

# Primary Care Residency (PCR) Technical Assistance Webinar

Department of Health Care Access and Information

July 2025

# 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, 2025
- Early Submission Review: August 27, 2025
- Application Deadline: September 8, 2025
- 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 as outlined in the Grant Guide 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 2025

- The import feature has been removed. Applicants can no longer copy over training sites and graduates from their previous application.
- Underrepresented in Medicine (URM) residents and URM graduates will no longer be scored. You must still provide the information for data collection purposes.

# Information to Gather: Existing, Expansion, and Teaching Health Center (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: 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, 2023, 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"><li>• Has completed Accreditation Phases: a) ACGME Institutional Affiliation, b) Fiscal Plan, c) Timeline in Place, and d) Training Sites Recruited.</li></ul> <p>OR</p> <ul style="list-style-type: none"><li>• 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.</li></ul>
New Primary Care Residency Programs with a Match	<p>A program that meets the following criteria:</p> <ul style="list-style-type: none"><li>• Is in the process of completing Accreditation Phases:<ul style="list-style-type: none"><li>a) ACGME Institutional Affiliation,</li><li>b) Fiscal Plan, and</li><li>c) Timeline in Place.</li></ul></li><li>• Has not received any prior Song-Brown funding.</li><li>• Is willing to match twenty-five percent (25%) of their organization's funds toward HCAI's total award.</li></ul>

# Available Funding

Award Category	Total Available	Award Amount	Disbursement Method
Existing Slots	\$18.6 M	<ul style="list-style-type: none"> <li>•Spread over a 3-year period to support at least one resident of an existing PCR program</li> <li>•\$125,000 per filled first-year slot; maximum of five slots</li> <li>•No indirect costs allowed</li> </ul>	Paid quarterly in arrears
Teaching Health Centers	\$5.6 M	<ul style="list-style-type: none"> <li>•One-time funding to support a recognized THC</li> <li>•\$125,000 per filled first-year slot; maximum of six slots.</li> <li>•Maximum of 8% indirect costs allowed</li> </ul>	70% upon contract execution; remainder upon proof of allowable expenditures
Expansion Slots	\$3.3 M	<ul style="list-style-type: none"> <li>•Spread over a 3-year period to support at least one resident of a PCR program that has permanently expanded</li> <li>•\$300,000 per first-year slot; maximum of three slots</li> </ul>	Paid quarterly in arrears
New Programs	\$3.3 M	<ul style="list-style-type: none"> <li>•Funding to offset the costs associated with achieving ACGME accreditation</li> <li>•Up to \$2,000,000</li> </ul>	Upon proof of continued accreditation and allowable expenditures
<b>Total</b>	<b>\$31 M</b>		

# Helpful Resources

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

# **eApplication (eApp) Registration**

# Creating an Account

## 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](#)

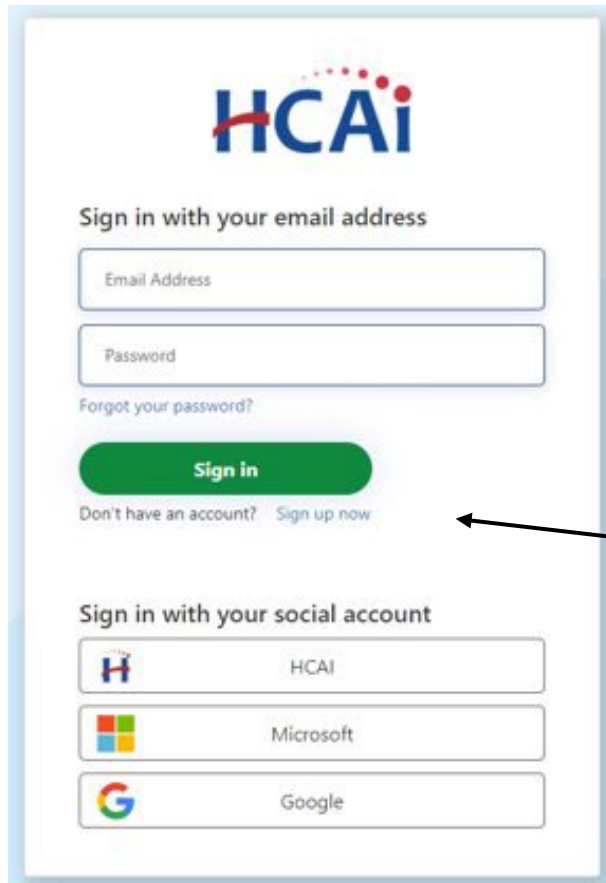
Our sign in experience has been changed to be more secure. If you are a returning user you may need to create a new account using the same email address as your previous account. [Learn more](#)

### APPLICATIONS – OPEN OR COMING SOON

Program ↑	Release Date	Due Date	Who Can Apply
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If you are a new applicant, register now. Don't wait!

