

Health Careers Exploration Program (HCEP)

2026 Technical Assistance Guide

Department of Health Care Access and Information

Health Workforce Development

Table of Contents

- [HCAI Funding Portal Visual Guide Overview](#) (slide 3)
- [Access the Funding Portal and Find HCEP](#) (slide 4)
- [HCAI's Funding Portal Registration](#) (slide 5)
- [Create/Sign in to Your Account in the HCAI Funding Portal](#) (slide 6 and 7)
- [Completing Your Profile](#) (slide 8)
- [Starting the HCEP Application](#) (slide 13)
 - [Application Section: Program Information](#)
 - [Application Section: Program Proposal](#)
 - [Application Section: Program Objectives](#)
 - [Application Section: Qualitative Questions](#)
 - [Application Section: Organization Experience](#)
 - [Application Section: Services](#)
 - [Application Section: Program Budget](#)
 - [Application Section: Contract Administration](#)
 - [Application Section: Review and Certification](#)

HCAI Funding Portal - Step by Step Visual Guide

Welcome to the 2026 Health Careers Exploration Program (HCEP) Technical Assistance Guide. This guide is designed to provide support as you move through each step of the application process and understand the new requirements for this funding cycle, which must be completed and submitted by Friday, October 16, 2026, at 3:00 pm. No late submissions will be accepted.

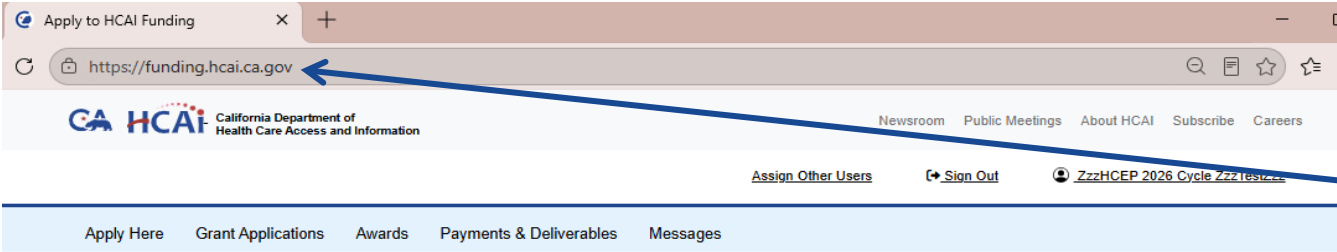
If you experience any technical issues at any point in the process, please contact us immediately at: HPCOP@hcai.ca.gov.

Helpful resource: HCEP 2026 Cycle Grant Guide link here:

<https://hcai.ca.gov/document/2026-hcep-grant-guide/>

Access the Funding Portal and Find HCEP

Screen: Apply to HCAI Funding (Landing/Homepage)



- Go to the HCAI Funding Portal link here: <https://funding.hcai.ca.gov/> and scroll down to “APPLICATIONS – OPEN OR COMING SOON.”

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
Health Careers Exploration Program 2026	08/14/2026 3:00 PM	10/16/2026 3:00 PM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2026	08/12/2026 3:00 PM	09/23/2026 3:00 PM	Organization
Song-Brown Primary Care Residency 2026	06/18/2026 3:00 PM	08/03/2026 3:00 PM	Organization

- Choose Your Program:
- Select “Health Careers Exploration Program 2026” from the list.
 - The program details will open in a new window.

HCAI's Funding Portal Registration

Create/Sign in to Your Account in the HCAI Funding Portal

Screen: Apply to HCAI Funding (Landing/Homepage)

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

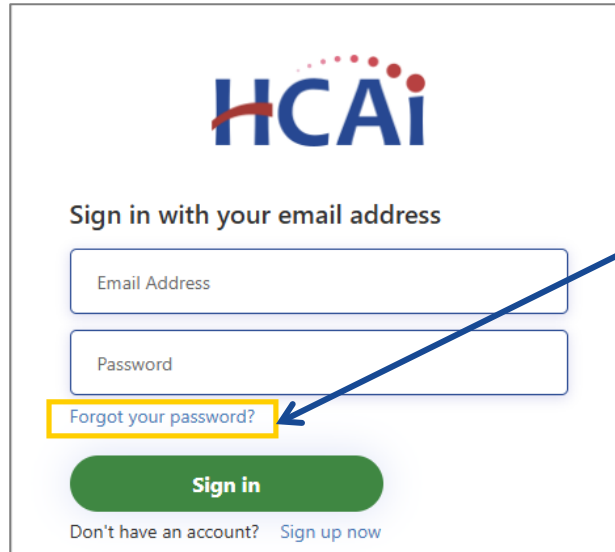
Program ↑	Release Date	Due Date	Who Can Apply
Health Careers Exploration Program 2026	08/14/2026 3:00 PM	10/16/2026 3:00 PM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2026	08/12/2026 3:00 PM	09/23/2026 3:00 PM	Organization
Song-Brown Primary Care Residency 2026	06/18/2026 3:00 PM	08/03/2026 3:00 PM	Organization
State Loan Repayment Program 2026	07/15/2026 3:00 PM	09/15/2026 3:00 PM	Healthcare Professional

Sign In or Register:

- Select the “Sign in or Register” button.
- A new screen will appear where you can enter your email and password. See the next slide for next steps.

Create/Sign in to Your Account in the HCAI Funding Portal

Screen: Apply to HCAI Funding (Landing/Homepage)



HCAi

Sign in with your email address

Email Address

Password

[Forgot your password?](#)

Sign in

Don't have an account? [Sign up now](#)

