee of approval in writing.

- Awardees must complete certifications documenting award expenditures. Check the Invoicing section of your agreement for more information.
- Accurate and timely certification submission is necessary for certification approval, and subsequent payment processing.
- Program Directors will receive an email notice when a certification is due.
- You must submit certifications via eApp.

Completing Certifications

Accessing Certifications



- Complete and submit Certifications through eApp at https://funding.hcai.ca.gov/.
- Log into your eApp profile, and click on "Payments/ Deliverables".
- Click on the link in the "Payment #" column, and the certification will open.
- You will see the Certifications option only when in the "Due" or "Modification Required" status.

Completing Certifications (1/2)



- For FNP/PA and RN Programs, certifications must include student names filling awarded slots for the applicable quarter.
- For PCR Programs, certifications must include resident names filling awarded slots for the applicable quarter.
- For quarter two certifications, as well as subsequent certifications, check this box to copy names from the prior certification to the current certification.
- For quarter one certifications, there is no need to check this box.
- Click the "Next" button.

Note: Program Directors and Grant Preparers can complete certifications. Review your agreement terms before completing your certifications.

Completing Certifications (2/2)

Apply Here	Applications - In Progress/Submitte	d Awards	Payments/Deliverables	Messages	Forms
Grant #: G	A19-SBPCR-EXT-10003	87			
	23*2				
Payment 2 of 1			Co Gr Pa Re	ontract Length: 36 Mon rant Amount: \$125,000 ayments: \$0.00 emaining to Be Paid: \$1	ths .00 10,416.66
Pursuant to Gran and are eligible f	nt Agreement GA19-SBPCR-EXT-10003 for receiving funds under the Health Care	87, the Crystal Gey Workforce Trainin	ser trained the below listed re g Act.	esidents during the	quarter of 7/1/2021 to 7/1/2023
First Year Res To add each first	sident Names t year resident, click on the Add Residen	t button. (Awarded	Residents: 1)		
First Name 🕈		La	st Name		Options
gunther		he	mandez		~
Payment 1 of 1			c	Contract Length: 36 Mo	onths

Payment 1 of 1	Contract Length: 36 Months Grant Amount: \$125,000.00 Payments: \$0.00 Remaining to Be Paid: \$10,416.66	
Pursuant to Grant Agreement GA19-SBPCR-EXT-1000387, the Crystal Geyser train and are eligible for receiving funds under the Health Care Workforce Training Act.	ed the below listed residents during the quarter of 7/1/2021 to 7/1/2023	/
First Year Resident Names To add each first year resident, click on the Add Resident button. (Awarded Residen	nts: 1) Add Resident	
First Name 🕈 Last Name	Options	

- To edit copied names, click "Edit" under the dropdown menu.
- To add new names, click the "Add Student" or "Add Resident" button.
- Click the "Next" button once all names are complete.

Submitting Your Certification



- The final page will summarize the information you entered and show the total requested amount.
- Review the listed totals for accuracy. To go back and revise the certification, click the "Previous" button.
- Check this box to confirm certification accuracy.
- Click "Submit" at the bottom of the page.
- Song-Brown staff will retrieve the certification and process it for payment.

Note: Once you submit the Certification, you cannot edit it.

Certification Status

Applications -	In Progress/S	ubmitted	Awards	Paymen	ts/Deliverables	Mess	ages Fe	orms	
your deliverables belo er to submit your EVF	ow. You must subi .	mit Employment C	Certification F	orms (EVFs) to	OSHPD to receive	payments and	fulfill the terms (of your grant agreen	nent. Click
Grant #	Payment Number Order	Deliverable 🕇		Due Date 🕇	Status 🕇 👉	Payment	Amount Paid	Remaining to be Paid	Options
GA19-SBPCR- NEW-1000551	3	Certification		04/01/2020	Due	800,000.00	0.00	800,000.00	•
GA19-SBPCR- NEW-1000324	1	Certification		04/29/2020	Due	800,000.00	0.00	800,000.00	~
GA19-SBPCR- EXP-1000387	1	Certification		10/02/2020	Due	10,416.66			•
GA19-SBPCR- EXT-1000387	2	Certification		07/02/2021	Due	10,416.66			~
GA19-SBPCR- EXT-1000387	13	Final Report		07/15/2023	Submitted	0.00			~