# Creating an Account, Continued



HCAi

Sign in with your email address

Email Address

Password

Forgot your password?

Sign in

Don't have an account? Sign up now

Sign in with your social account

HCAi

Microsoft

Google

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

The screenshot shows a profile setup form. At the top left, there's a user profile card for 'Briana Romo' and a 'My Security Settings' section with a 'Change Email' link. The main section is titled 'Select your user type. (Choose all that apply) \*' and contains four checkboxes: 'Healthcare Professional', 'Student', 'Organization for healthcare workforce support', and 'Organization for small rural hospital improvement'. A blue 'Submit' button is below these. Further down, there's another 'Select your user type. (Choose all that apply) \*' section with a checked checkbox for 'Organization for healthcare workforce support'. Below that is a question 'Are you applying for Song Brown Programs?' with 'No' and 'Yes' radio buttons, where 'Yes' is selected. At the bottom, there's a search bar with the text 'Select an organization from the search list below.' and a 'Request New Organization' button. A magnifying glass icon is also present. Four arrows point from the instructions on the right to specific elements: Arrow 1 points to the 'Organization for healthcare workforce support' checkbox; Arrow 2 points to the magnifying glass icon; Arrow 3 points to the 'Request New Organization' button; Arrow 4 points to the search bar.

Select your user type. (Choose all that apply) \*

☐ Healthcare Professional

☐ Student

☐ Organization for healthcare workforce support

☐ Organization for small rural hospital improvement

[Submit](#)

Select your user type. (Choose all that apply) \*

☒ Organization for healthcare workforce support

Are you applying for Song Brown Programs?

☐ No ☒ Yes

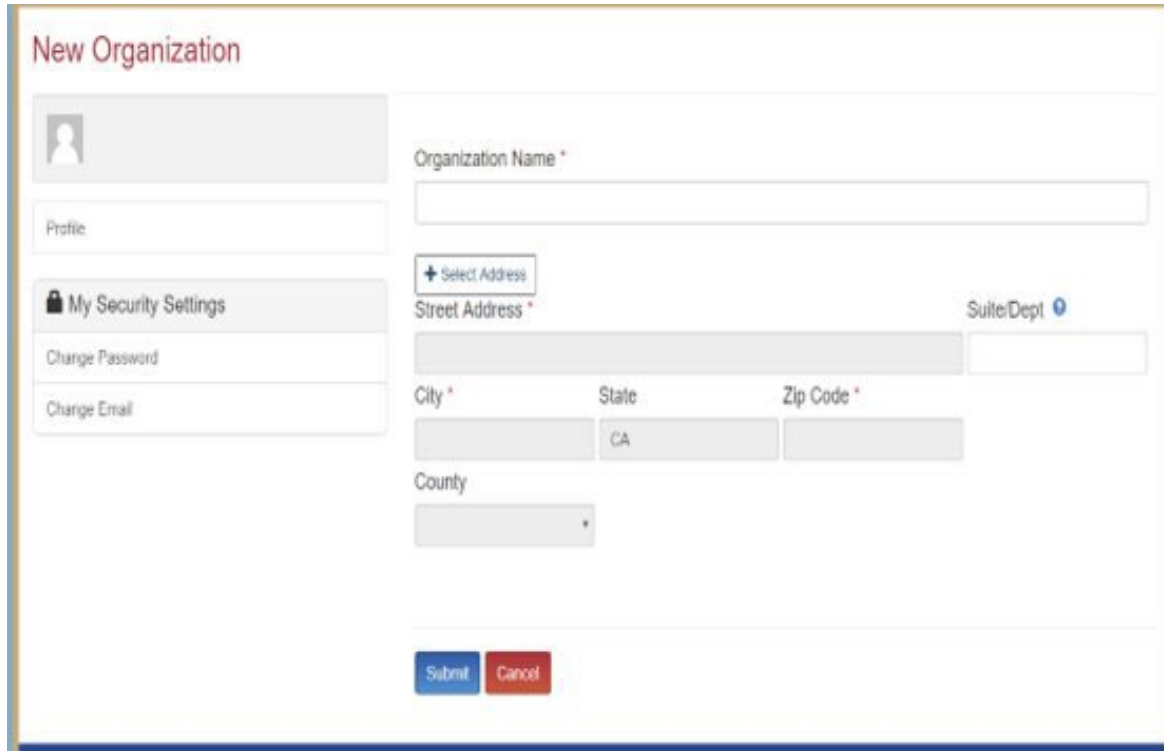
Select an organization from the search list below.