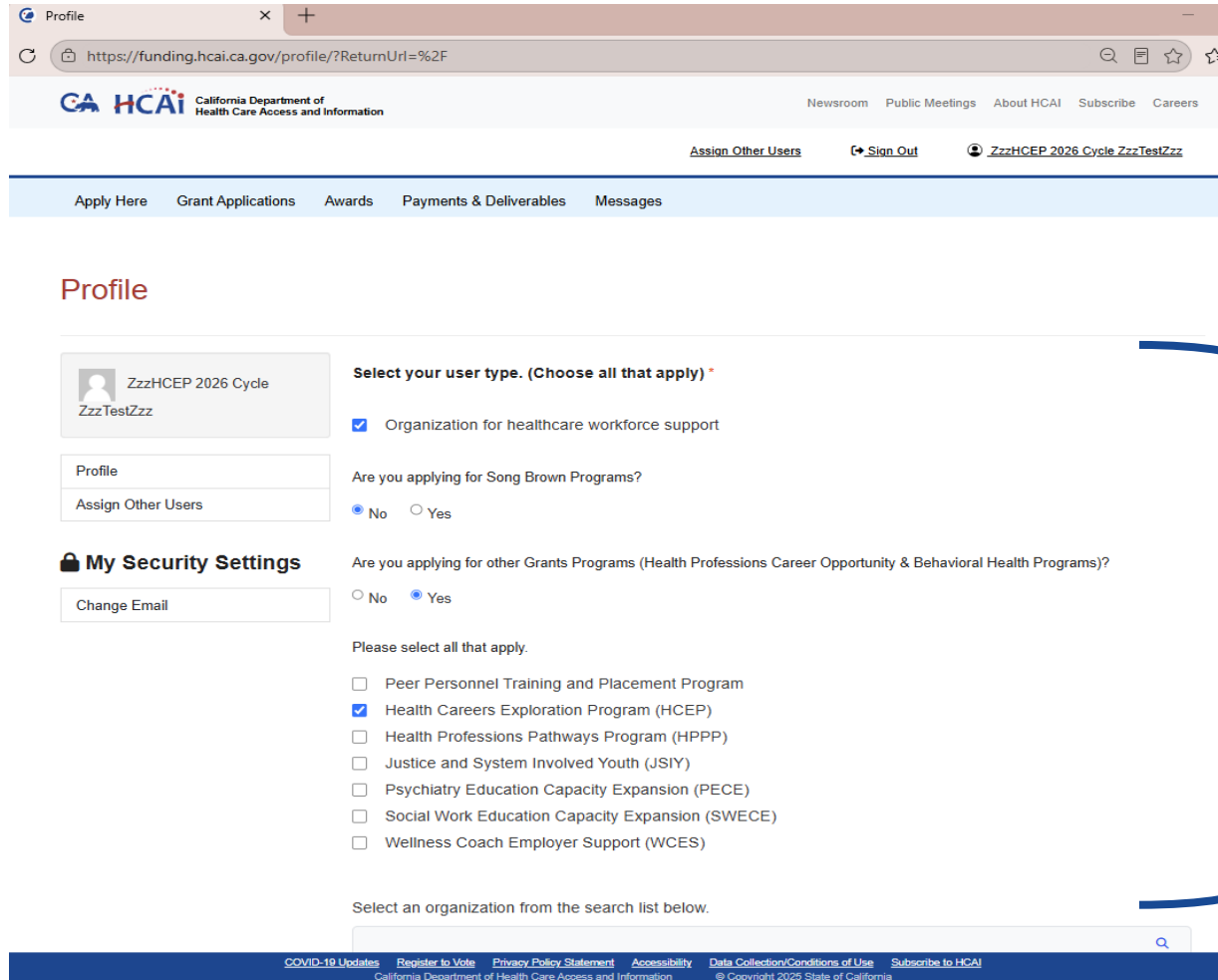
Need Help Signing In:

- Select “Forgot your password” if you cannot remember your sign in details.
- A verification code will be sent to your email.
- Enter the code and follow the instructions to create a new password.

Completing Your Profile

Completing Your Profile (Part 1 of 4)

Screen: Profile



The screenshot shows the HCAI Profile page. At the top, there's a navigation bar with the HCAI logo and links for Newsroom, Public Meetings, About HCAI, Subscribe, and Careers. Below this is a secondary navigation bar with links for Assign Other Users, Sign Out, and a user profile link. The main content area is titled 'Profile' and contains a sidebar with a user profile card (ZzzHCEP 2026 Cycle, ZzzTestZzz) and a 'My Security Settings' section with a 'Change Email' button. The main form area is titled 'Select your user type. (Choose all that apply) *' and includes a checkbox for 'Organization for healthcare workforce support' which is checked. Below this are two questions: 'Are you applying for Song Brown Programs?' with radio buttons for 'No' (selected) and 'Yes', and 'Are you applying for other Grants Programs (Health Professions Career Opportunity & Behavioral Health Programs)?' with radio buttons for 'No' and 'Yes' (selected). A section titled 'Please select all that apply.' lists several programs with checkboxes: Peer Personnel Training and Placement Program, Health Careers Exploration Program (HCEP) (checked), Health Professions Pathways Program (HPPP), Justice and System Involved Youth (JSIY), Psychiatry Education Capacity Expansion (PECE), Social Work Education Capacity Expansion (SWECE), and Wellness Coach Employer Support (WCES). At the bottom, there's a search bar for selecting an organization from a list.

Profile

ZzzHCEP 2026 Cycle
ZzzTestZzz

Profile
Assign Other Users

My Security Settings
Change Email

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

☒ Organization for healthcare workforce support

Are you applying for Song Brown Programs?

☒ No ☐ Yes

Are you applying for other Grants Programs (Health Professions Career Opportunity & Behavioral Health Programs)?

☐ No ☒ Yes

Please select all that apply.

☐ Peer Personnel Training and Placement Program

☒ Health Careers Exploration Program (HCEP)

☐ Health Professions Pathways Program (HPPP)

☐ Justice and System Involved Youth (JSIY)

☐ Psychiatry Education Capacity Expansion (PECE)

☐ Social Work Education Capacity Expansion (SWECE)

☐ Wellness Coach Employer Support (WCES)

Select an organization from the search list below.

- Select the “Organization for healthcare workforce support” box.

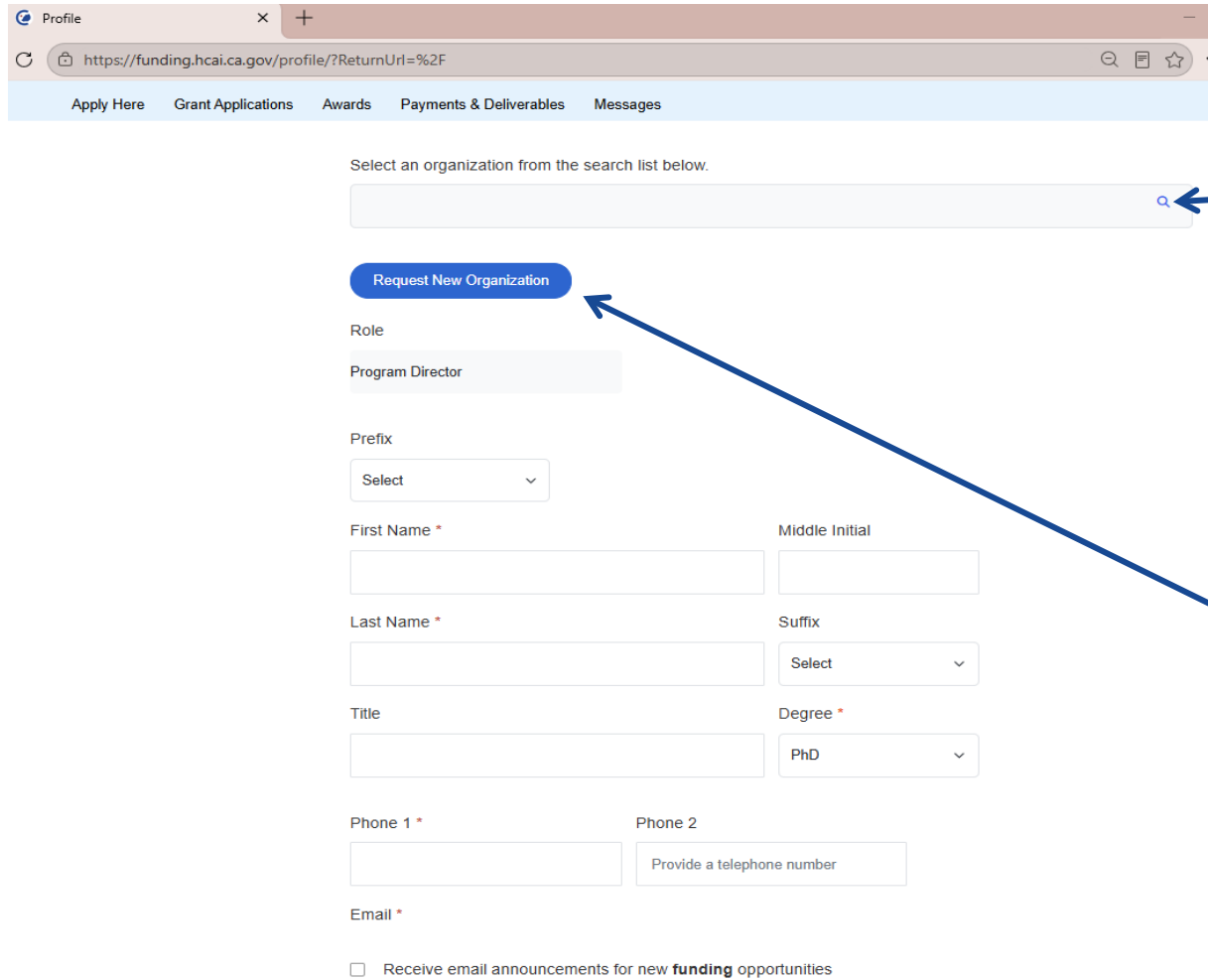
- Select ‘No’ for the “Are you applying for Song-Brown Programs?”