- See the Status column here.
- Status Definitions:
 - Due- Certification can be completed and submitted.
 - Submitted- Certification has been sent to staff for review.
 - Modification Required- Staff is requesting modifications and/or additional information.
 - Modification Submitted- Modified documents submitted/pending staff review.
 - Approved- Staff has approved your certification and submitted to Accounting for payment.
- Please allow 45 business days after the certification is approved before inquiring about payment status.

Completing Final Reports

Accessing Final Reports

HCAi									
Apply Here	Ар	plications - In Progre	ess/Submitted	Awards		Payments & De	eliverables	Messages	
Listed below are the sta Contract Number	atus of your deliveral Grant Agreement Contract	oles. To receive paym Payment Number Order	ents, please submit Deliverable Name/Title	Certifications and a Fin Deliverable Due Date	al Report to HCAI a Deliverable Status	s outlined in your grant a	agreement. Amount Paid	Remaining to be Paid	
GA22-SBFNPPA- 0001303-5	GA22-SBFNPPA- 0001303	5	Final Report	07/11/2022	Due	5,000.00	0.00	5,000.00	•
GA22-SBFNPPA-0001303-5	GA22-SBFNPPA- 0001303	5	Final Report	07/11/2022	Due	5,000.00	0.00	5,000.00	
GA22-SBFNPPA- 0001303-5	GA22-SBFNPPA- 0001303 Data	5 Submissions	Final Report	07/11/2022 CA Healthcare Infra	Due	5,000.00 Public Transparen	0.00 cy	5,000.00 About HCAI	•
GA22-SBFNPPA- 0001303-5	GA22-SBFNPPA- 0001303 Data Patie	5 Submissions nt-Level Administrative	Final Report	07/11/2022 CA Healthcare Infra All Facilities	Due	5,000.00 Public Transparen Public Meetings	0.00 cy	5,000.00 About HCAI Newsroom	V
GA22-SBENPPA- 0001303-5 Services Submit Data Loan Repayment Progra	GA22-SBFNPPA- 0001303 Data Patie ims Heal	5 Submissions nt-Level Administrative h Facility Utilizations	Final Report	07/11/2022 CA Healthcare Infra All Facilities Healthcare Facility D	Due	5,000.00 Public Transparen Public Meetings Public Records	0.00 cy	5,000.00 About HCAI Newsroom Divisions	×
GA22-SBFNPPA- 0001303-5 Services Submit Data Loan Repayment Progra Scholarships	GA22-SBFNPPA- 0001303 Data Patie ims Heat Hosp	5 Submissions nt-Level Administrative facility Utilizations ital & LTC Financials	Final Report	07/11/2022 CA Healthcare Infra All Facilities Healthcare Facility D Seismic Compliance	Due Instructure wetail and Safety	5,000.00 Public Transparen Public Meetings Public Records Payment to Agency	0.00 cy Reports	5,000.00 About HCAI Newsroom Divisions Laws & Regulations	×
GA22-SBFNPPA- 0001303-5	GA22-SBFNPPA- 0001303 Data Patie ums Heal Hosp Coro	5 Submissions nt-Level Administrative f Facility Utilizations fatal & LTC Financials nary Artery Bypass Grif	Final Report	CA Healthcare Infra All Facilities Healthcare Facility D Seismic Compliance Hospital Community	Due structure ketail and Safety Benefit Plans	5,000.00 Public Transparen Public Meetings Public Records Payment to Agency	0.00 cy Reports	5,000.00 About HCAI Newsroom Divisions Laws & Regulations Public Meetings	•
Services Submit Data Loan Repayment Progra Scholarships Grants Penalty Appeals	GA22-SBFNPPA- 0001303 Data Patie Heat Hosp Coro Heat	5 Submissions nt-Level Administrative h Facility Utilizations ital & LTC Financials nary Artery Bypass Gra	Final Report	CA Healthcare Infra All Facilities Healthcare Facility D Seismic Compliance Hospital Community California Primary C	Due structure vetail and Safety Benofit Plans are Office	5,000.00 Public Transparen Public Meetings Public Records Payment to Agency	0.00 cy Reports	5,000.00 About HCAI Newsroom Divisions Laws & Regulations Public Meetings Careers	V