[Request New Organization](#)

1. Check the “Organization for healthcare workforce support” 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 is a sidebar with a profile icon, a "Profile" link, a "My Security Settings" section containing "Change Password" and "Change Email" links, and a "Submit" button. The main form area contains the following fields: "Organization Name \*" (text input), "+ Select Address" (button), "Street Address \*" (text input), "Suite/Dept" (text input with a help icon), "City \*" (text input), "State" (dropdown menu showing "CA"), "Zip Code \*" (text input), and "County" (dropdown menu). At the bottom of the form are "Submit" and "Cancel" buttons.

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.

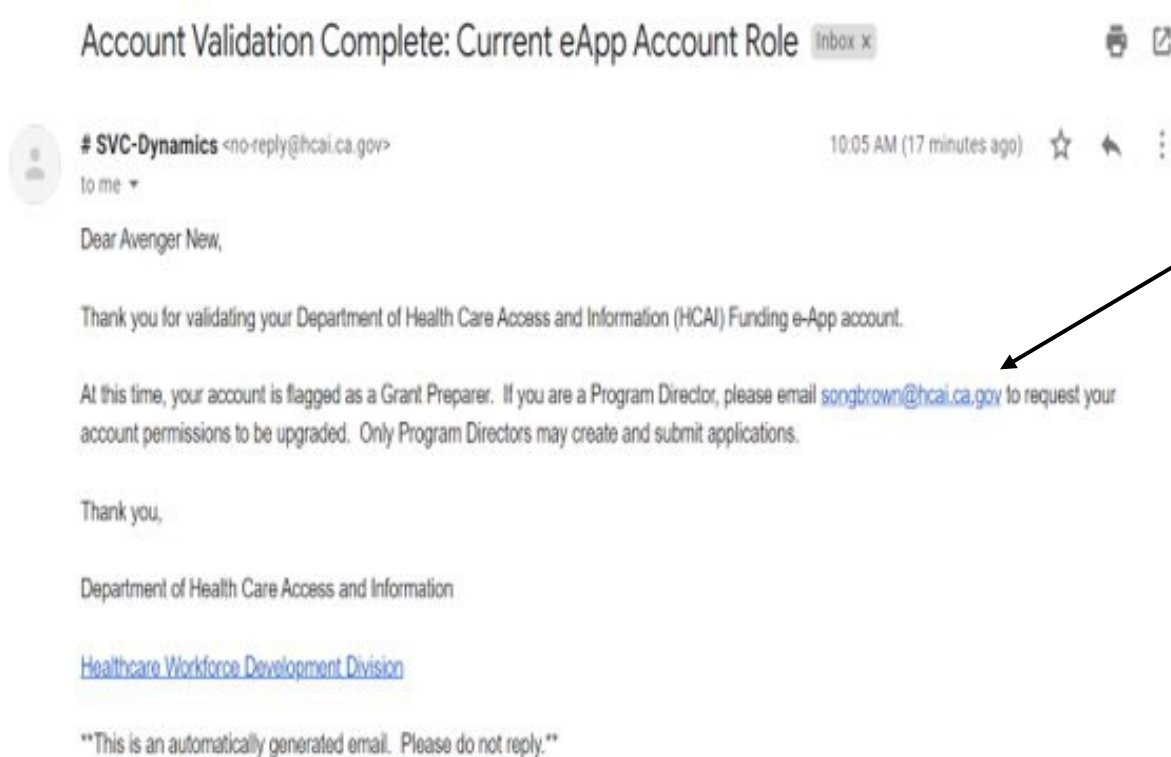
# Completing Your Profile

The screenshot shows a web form for completing a profile. On the left, under 'My Security Settings', are links for 'Change Password' and 'Change Email'. The main