- Select ‘Yes’ for: “Are you applying for other Grant Programs?”

- Select the “Health Careers Exploration Program (HCEP)” box.

Completing Your Profile (Part 2 of 4)

Screen: Profile



The screenshot shows the 'Profile' page in a web browser. The browser's address bar displays 'https://funding.hcai.ca.gov/profile/?ReturnUrl=%2F'. The page has a navigation bar with links: 'Apply Here', 'Grant Applications', 'Awards', 'Payments & Deliverables', and 'Messages'. The main content area is titled 'Select an organization from the search list below.' and features a search input field with a magnifying glass icon. Below the search field is a blue button labeled 'Request New Organization'. To the right of the search field, a blue arrow points from the 'Find Your Organization' text box to the search icon. Below the 'Request New Organization' button, another blue arrow points from the 'Add Your Organization' text box to the button. The form includes several fields: 'Role' (with 'Program Director' selected), 'Prefix' (a dropdown menu with 'Select' chosen), 'First Name *', 'Middle Initial', 'Last Name *', 'Suffix' (a dropdown menu with 'Select' chosen), 'Title', 'Degree *' (a dropdown menu with 'PhD' chosen), 'Phone 1 *', 'Phone 2' (with a placeholder 'Provide a telephone number'), and 'Email *'. At the bottom, there is a checkbox labeled 'Receive email announcements for new funding opportunities'.

Find Your Organization:

- For returning organizations, click the search icon to look up your organization.
- A pop-up window will open with your organization records.
- Locate your organization, select the circle next to the name, and choose “Select” to return to the profile page.

Add Your Organization:

- If your organization has not applied for HCAI funding before, select “Request New Organization”.
- A new screen will open where you can enter your organization information.
- Complete all required fields and select “Submit” to return to the profile page.

Completing Your Profile (Part 3 of 4)

Screen: Profile

[Request New Organization](#)

Role
Program Director

Prefix
Select

First Name *

Middle Initial

Last Name *

Suffix
Select

Title

Degree *
PhD

Phone 1 *
(916) 326-3750

Phone 2
Provide a telephone number

Email *

☐ Receive email announcements for new **funding** opportunities

[Submit](#)

Complete the Required Fields:

- Enter your information in each field on the screen.
- Fields marked with a **red asterisk*** are required fields.
- When you finish entering your information, select “Submit” to move to the next step.

- When you finish entering your information, select “Submit” to move to the next step.

Completing Your Profile (Part 4 of 4) Assign Other Users

Screen: Profile

The screenshot shows a web browser window with the URL <https://funding.hcai.ca.gov/profile/?ReturnUrl=%2F>. The page header includes the HCAI logo and navigation links: Newsroom, Public Meetings, About HCAI, Subscribe, and Careers. Below the header, there are links for [Assign Other Users](#), [Sign Out](#), and a user profile icon. A blue navigation bar contains links for [Apply Here](#), [Grant Applications](#), [Awards](#), [Payments & Deliverables](#), and [Messages](#).

The main content area is titled "Profile" and features a sidebar with a profile picture placeholder and two menu items: "Profile" and "Assign Other Users". A blue arrow points from the "Assign Other Users" menu item to a text box on the right. The main content area contains the following sections:

- Select your user type. (Choose all that apply) ***
 - ☒ Organization for healthcare workforce support
- Are you applying for Song Brown Programs?**
 - ☒ No ☐ Yes
- Are you applying for other Grants Programs (Health Professions Career Opportunity & Behavioral Health Programs)?**
 - ☐ No ☒ Yes
- Please select all that apply.**
 - ☐ Peer Personnel Training and Placement Program
 - ☒ Health Careers Exploration Program (HCEP)
 - ☐ Health Professions Pathways Program (HPPP)
 - ☐ Justice and System Involved Youth (JSIY)
 - ☐ Psychiatry Education Capacity Expansion (PECE)

Assigning Other Users:

- Select “Assign Other Users” if you want others to help with your application.
- Staff must create their own profile before you can add them.
- After they have created a profile, use “Add User” to look up their name and connect them to your organization profile.

Health Careers Exploration Program (HCEP) Application

Starting the HCEP Application (Part 1 of 2)

Screen: Apply to HCAI Funding (Landing/Homepage)

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](#)