- Click on "Payment/Deliverables" tab to begin filling out your Final Report.
- Click on the "Contract Number" link to access the Final Report.

Note: Program Directors and Grant Preparers can submit Final Reports.

Completing the Personnel Page

Chicon			Profile Assign Other Users Sign Out	L DAVID WINSTON
HCAi				
Apply Here	Applications - In Progress/Submitted	Awards	Payments & Deliverables	Messages
Grant #: GA22	2-SBFNPPA-0001303			
0%				
			Contract Length: Grant Amount: \$	
Pursuant to Grant Agreement	t GA22-SBFNPPA-0001303 with zzzBig Bird Training Progr	amzzz, the following expenditures	occurred during the entire grant period.	
Personnel	n Cana Braum casilation (and upper court for economic for	the selfs cast paired Click on	the Add Daellian to then to add analy partition	
Provide an account of now of	e song-brown capitation runds were spent to personnel to	r me entire grant period. Glock on	ne Add Position button to add each position.	Add Position
Position Title †	Duties		Amount	
There are no records to	display.		Create	
Save & Next			Position	
Jave & Next			Duties Relevant to Grant *	
			Amount *	
			Submit	$\overline{)}$

- This page must only reflect faculty and staff expenditures within the scope of the agreement.
- Do not list expenses covered by other funding sources.
- Click "Add Position" to input personnel expenditures.
- A new window will appear, complete all required fields.
 - Once you have added all items, click "Save & Next".

Note: Review your agreement terms before completing your final report.

Completing the Operating Expenses Page

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Apply Here	Applications - In Progress/Submitted	Awards	Payments & Deliverables	Messages
Grant #: GA2	22-SBFNPPA-0001303			
20%				
			Contract Length: 12 Months Grant Amount: \$1,000.00	
Operating Ex	(200000			
Operating Ex	kpenses			14
Provide an account of how	the Song-Brown capitation funds were spent for operating e:	openses for the entire one-year grant	period. Click on the Add Expense button to a	ad each operating expense.
Line Hom .		Amount		Add Expense
Sumilies		154.00		*
outphies				
Training Module		200.00		~
Training Module	C	200.00 Create		v
Training Module	C ave & Next	200.00 Create		*
Training Module Previous St	ave & Next	200.00 Create Line Item *		*
Training Module Previous Sa	ave & Next	200.00 Create Line item * Create		•
Training Module Previous Sa	ave & Next	200.00 Create Line item *		~
Previous Sa	ave & Next	200.00 Create Line Item *		•
Previous Si	ave & Next	200.00 Create Line item *		•
Previous S	ave & Next	200.00 Create Line item*		•
Previous Sa	ave & Next	200.00 Create Line Item Amount* Submit)	

- This page must reflect expenditures within the scope of the agreement, EX: Supplies, equipment under \$500, equipment maintenance, postage, duplication, communication, and memberships.
- Do not list expenses covered by other funding sources.
 - Click "Add Expense" to input expenditures.
 - A new window will appear, complete all required fields.
 - Once you have added all items, click "Save & Next".