section is titled 'Organization' and includes a search bar with the text 'Select an organization from the search list below.' and a dropdown menu currently showing 'Showcase Organization'. Below this are several input fields: 'Prefix' (a dropdown), 'First Name \*', 'Middle Initial', 'Last Name \*', 'Suffix', 'Title', 'Degree \*', 'Phone 1 \*', 'Phone 2', and 'Email \*'. The email field contains the text 'colin.adtest+1@gmail.com'. At the bottom, there is a checkbox labeled 'Receive email announcements for new grant or scholarship opportunities' and a blue 'Save' button.

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.

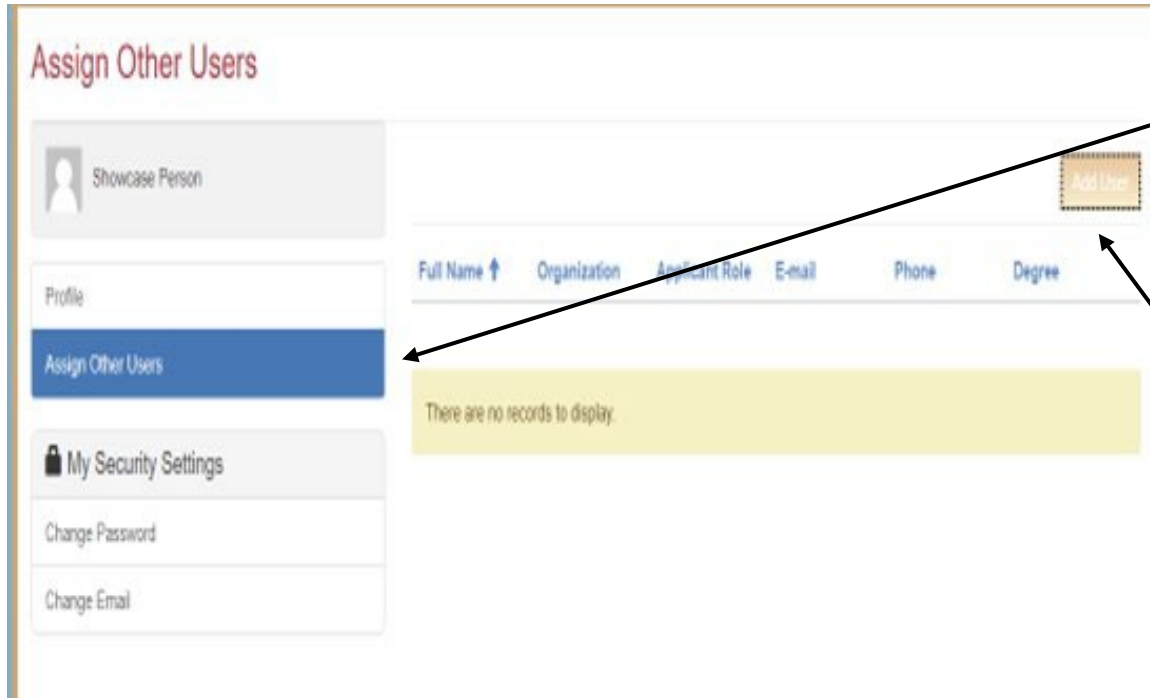
# Account Roles



1. All newly created accounts are assigned the “Grant Preparer” role.
2. If you are the Residency Program Director, email [SongBrown@hcai.ca.gov](mailto: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



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

 Search ... 