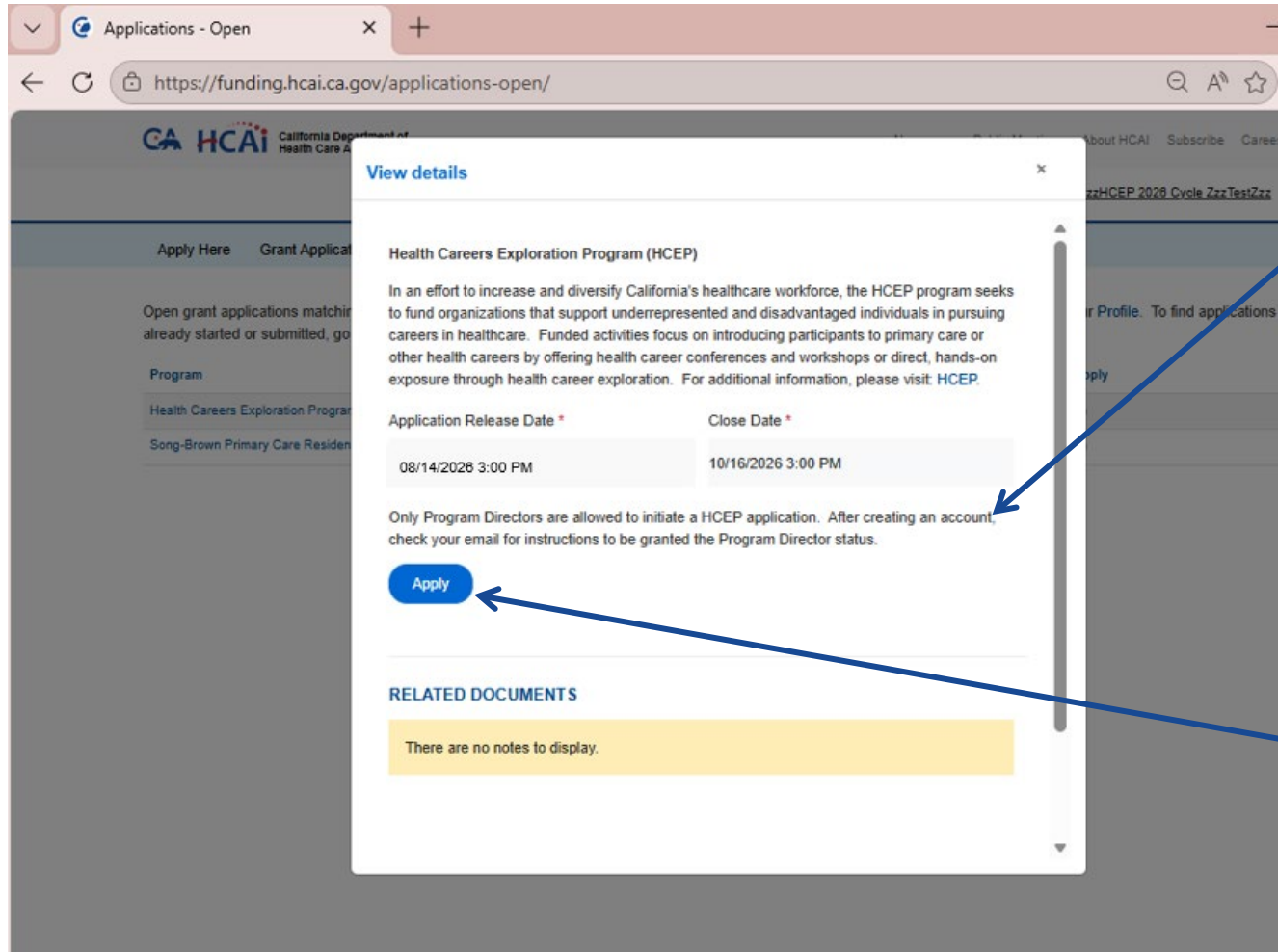
APPLICATIONS – OPEN OR COMING SOON

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Song-Brown Primary Care Residency 2026	06/18/2026 3:00 PM	08/03/2026 3:00 PM	Organization

- In the HCAI Funding Portal, find and select the “Health Careers Exploration Program 2026” link.
- A new window will open where you can begin your application. See the next slide for next steps.

Starting the HCEP Application (Part 2 of 2)

Screen: Apply to HCAI Funding (Landing/Homepage): View Details Pop-up screen



- If you receive a message that you ‘must be a Program Director to proceed’ on your pop-up screen, please check your Profile page and make sure you are listed as a Program Director, not a Grant Preparer.

- Note: If you reach this point and still cannot move forward after updating your profile, please email HPCOP@hcai.ca.gov and request to be added as a Program Director. This is required before you can continue with the application.

- Click the “Apply” button and proceed with the next steps.

Application Section: Program Information

Program Information (Part 1 of 8)

Screen: Program Information Page 1 of 2

Program Information - Page 1 of 2

Organization

Program Director

Program Director Email

Program Name *

Select your primary health profession focus. Select all that apply.*

☐ Primary Care

☐ Behavioral Health

☐ Caring for Older Adults

☒ Nursing

☐ Oral Health

☐ Allied Health

Describe the specific health professions your proposal will promote. Maximum of 1000 characters. *

- In the Organization field, look up your organization if you have an existing profile.

- Enter the Program Director first and last name, and check that the email address is correct.

- Add your program name for this application.

- Select all primary health professional areas that apply.

- Briefly describe the health professions your proposal will promote in the text box.

Program Information (Part 2 of 8)

Screen: Program Information Page 1 of 2

Organization Type

Select your organization type. Select all that apply.*

- ☐ High schools or school districts proposing to serve high school or adult education students
- ☒ Community-based organizations ?
- ☐ Community health centers ?
- ☐ Public universities and colleges, including community colleges
- ☐ Private universities and colleges, including community colleges
- ☐ Health professions training programs ?
- ☐ Counties

Are you a 501 (c) (3) organization recognized by the State of California Department of Justice website?*
Please use [this link](#) below to verify the status.

- ☐ No ☒ Yes

Career Opportunity

Career Opportunity Type *

- ☒ Health Career Conferences and/or Workshops (Award category A)
- ☐ Hands-On Experience in Healthcare (Award category B)

Eligibility

Do you have two partnering organizations that you are working with on this program? * ?

- ☐ No ☒ Yes

Save & Next

- Select your organization type.
- Complete the nonprofit and eligibility verification question.
- Choose either Category A or Category B. If you want to apply for both, you must submit a second application.
- For eligibility, select “Yes” to move forward. You will be asked to list two partner organizations on the next screen.
- Select “Save and Next” to continue.

Program Information (Part 3 of 8)

Screen: Program Information Page 2 of 2

Program Information - Page 2 of 2

Award Category

Enter total number of expected program participants for this opportunity type. Do not include staff, volunteers, or pres

Health Career Conference and/or Workshops (Award category A) Minimum 100 Students *

Add at least two Partnering Organizations. Click on the Add Partnering Organization button to add an organization

Add Partnering Organization

Partnering Organization Name

↑

Street Address

Suite/Dept

City

State

Zip Code

County

Award Category:

- Category A must have at least 100 participants.
- Category B must have at least 50 participants.

Partnering Organizations:

- Select “Add Partnering Organization”.
- A new window will open. Enter all required information for each partner. See next slide for next steps with adding partner information.

Program Information (Part 4 of 8)

Screen: Program Information Page 2 of 2: Add Partnering Organization Pop-up Screen

Create

Partnering Organization Name *

Partnering Organization Contact Name *

Partnering Organization Contact Phone *

Provide a telephone number

Partnering Organization Contact Email *

Partnering Organization URL *

Select Address

Street Address * Suite/Dept

City * State *

Zip Code *

County *

Submit

- Add the name of the partnering organization.
- Add the name, email, and phone number for the partnering organization contact.
- Enter the partnering organization website address.
- Click “Select Address” and enter the organization address.
- Click “Submit” to continue.

