HCAi
Department of Health Care Access and Information

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 - Step by Step Visual Guide

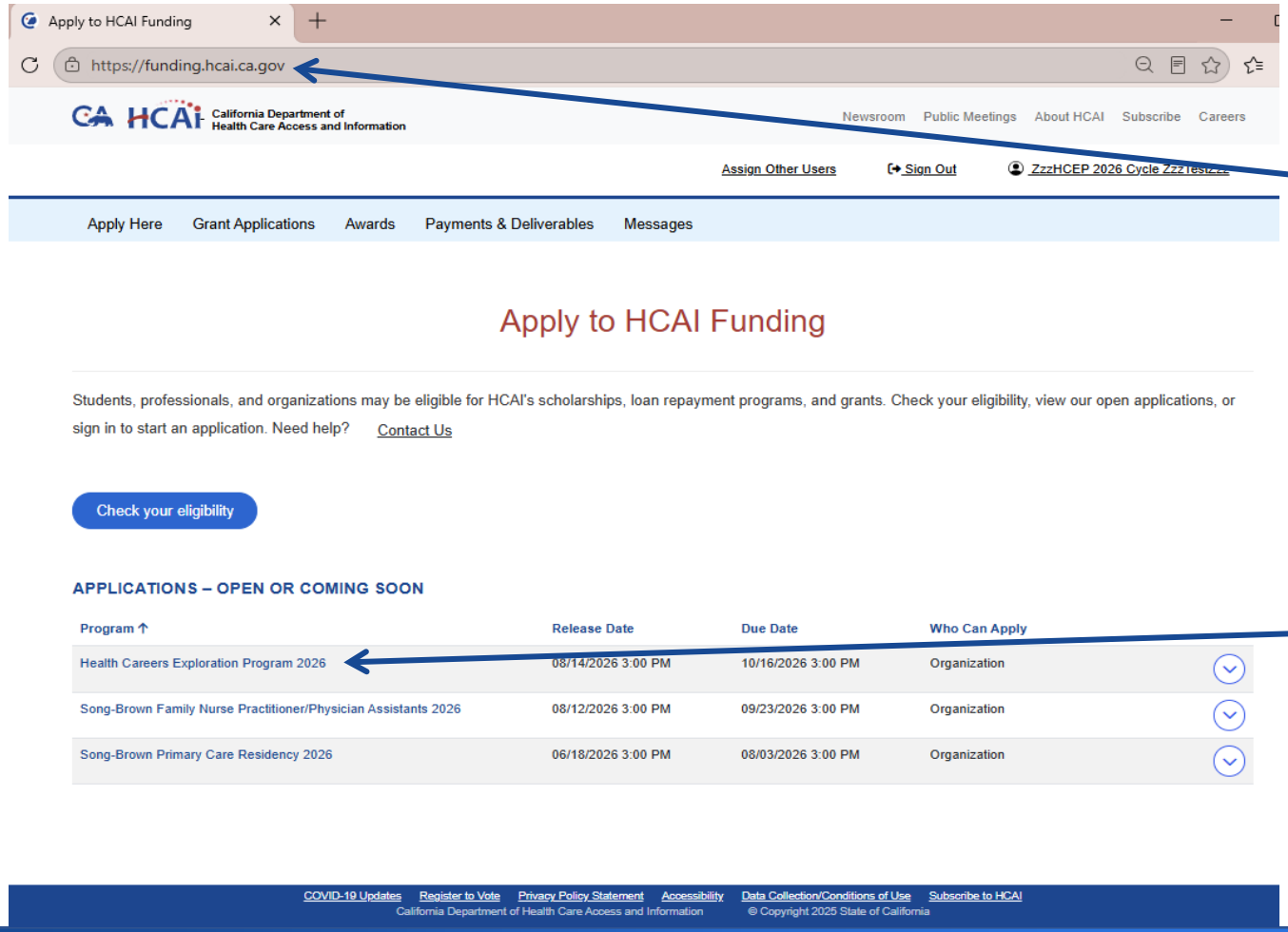
Welcome to the 2026 Health Careers Exploration Program (HCEP) Technical Assistance Guide. This guide is designed to provide support as you move through each step of the application process and understand the new requirements for this funding cycle, which must be completed and submitted by Friday, October 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."

Choose Your Program:

- Select "Health Careers Exploration Program 2026" from the list.
- The program details will open in a new window.