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	
Song-Brown Primary Care Residency 2025	07/25/2025 3:00 PM	09/08/2025 3:00 PM	Organization	▼

1. Navigate to the “Apply Here” page on the main menu
2. Select the “Song-Brown Primary Care Residency 2025” 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		

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# Useful Information, Continued

## Asterisks

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

Residency 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 SBPCR-0002172 – Song-Brown Primary Care Residency

Program Information

Song-Brown Primary Care Residency 2025 ✕

Organization - If your organization is blank, e-mail Songbrown@hcai.ca.gov to ensure your organization is approved

Program Director <sup>\*</sup>

Briana Romo

Program Director Email

brianaprogramdirector@gmail.com

On behalf of which type of residency program are you applying? <sup>\*</sup>

☒ Family Medicine

☐ Internal Medicine

☐ Obstetrics and Gynecology (OB/GYN)

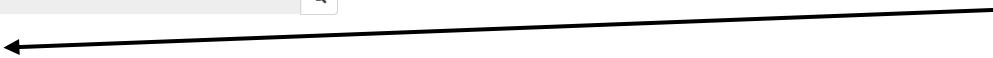
☐ Pediatrics

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

Residency Program Title <sup>\*</sup> ⓘ

Q

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

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

# Program Information: Address

☒ Residency Program not listed

Residency Program Title \*

+ Select Address

Street Address \*

2020 W El Camino Ave

Suite/Dept

City \*

Sacramento

State \*

CA

Zip Code \*

95833

County \*

Sacramento

## Address Lookup

Enter your address into the search bar, click "Search", then wait for the lookup tool to display validated addresses that match your search.

2020 W El Camino

Search

## Search Results

Select the correct validated address from the search results.

☒ 2020 W El Camino  
Ave, Sacramento, CA  
95833

Cancel

1. After checking the "Residency Program not listed" box, new fields will appear below
2. Type in the program name under "Residency 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 \*

2020 W El Camino Ave

Suite/Dept

City \*

Sacramento

State \*

CA

Zip Code \*

95833

County \*

Sacramento

Award Category \* (select all that apply):

☐ New Program

☐ Existing Slots

☐ Teaching Health Center Slots

☐ Expansion Slots

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 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 ⓘ

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 funding
- The phases you have completed ultimately determines which New Program funding 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	<a href="#">ACGME Institutional Affiliation</a>	"Yes"	\$1 million dollars
Phase B	<a href="#">Fiscal Plan</a>	"Yes"	
Phase C	<a href="#">Timeline in Place</a>	"Yes"	
Phase D	<a href="#">Training Sites Recruited</a>	"Yes"	
Phase E	<a href="#">Curriculum Development</a>	"Yes" or "No"	
Phase F	<a href="#">Recruit and Develop Faculty</a>	"Yes" or "No"	
Phase G	<a href="#">Secure ACGME Residency Accreditation</a>	"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	<a href="#">ACGME Institutional Affiliation</a>	"Yes"	\$2 million dollars with a 25% match
Phase B	<a href="#">Fiscal Plan</a>	"Yes" or "No"	
Phase C	<a href="#">Timeline in Place</a>	"Yes" or "No"	
Phase D	<a href="#">Training Sites Recruited</a>	"No"	
Phase E	<a href="#">Curriculum Development</a>	"No"	
Phase F	<a href="#">Recruit and Develop Faculty</a>	"No"	
Phase G	<a href="#">Secure ACGME Residency Accreditation</a>	"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:

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

- Award Amount
- Twenty-Five Percent (25%) Match
- Total Budget

# 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 \* 


Doing Business As (DBA) 


Please select the type of entity \*


☒ Governmental Entity 


☐ Non-governmental Entity 

Prefix

Select 

Contract Admin First Name \* 

Contract Admin Last Name \* 

Contract Admin Title 


Phone 1 \*


Provide a telephone number


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

Payee Data Record (STD 204) Signatory 

First Name \*

Last Name \*

Phone \*

Provide a telephone number

Email \*

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

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" must 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" 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

### 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

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.

- Review ACGME accreditation phases A-G and 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).
- Selecting “Yes” to Phases A-D makes you eligible for up to \$1 million in funding (New Programs – no match required).

# Program Data, Continued

## 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?

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

- 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 if all phases are answered with "Yes".

# Training Sites

Have you completed this phase of accreditation? If Yes, please provide documentation. \*

A. Institution Affiliation (sponsor) Letter or Proof of Application <sup>?</sup>

Yes

B. Fiscal Plan <sup>?</sup>

Yes

C. Timeline in Place <sup>?</sup>

Yes

**D. Training Sites Recruited**

Yes

You are eligible to apply for a grant up to \$1 million dollars.

E. Curriculum Development <sup>?</sup>

No

F. Faculty Recruitment

No

G. Secure ACGME Residency Accreditation <sup>?</sup>

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.