Program Information (Part 5 of 8)

Screen: Program Information Page 2 of 2: Add Program Sites Pop-up Screen

How many Program Sites do you have? ? *

- Enter the number of Program Sites.

Street Address	Suite/Apt/Dept	City	State	Zipcode	Countytext
4408 Truxel Rd		Sacramento	CA	95834	Sacramento
1700 K St		Sacramento	CA		

Add a Program Site

- Click the “Add Program Site” button and complete all required fields.
- A new window will open. Enter all required information for each program site.

Does your organization propose to promote primary care careers, behavioral health careers, caring for older adults?

Primary Care *

 %

Behavioral Health *

 %

Caring for Older Adults *

 %

Create

Select Address

Street Address *

Suite/Apt/Dept

City *

State *

Zipcode *

County *

Program Site type. Select all that apply. *

Use the HCAI Geo-website or State Loan Repayment websites to determine Program Site 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

Submit

- Click “Select Address” and enter the organization address.
- Go to next slide for next steps with completing this process.

Program Information (Part 6 of 8)

Screen: Program Information Page 2 of 2: Add Program Sites Pop-up Screen

Create

Select

Street Address

City *

County *

Program Site

Use the HCAI Geo-website or State Loan Repayment websites to determine Program Site type.

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.

Enter your address here

Search

Cancel

- An Address Lookup field will appear, and you must enter a valid address. Then click the "Search" button.
- Go to next slide for next steps with completing this process.

Program Information (Part 7 of 8)

Screen: Program Information Page 2 of 2: Add Program Sites Pop-up Screen (continued)

Create

Select Address

Street Address *
2020 El Camino Ave

Suite/Apt/Dept

City *
Sacramento

State *
CA

Zipcode *
95821

County *
Sacramento

Program Site type. Select all that apply. *

Use the HCAI Geo-website or State Loan Repayment websites to determine Program Site type.
<https://geo.hcai.ca.gov/hpsa-search>
<https://geo.hcai.ca.gov/health-care-facilities/>

☒ Community Health Centers ?	☐ Government Owned Facility ?
☐ County Primary Care Clinic ?	☐ Indian Health Services Clinic ?
☐ Disproportionate Share Hospital ?	☐ Rural Hospital ?
☐ FQHC ?	☐ Student Run Clinic ?
☐ FQHC Look-a-Like ?	☐ Teaching Hospital ?
☐ Free Clinic ?	☐ Not Applicable

Submit

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 El Camino Ave., Sacramento, CA

Search

Search Results

Select the correct validated address from the search results.

2020 El Camino Ave, Sacramento, CA 95821

Cancel

- Select the correct validated address from the search results. This address will populate into the add program site screen.
- Select the program site type that applies.
- Click "Submit" to continue.

Program Information (Part 8 of 8)

Screen: Program Information Page 2 of 2: Input Health Career Percentages

- Enter the percentage (in whole numbers) for each health career your program will address.
- You may enter 100% for one health career if that applies to your program.
- Make sure the total for all health careers equals 100%.
- If you enter a percentage for “Other Health Careers”, type the specific health career in the text box below the percentage.

- Click the “Save & Next” button to continue.

[Add a Program Site](#)

Street Address	Suite/Apt/Dept	City	State	Zipcode	Countytext
4408 Truxel Rd		Sacramento	CA	95834	Sacramento
1700 K St		Sacramento	CA	95811	Sacramento

Does your organization propose to promote primary care careers, behavioral health careers, caring for older adults, and/or other health careers? The total must equal 100%.

Primary Care *

Behavioral Health *

Caring for Older Adults *

Other Health Careers

[Previous](#) [Save & Next](#)

Application Section: Program Proposal

Program Proposal (Part 1 of 2)

Screen: Program Proposal

Program Proposal

Target program participants. Select all that apply. *

- ☐ Elementary School
- ☐ Middle School
- ☐ High school freshman and sophomores
- ☐ High school juniors and seniors
- ☐ Adult/non-traditional learners (including veterans)
- ☐ Justice or foster system involved youth
- ☐ Community college students
- ☐ Four-year college freshman and sophomores
- ☐ Four-year college juniors and seniors
- ☐ Recent four-year college graduates
- ☐ Graduate Students
- ☐ Post Baccalaureate students
- ☐ Other
- ☐ None of the above

Target Program Participants

- Select all participant groups that apply to your program.

Target Population

Please select from the following groups that your organization supports. Select all that apply. *

- ☐ Former/Current Justice System-Involved Youth
- ☐ Former foster youth
- ☐ Former/current homeless/unhoused/underhoused youth ?
- ☐ Economically Disadvantaged
- ☐ Educationally/Environmentally Disadvantaged
- ☐ Individuals from Health Professional Shortage Areas
- ☐ Individuals with few literacy skills, or not literate
- ☐ None of the above

Target Population

- Select all population groups your program will serve.
- Go to the next slide to complete this section of the application.

Program Proposal (Part 2 of 2)

Screen: Program Proposal

Addressing Challenges of Target Population

Please select how your program proposal will address the challenges specific to the target program participants/demographics. Select all that apply. *

- ☐ Provide college and healthcare facility tours
- ☐ Provide training on virtual workshops and/or meetings
- ☐ Provide free transportation to conferences, workshops, career fairs, or other events
- ☐ Provide workshops focused on mental/ behavioral health issues, including suicide prevention
- ☐ Provide financial aid information
- ☐ Provide wraparound services
- ☐ Provide academic counseling/academic preparation
- ☐ Offer some of the program components online
- ☐ Expose students to health care careers
- ☐ Provide institutional partnerships
- ☐ Provide structured cohort program
- ☐ Hire faculty from disadvantaged backgrounds
- ☐ None of the above

Please select from the following how your organization proposes to be culturally and/or linguistically responsive to program participants. Select all that apply. *

- ☐ Hire staff members who are bilingual
- ☐ Hire staff members trained to promote equity, inclusivity, and awareness of cultural differences in personnel interactions and behaviors among California's culturally diverse populations
- ☐ Provide program staff with cultural competency resources and training materials
- ☐ Program leaders who participate in the program come from similar cultural backgrounds as the students who participate in the program
- ☐ Consult with leading experts in cultural competency to review program curriculum/activities and provide technical assistance.
- ☐ Engage community stakeholders from diverse cultural background in program development
- ☐ Draw on participant's culture to shape curriculum and instruction.
- ☐ Conduct regular community needs assessments and use results to adopt trainings/workshops that respond to the cultural and linguistic diversity of program participants
- ☐ Include a diverse group of speakers at proposed conferences and/or career fairs
- ☐ Provide conference materials, website postings, etc. in various languages
- ☐ None of the above

Addressing Challenges of Target Population

- Select any specific challenges your participants may experience.
- Select the culturally responsive or linguistically responsive options that apply.

- Click the “Save & Next” button to continue.