Completing the Major Equipment Page

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Apply Here	Applications - In Progress/Submitted	l Awards	Payments & Deliverables	Messages	
Grant #: GA2	22-SBFNPPA-0001303				
(c.	40%				
			Contract Length: 12 Months Grant Amount: \$1,000.00		
Maior Equipr	ment				
Provide an account of how	the Song-Brown capitation funds were spent for maj	or equipment for the entire one-year gra	nt period. Click on the Add Expense button to add e	each major equipment	
expense.					
				Add Expense	×
Line Item 1		Description	Amount	Add Expense	*
Line Item 1 Blood pressure machine	e	Used for	Amount	Add Expense	×
Line Item † Blood pressure machine	e	Used for	Amount	Add Expense	
Line Item † Blood pressure machine Previous Sa	e ave & Next	Used for Create	Amount	Add Expense	
Line Item † Blood pressure machine Previous Sa	e ave & Next	Used for Create	Amount	Add Expense	
Line Item † Blood pressure machine Previous Sa	e ave & Next	Used for Used for Create	Amount	Add Expense	×
Line Item † Blood pressure machine Previous Sa	e ave & Next	Used for Create	Amount	Add Expense	
Line Item † Blood pressure machine Previous Sa	e ave & Next	Description Used for Create Line item *	Amount	Add Expense	

- This page must reflect expenditures within the scope of the agreement for each piece of equipment over \$500.
- Do not list expenses covered by other funding sources.
- Click "Add Expense" to input expenditures.
- A new window will appear, complete all required fields.
 - Once you have added all items, click "Save & Next".

Completing the Other Costs Page

CAi				
Apply Here	Applications - In Progress/Submitted	Awards	Payments & Deliverables	Messages >
Grant #· GA	19-SBENPPA-1000324			
	60%		Contract Length: 12 Months Grant Amount: \$60,000.00	
Other Costs				
rovide an account of how	v the Song-Brown capitation funds were spent for other cos	sts for the entire one-year g	rant period. Click on the Add Expense button to a	dd each expense.
Line Item 🔺	Descript	ion	Amount	Add Expense
		Create		
There are no records	to display.	Line item *		
Previous	save & Next	Amount *		
		Submi	it)	

- This page must reflect expenditures within the scope of the agreement for items not covered in prior pages of the report, EX: Travel, consultants, and accreditation fees.
- Do not list expenses covered by other funding sources.
- Click "Add Expense" to input expenditures.
- A new window will appear, complete all required fields.
- Once you have added all items, click "Save & Next".

Completing the Total Expenses Page

Apply Here Ap					
	plications - In Progress/submitted	Awards	Payments & Deliverables	Messages	
Grant #: GA22-SBFI	NPPA-0001303				
-	80%				
			Contract Length: 12 Months		
			Grant Amount: \$4,254.00 <		
fotal Expenses					
elow is a summary of your total expenses ick on the Submit button.	for the entire one-year grant period. To rev	rise expense information, click or	the Previous button and edit the appropriate section	. To submit your final second	-
Personnel Total	\$ 2,000.00		/		
Operating Expense Total	\$ 354.00				
Major Equipment Total	\$ 1,200.00				
Other Cost Total	\$ 700.00				
Total Expenses	\$ 4,254.00				

- This page must reflect the total expenditures from all prior pages of the report.
- Ensure the "Total Expenses" at the bottom of the page does not exceed the total grant award amount listed in the upper right corner of the page.
- Click "Submit" once you have entered all expenses.

Note: It is critical to expend funds timely. If you expend less than what you were awarded within the agreement service period, staff will reduce your final payment to align with what you expended.

Post-Submission Maintenance

Program Directors must:

- Keep your eApp profile and approved Grant Preparer list updated with current contact information. Otherwise, you may miss important notifications.
- Notify the Office at <u>SongBrown@hcai.ca.gov</u> when the Agreement Signatory, Payee Data Signatory, or Contract contact changes. Failure to do so may delay your grant agreement and/or cause payment issues.

Questions?

- Email us at <u>SongBrown@hcai.ca.gov</u>
- Email subject line must include the application number and program name