Training Site Name ↑	NPI	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
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There are no records to display.

Add a Site

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

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 Site Name \*

zzzYoung@zzz

☐ NHSC Site  
Is the training site a private practitioner's office? \*

☒ No ☐ Yes

+ Select Address

Street Address \*

2020 W El Camino Ave

Suite/Dept

City

Sacramento

State

CA

Zip Code

95833

County

Sacramento

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/npsa-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

# Training Sites: Payer Mix

1. Complete all required fields.
2. Provide payer mix information for the last 12 months.
3. 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.

# 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.

Add a Site

Training Site Name ↑	NPI	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
zzzWebinarPresentationzzz	1234567890	No			2020 W El Camino Ave		Sacramento	CA	95833	Sacramento ▾

Previous

Save & Next

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

# Strategy Questions 1-5

## Strategies 1 of 5

Select the strategies you will use to recruit primary care residents. Select all that apply.\*

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

## Strategies 2 of 5

Select the strategies you will use to admit primary care residents. Select all that apply.\*

- ☐ Incorporates holistic review into the admissions process, to include individual applicant experiences and attributes indicative of primary care residents.
- ☐ Accounts for applicant socioeconomic status in review process
- ☐ Ensures a diverse representation of selection committee to mitigate implicit bias in the selection process
- ☐ Other
- ☐ None of the above

## Strategies 3 of 5

Select the strategies you will use to support primary care residents. Select all that apply.\*

- ☐ Create and maintain a mentorship program available to all primary care residents that strives to pair residents with staff/faculty members with shared lived experience
- ☐ 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 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

## 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
- ☐ Provide residents training in cultural competency
- ☐ Teach professionalism that incorporates multi-cultural social etiquette and social norms representative of primary care residents
- ☐ Have residents participate in community outreach activities in AUN (e.g., going to high schools in AUN)
- ☐ Other
- ☐ None of the above

Indicate which strategies you plan to use in the development of your program.

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 PAs

# 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? \*

\$1,000

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 & Next" when completed.

# 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? \*

800,000

Your 25% required contribution will be a

200,000

Combined Total Proposed Budget

1,000,000

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 & 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 Green funds awarded. You may also attach two additional letters of support if needed. See example letter of sustainability.

Filename must start with LdSuf\_ to be accepted. Example: LdSuf\_MyDocument

Sustainability Letter Upload 0 files uploaded, 1 file required

There are no letters or files to display.

### Institutional Affiliation (sponsor) Letter

Please attach proof that you have applied for, or secured ACGME institutional affiliation. Filename must start with InstA\_ to be accepted. Example: InstA\_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 FinPlan\_ to be accepted. Example: FinPlan\_MyDocument

Budget/Financing Plan Upload 0 files uploaded, 0 files required

### Timeline

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

Filename must start with Time\_ to be accepted. Example: Time\_MyDocument

Timeline to phase 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 LrSus\_ to be accepted. Example: LrSus\_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 InstLr\_ to be accepted. Example: InstLr\_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 at 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.

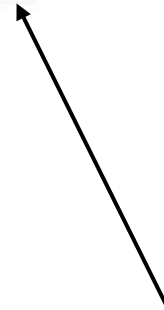
Curriculum Development upload ✓ 0 files uploaded, 0 files required.

### 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
LrSus_MyDocument.docx (1.9 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
- 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
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- Laws & Regulations
- Public Meetings
- Careers

# Viewing and Printing Your Application



Apply Here

Applications - In Progress/Submitted

Awards

Payments & Deliverables

Messages

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

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

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Public Meetings

Careers

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

# **PCR Existing Slots, Teaching Health Center (THC) Slots and Expansion Slots Applications**

# Program Information: Existing, THC and Expansion

Program Information

Song-Brown Primary Care Residency 2025

Organization - If your organization is blank, e-mail Songbrown@hcai.ca.gov to ensure your organization is approved

Program Director \*

Briana Romo

Program Director Email

brianaprogramdirector@gmail.com

On behalf of which type of residency program are you applying? \*

☒ Family Medicine

☐ Internal Medicine

☐ Obstetrics and Gynecology (OB/GYN)

☐ Pediatrics

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

Residency Program Title \*

☐ Residency Program not listed

ward Category \* (select all that apply):