Previous

Save & Next

Application Section: Program Objectives

Program Objectives (Part 1 of 2)

Screen: Program Objectives

Program Objectives

Number of Activity Days* ?

- Enter the number of days that participants will attend your program activities.

Please select from the following the specific program objectives that support the intent of the program. Select all that apply. *

- ☐ Conducting a conference and/or workshop series aimed at informing individuals of opportunities in health professional careers
- ☐ Conducting relevant workforce research and data analysis in the field of health professional development of underrepresented groups
- ☐ Create volunteer opportunities in primary and other healthcare fields for participants
- ☐ Expose participants to key skills, work ethics, and fundamental elements of a diverse healthcare workforce
- ☐ Provide career development training opportunities focused on interviewing, setting goals, and networking
- ☐ Provide participants with access to virtual tours, mentoring, and job shadowing
- ☐ Providing support and technical assistance to health professional schools and colleges, as well as to student and community organizations active in health professional development of underrepresented groups
- ☐ None of the above

- Select all program objectives that apply to your proposal.

Please select from the following on how your program will encourage primary care, caring for older adults, behavioral health, and/or other health careers. Select all that apply. *

- ☐ Will engage participants in relevant/motivating health care programming including workshops, panels, field trips, mentoring, mock interviews, and networking
- ☐ Will expose students to aspects of health care practices and policies affecting professional shortage areas and health disparities organizations active in health professional development of underrepresented groups
- ☐ Will expose students to research on how pandemics affect vulnerable population
- ☐ Will provide students with testimonials from previous HCEP recipients regarding positive experiences and benefits working in the health care environment
- ☐ Will support first generation and/or underrepresented college students with intensive in-person or virtual leadership
- ☐ None of the Above

- Select all options that describe how your program will encourage primary care, caring for older adults, behavioral health, or other health careers.
- Go to the next slide to complete this section of the application.

Program Objectives (Part 2 of 2)

Screen: Program Objectives (continued)

Please select the activities which your organization will use to support the program. Select all that apply.* ?

- ☐ Assistance with health professions school application
- ☐ Conferences (hosted and external)
- ☐ Courses (Science and Health careers)
- ☐ Engagement with health professions schools and residency programs
- ☐ Extended individualized mentoring (multiple interactions with mentor over weeks or months)
- ☐ Financial and funding education workshops
- ☐ Guaranteed income
- ☐ Healthcare facility tour
- ☐ Housing assistance
- ☐ MCAT and other test preparation (SAT, GRE, DAT)
- ☐ Job shadowing a healthcare provider
- ☐ Mental health awareness and support
- ☐ Mentorship
- ☐ Newsletters
- ☐ Opportunity for program participants to volunteer in healthcare field
- ☐ Parental/family engagement
- ☐ Research and community experiences
- ☐ Saturday academies or retreats
- ☐ Scholarship assistance
- ☐ Structured cohort programs (enrichment, career, internships, summer research, graduate school/medical school preparation)
- ☐ Student coordinators and case managers
- ☐ Student health clubs
- ☐ Tour of a college or university
- ☐ Tutoring
- ☐ Web based and social media support
- ☐ None of the above

- Select all options that describe how your program will use to support the program.

- Click the “Save & Next” button to continue.

Previous

Save & Next

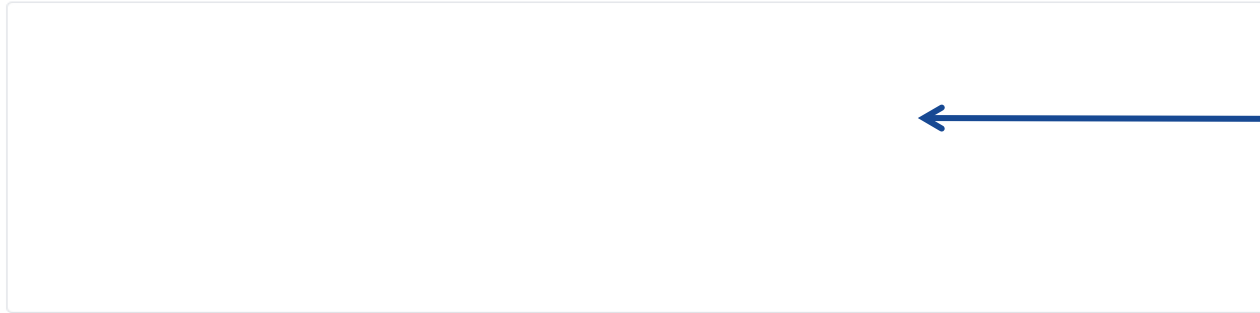
Application Section: Qualitative Questions

Qualitative Questions (Part 1 of 2)

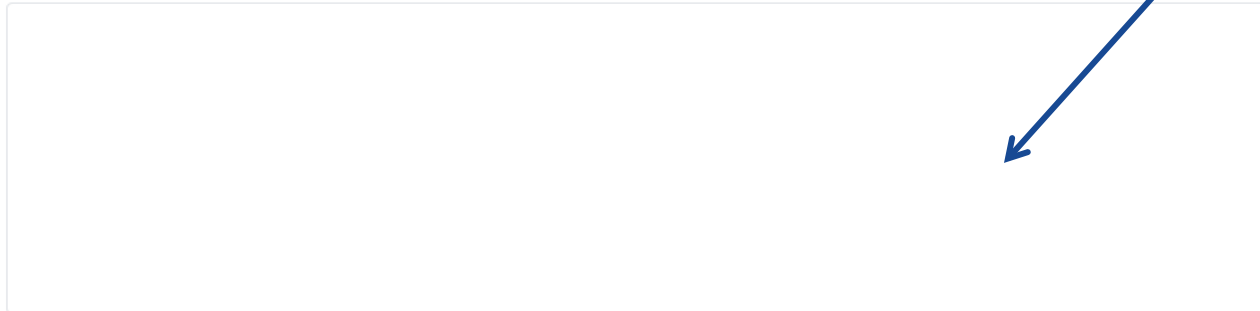
Screen: Qualitative

Qualitative

Provide a summary overview of your proposed Health Careers Exploration Program. Briefly describe the geographic areas to be served. Describe the major program components providing an overview of the major activities and services that will be provided to increase the number of underrepresented individuals who are exposed to health professions careers. Maximum of 1000 characters. *



List the program's major partners. Describe how many years the program has worked with these partners and how they will contribute to the program. Describe how your program will ensure the right partnerships to be successful. Maximum of 1000 characters. *



Program Description Sections

- This section allows you to briefly describe your program.
- Follow the instructions in each text box and enter your information.
- Each text box is limited to 1,000 characters.

- Go to the next slide to complete this section of the application.

Qualitative Questions (Part 2 of 2)

Screen: Qualitative (continued)

Describe how the program will monitor and evaluate its effectiveness. This question is your opportunity to describe any additional evaluation and assessment activities you will implement as well as why those additional activities are necessary. The goal of the program is to provide exposure to health careers. How will your program track participants in the near and long-term? Maximum of 1000 characters. *



Program Description Sections (continued)

- Follow the instructions and enter your information.
- Respond to the participation question.