☐ New Program

☐ Existing Slots

☐ Teaching Health Center Slots

☐ Expansion Slots

1. Provide all requested information
2. Use the magnifying glass search function to select the “Residency 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

The screenshot shows a web form for 'Contract Administration'. It includes fields for 'Contract Organization Name', 'Please select the type of entity' (with radio buttons for 'Governmental Entity' and 'Non-governmental Entity'), 'Doing Business As (DBA)', 'Prefix', 'Contract Administrator First Name', 'Contract Administrator Last Name', 'Title', 'Phone 1', 'Phone 2', 'Contract Administrator Email', 'Grant Agreement Signatory' (with fields for 'First Name', 'Last Name', and 'Phone'), and 'Email'. At the bottom, there are two questions: 'Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory?' and 'Is the legal address for your organization a PO box?'. The 'PO Box' field is highlighted with a red arrow.

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 \*

(919) 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

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

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. Complete all required fields shown.
2. Having resident and graduate data to report will allow additional fields to appear for you to complete further into the application.
3. 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.

Total Number of Continuity Clinics

Add a Site

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

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

# Continuity Training Sites: Facility Type

Training Site Name \*

zzzYoungJedIzzz

☐ NHSC Site

Is the training site a private practitioner's office? \*

☐ No ☐ Yes

+ Select Address

Street Address \*

2020 W El Camino Ave

Suite/Dept

City

Sacramento

State

CA

Zip Code

95833

County

Sacramento

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

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 percentage for the 12 month period June 2024-May 2025. Use whole numbers only . \*

Medicare Only

Medicare/Medicaid (Dual Eligibility)

Medi-Cal (Traditional and Managed Care)

Uninsured

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.

Total Number of Continuity Clinics

Add a Site										
Training Site Name ↑	NPI	Private Practitioner	Private Practitioner First Name	Private Practitioner Last Name	Street Address	Suite/Dept	City	State	Zip Code	County
zzzWebinarPresentationzzz	1234567890	No			2020 W El Camino Ave		Sacramento	CA	95833	Sacramento

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

# Executive Summary

## Executive Summary

Provide an executive summary description of your training program. Include the year your program started and demonstrate how your program is meeting 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. 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 may not transpose over properly. 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

1

Annual Budget

Requested Song-Brown Funding

Operating Expenses

1

Annual Budget

Requested Song-Brown Funding

Major Equipment

1

Annual Budget

Requested Song-Brown Funding

Other Costs

1

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

# 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.
- **Note:** The total number of filled positions must match the total number of race/ethnicity of all residents.





# 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 graduates for academic years 2020/21 to 2024/25

AY 2020/21

0

AY 2021/22

0

AY 2022/23

0

AY 2023/24

0

AY 2024/25

0

Total

0

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 2020/21 to 2024/25. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual's NPI number, check the [NPI Registry](#).

Total Number of Graduates

Add a Graduate

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

☐ All Graduates Submitted.\*

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

# Graduate Data

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 2020/21 to 2024/25. National Provider Identifier (NPI) numbers are required for each graduate. If you do not know an individual's NPI number, check the [NPI Registry](#).

Total Number of Graduates

Add a Graduate

Graduating Class of Academic Year



First Name

Last Name

Gender

Ethnic/Racial Category

There are no records to display.

☐ All Graduates Submitted.\*

Previous

Save & Next

1. To add graduate data, click the “Add a Graduate” button
2. A pop-up window will display
3. To edit or delete each individual entry, click the down-arrow button next to the desired entry
4. After completing this page, check the box to confirm then click “Save and Next”

# 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/>

- ☐ 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

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

☒ No ☐ Yes

Graduate Data Reviewed

☐ No ☒ Yes

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

# 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.\*

### 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 "Save & 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

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- 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