Would you or someone in your organization be willing to participate in an interview with HCAI to share your story? *

☐ No ☐ Yes

Previous

Save & Next

- Click the “Save & Next” button to continue.

Application Section: Organization Experience

Organization Experience (Part 1 of 2)

Screen: Organization Experience

Organization Experience

Select the types of individuals that your organization has experience with exposing to primary care, caring for older adults, behavioral health, and/or other health careers. Select all that apply. *

- ☐ Economically disadvantaged individuals: An individual comes from a family with an annual income below low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the HHS, for use in all health professions programs.
- ☐ Educationally/environmentally disadvantaged individuals: An individual comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession.
- ☐ Individuals from health professional shortage areas (geographic areas, populations, or facilities with a shortage of providers).
- ☐ None of the above

Years of Experience

Please provide how many years of experience your organization has for each of these health career types. *

Health Career Types	Year Started	Year Ended	Total Years
Primary Care	MM/DD/YYYY 	MM/DD/YYYY 	
Caring for Older Adults	MM/DD/YYYY 	MM/DD/YYYY 	
Behavioral Health	MM/DD/YYYY 	MM/DD/YYYY 	
Other Health	MM/DD/YYYY 	MM/DD/YYYY 	

Is 0 the maximum number of years of experience your organization has with exposing underrepresented individuals to any one health career type? *

☐ No ☐ Yes

- Select all groups of underrepresented individuals your organization has experience working with.

Years of Experience

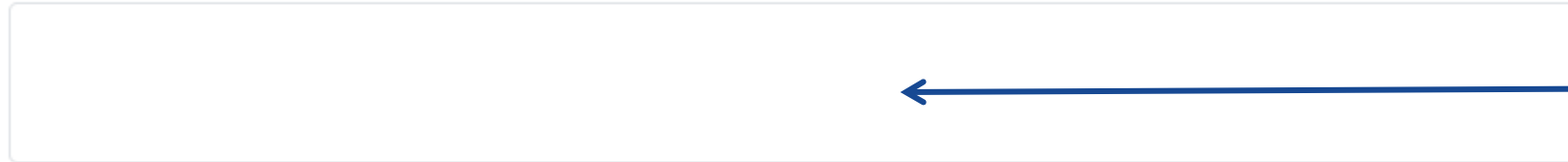
- Enter the Year Started, Year Ended, and the Total Years of Experience for each health career type.
- The number shown as zero in the question will update once you enter the total years of experience.
- Confirm and respond to the question.

- Go to the next slide to complete the remaining parts of this section.

Organization Experience (Part 2 of 2)

Screen: Organization Experience (continued)

Please describe your organization's past experience exposing underrepresented individuals to primary care, caring for older adults, behavioral health, and/or other health careers. *



- Follow the instructions on the screen and enter any additional information in the text box.
- The text box allows up to 1,000 characters.



- Click the “Save & Next” button to continue.

Application Section: Services

Services

Screen: Services

Services

Mentorship

Will the applicant's proposed program provide students with access to internships, fellowships, or shadowing hours in primary care, caring for older adults, behavioral health, and/or other health career fields?*

☐ No ☐ Yes

- Choose "Yes" or "No" for mentorship.

Academic Support

Which of the following services will the applicant's proposed program provide to support the students' academic success? Select all that apply.*

- ☐ Academic tutoring
- ☐ Provide academic supplies
- ☐ Provide guidance and assistance in applying to HCAI scholarship opportunities
- ☐ Provide guidance and assistance in applying to general scholarship opportunities
- ☐ None of the above

- Select every academic support option that describes your program.

Previous

Save & Next

- Click the "Save & Next" button to continue.

Application Section: Program Budget

Program Budget: Personnel (Part 1 of 3)

Screen: Program Budget – Page 1 of 2

Program Budget - Page 1 of 2

Personnel

How many individuals are you entering records for? *

Add Personnel

Personnel ID ↑	Position Title	Organization	Training Program Name	Compensation Requested
----------------	----------------	--------------	-----------------------	------------------------

There are no records to display.

☐ All Personnel Submitted

Previous

Save & Next

Program Budget: Personnel

- Enter the total number of personnel your program will support.
- Click the “Add Personnel” to enter personnel information.
- A pop-up screen will appear to enter personnel information.

- Go to next slide to review the next steps for adding personnel.

Program Budget: Personnel (Part 2 of 3)

Screen: Program Budget – Page 1 of 2

Apply Here Grant Applications Awards Payments & Deliverables Messages

Program Budget

Personnel

How many individuals are you adding?

2

Personnel ID ↑ Position Title ↓ Organization ↓ Training Program Name ↓ Compensation Requested ↓

There are no records to display.

☐ All Personnel Submitted

Previous Save & Next

Create

Personnel ID

Position Title *

Organization *

Training Program Name *

Compensation Requested *

Submit

Add Personnel

- After selecting “Add Personnel,” complete all required fields marked with a **red asterisk***.
 - Enter all personnel information as instructed on the screen.
 - Click “Submit” to save the personnel entry. Follow the next step on the following screen.
- Go to next slide to review the final steps for this section.

Program Budget: Personnel (Part 3 of 3)

Screen: Program Budget – Page 1 of 2

Program Budget - Page 1 of 2

Personnel

How many individuals are you entering records for? *

Add Personnel

Personnel ID ↑	Position Title	Organization	Training Program Name	Compensation Requested	
	test2	test2	test2	10,000.00	⌵
	test	test	test	10,000.00	⌵

☒ All Personnel Submitted

• Select the “All Personnel Submitted” box when you have added all personnel.

• When you finish entering your information, click the “Save & Next” button to continue.

Program Budget: Direct Costs (Part 1 of 2)

Screen: Program Budget – Page 2 of 2

Program Budget - Page 2 of 2

DIRECT COSTS

Advertising *

0

Meals *

0

Supplies *

0

Transportation *

0

Facility Costs *

0

Counseling Support

0

Mentorship

0

Career Development

0

Academic Support

0

Other Direct Costs

0

Program Budget: Direct and Indirect Costs

- Enter all direct costs in the required fields marked with a red asterisk.
- Optional direct cost fields may be left blank or entered as needed.
- Every cost field must have a number. Enter “0” if your program has no expense in a specific field.

- Go to next slide to review the next steps for completing this section.

Program Budget: Direct Costs (Part 2 of 2)

Screen: Program Budget – Page 2 of 2

Other Direct Costs

1000

Explain Other Direct Costs *

Please explain how the direct costs listed above support your program. *

What is your indirect cost total? Maximum 15% of Grand Total. *

302

Total Expenses

Total Personnel Costs

20000

Total Direct Costs

5500

Total Indirect Costs

302

Grand Total

25802

Previous

Save & Next

Program Budget: Direct and Indirect Costs (continued)

- Provide a short description of the direct costs you are requesting.
 - Enter your indirect cost if applicable. Indirect costs cannot be more than 15 percent of your grand total requested.
 - If your entries exceed the total allowable amount, an error message will appear. Follow the instructions on the screen to correct the amounts.
-
- When you finish entering your information, click the “Save & Next” button to continue.