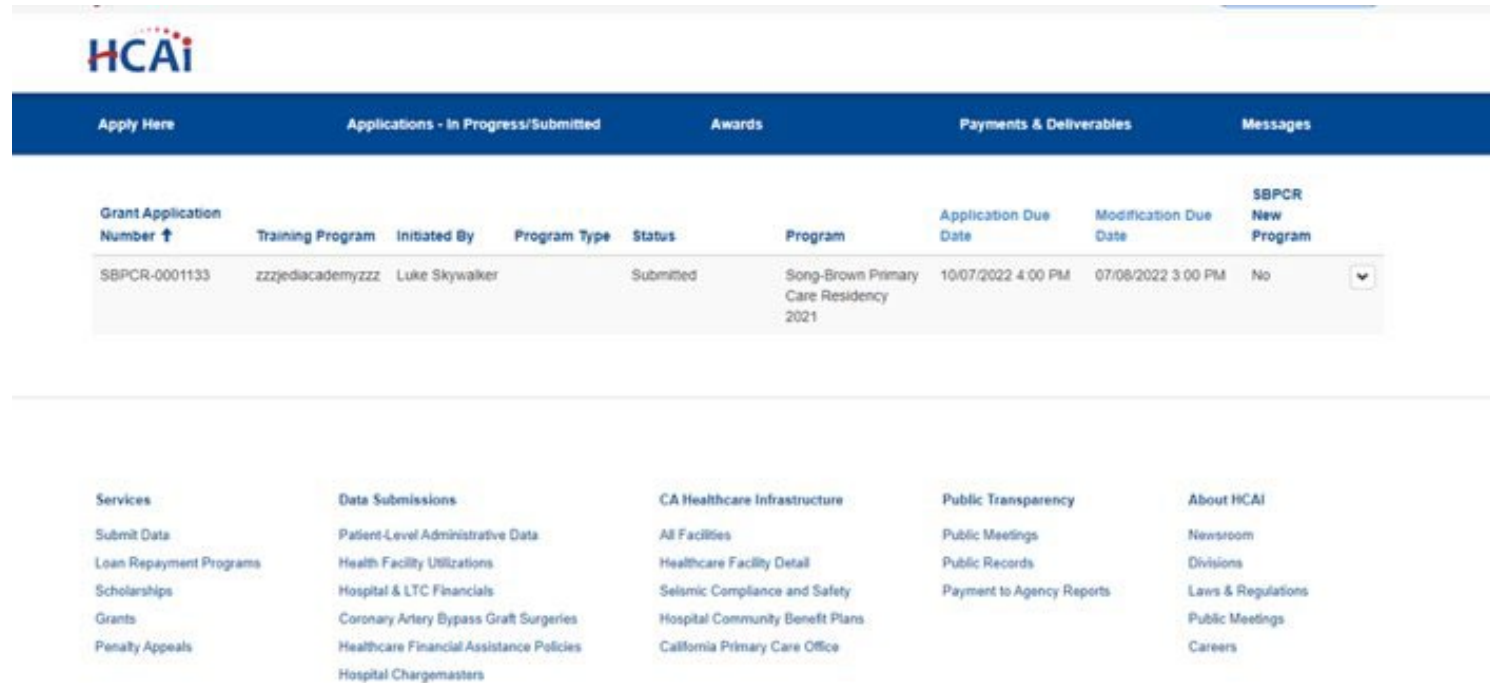
### About HCAi

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- Divisions
- Laws & Regulations
- Public Meetings
- Careers



# Viewing and 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 is the HCAi logo. Below it is a navigation bar with five tabs: 'Apply Here', 'Applications - In Progress/Submitted' (which is active), 'Awards', 'Payments & Deliverables', and 'Messages'. The main content area shows a table of applications. The table has columns for 'Grant Application Number', 'Training Program', 'Initiated By', 'Program Type', 'Status', 'Program', 'Application Due Date', 'Modification Due Date', 'SBPCR New Program', and an 'Options' dropdown. A single application is listed with the number SBPCR-0001133, training program 'zzzjediacademyzzz', initiated by 'Luke Skywalker', status 'Submitted', and program 'Song-Brown Primary Care Residency 2021'. The application due date is 10/07/2022 4:00 PM and the modification due date is 07/08/2022 3:00 PM. The 'SBPCR New Program' column shows 'No' and the 'Options' dropdown is set to 'v'. Below the table is a footer section with five columns of links: '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), and 'About HCAi' (Newsroom, Divisions, Laws & Regulations, Public Meetings, Careers).

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	v

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<https://hcai.ca.gov/mailling-list/>

## Contact Us!



Phone (916) 326-3700



Email [SongBrown@hcai.ca.gov](mailto:SongBrown@hcai.ca.gov)

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