Application Section: Contract Administration

Contract Administration (Part 1 of 2)

Screen: Contract Administration

Contract Administration

Contract Organization Name  *

Doing Business As 

Please select the type of entity *

☐ Governmental Entity 

☐ Non-governmental Entity 

Prefix

Select 

Contract Admin First Name  *

Contract Admin Last Name  *

Title 

Phone 1* 

Phone 2

Contract Administrator Email*

Grant Agreement Signatory 

First Name  *

Last Name  *

Phone* 

Email*

Is the Payee Data Record (STD 204) Signatory the same as the Grant Agreement Signatory? 

Same as Grant Agreement Signatory

☒ No ☐ Yes

Contract Administration

- Enter all required fields for your organization's information and administrative staff.

Grant Agreement Signatory

- Make sure the Grant Agreement Signatory is an authorized individual who can sign the Grant Agreement if your organization is awarded.

- Go to next slide to review the next steps for completing this section.

Contract Administration (Part 2 of 2)

Screen: Contract Administration (continued)

Payee Data Record (STD 204) Signatory ?

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

Email*

Additional Signatory ?

Additional Signatory Title ?	First Name ? *	Last Name ? *

Phone 1 *	Email *
Provide a telephone number	

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

Should payments be sent to a different address than what is on file with the IRS? *

☐ No ☐ Yes

Previous

Save & Next

Payee Data Record

- Confirm that all information for the STD 204 Payee Data Record matches what is listed with the IRS. Matching this information prevents delays in processing your Grant Agreement or payments.
- If your payment address is different from the address listed with the IRS, enter the correct payment address. This will allow the system to generate an STD 205 form.

Additional Signatory

- Complete the additional signatory section which must be signed by another authorized person at your organization.
- Complete all required fields and respond to all remaining questions.

- When you finish entering your information, click the “Save & Next” button to continue.

Application Section: Review and Certification

Review, Certify, and Submit

Screen: Review and Certification

Assurances

I, the applicant, certify that the information provided in this application is true and accurate to the best of my knowledge.

☒ I Certify

You are about to submit your application. Once it has been submitted, you may not edit or delete it from the system.

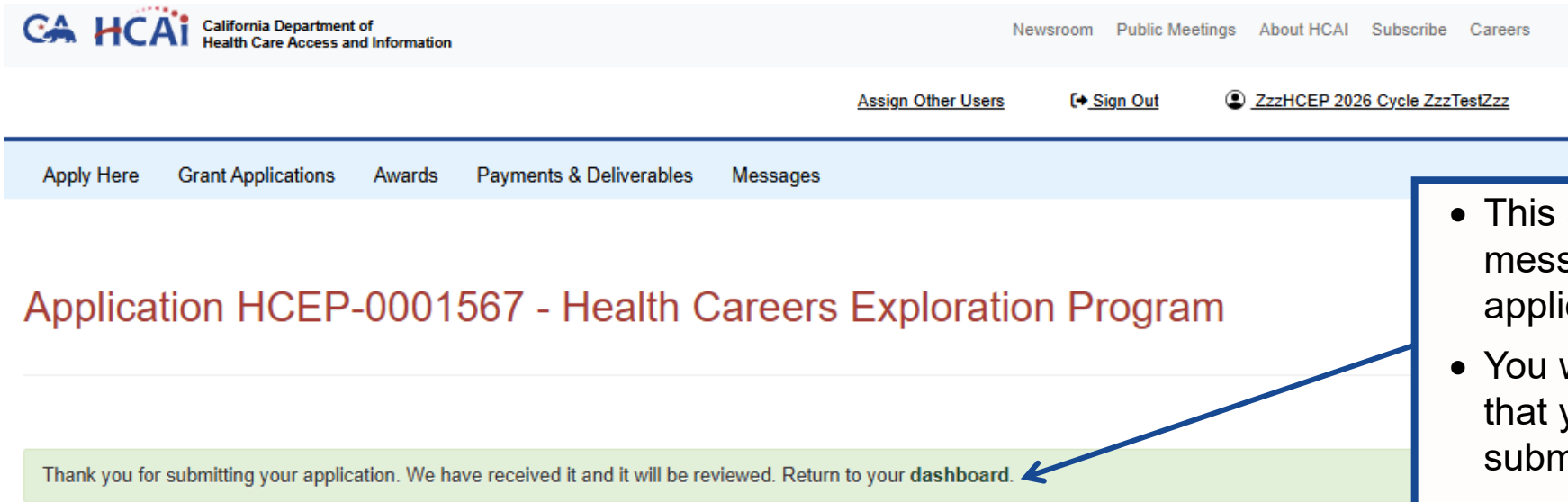
Previous

Submit

- If you have completed all sections of your application, select the “I Certify” box.
- Click the “Previous” button if you want to review your entries before submitting.
- Once you click the “Submit” button, you will not be able to make any changes to your application.
- Click the “Submit” button to finalize your application.
- The next screen will display a confirmation message and link to return to your application dashboard.

Confirmation and Post-submission (final screen)

Screen: Confirmation/Dashboard



The screenshot shows the HCAI (California Department of Health Care Access and Information) website. The header includes the HCAI logo and navigation links: Newsroom, Public Meetings, About HCAI, Subscribe, and Careers. Below the header, there are links for 'Assign Other Users', 'Sign Out', and a user profile 'ZzzHCEP 2026 Cycle ZzzTestZzz'. A blue navigation bar contains links for 'Apply Here', 'Grant Applications', 'Awards', 'Payments & Deliverables', and 'Messages'. The main content area displays 'Application HCEP-0001567 - Health Careers Exploration Program' in red text. Below this, a green box contains the message: 'Thank you for submitting your application. We have received it and it will be reviewed. Return to your dashboard.' A blue arrow points from a callout box to the 'Return to your dashboard.' link.

CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

[Assign Other Users](#) [Sign Out](#) [ZzzHCEP 2026 Cycle ZzzTestZzz](#)

[Apply Here](#) [Grant Applications](#) [Awards](#) [Payments & Deliverables](#) [Messages](#)

Application HCEP-0001567 - Health Careers Exploration Program

Thank you for submitting your application. We have received it and it will be reviewed. Return to your [dashboard](#).

- This screen will display a confirmation message and link to return to your application dashboard.
- You will receive an email confirming that your HCEP application was submitted successfully.

Questions

Send all questions to: HPCOP@HCAI.ca.gov

- If you have a *submitted application*, please include your HCEP Application # in the email Subject Line for all correspondence. This # will be provided in your application confirmation email and on the Funding Portal page.
- If you have *not* submitted an application and have a general question, include HCEP 2026 – Question re: (enter the subject) in the email Subject Line.
 - NOTE: Emails which do not include the requested information listed above may experience delayed responses from HCEP staff.