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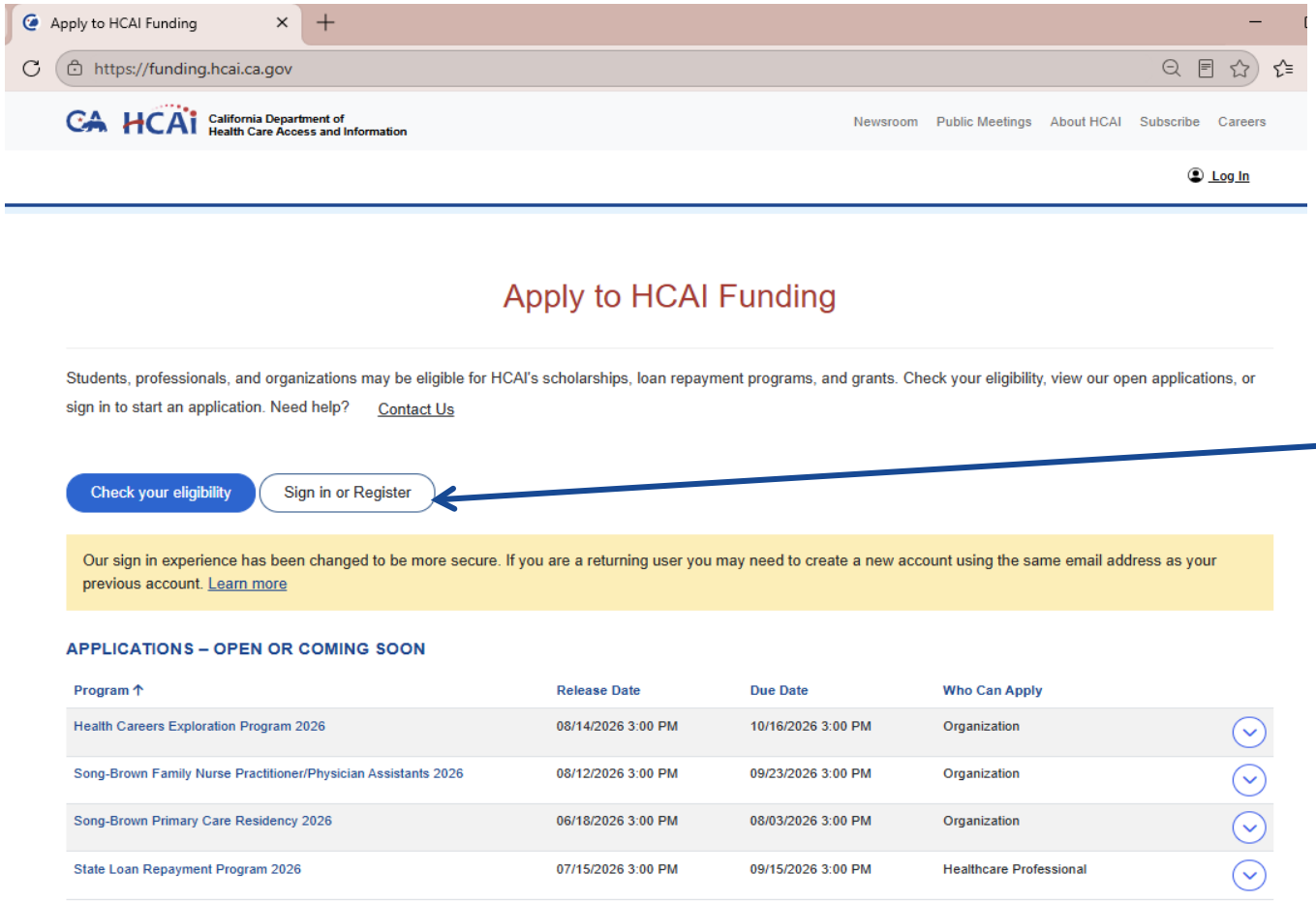
HCAI's Funding Portal Registration

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

Screen: Apply to HCAI Funding (Landing/Homepage)



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.

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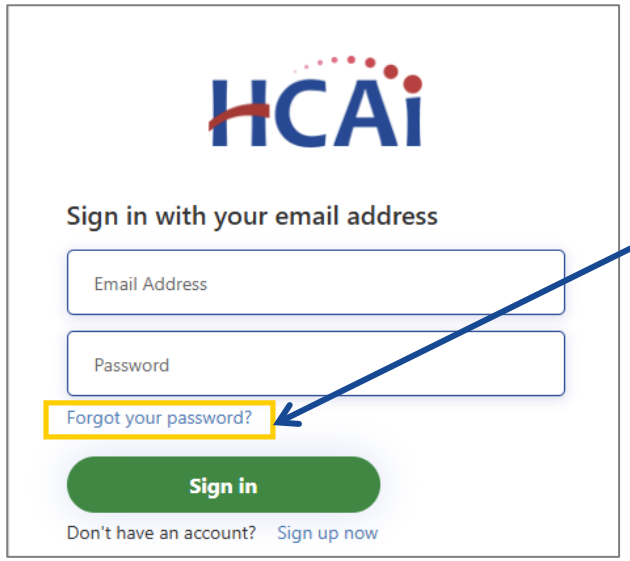
Create/Sign in to Your Account in the HCAI Funding Portal

Screen: Apply to HCAI Funding (Landing/Homepage)



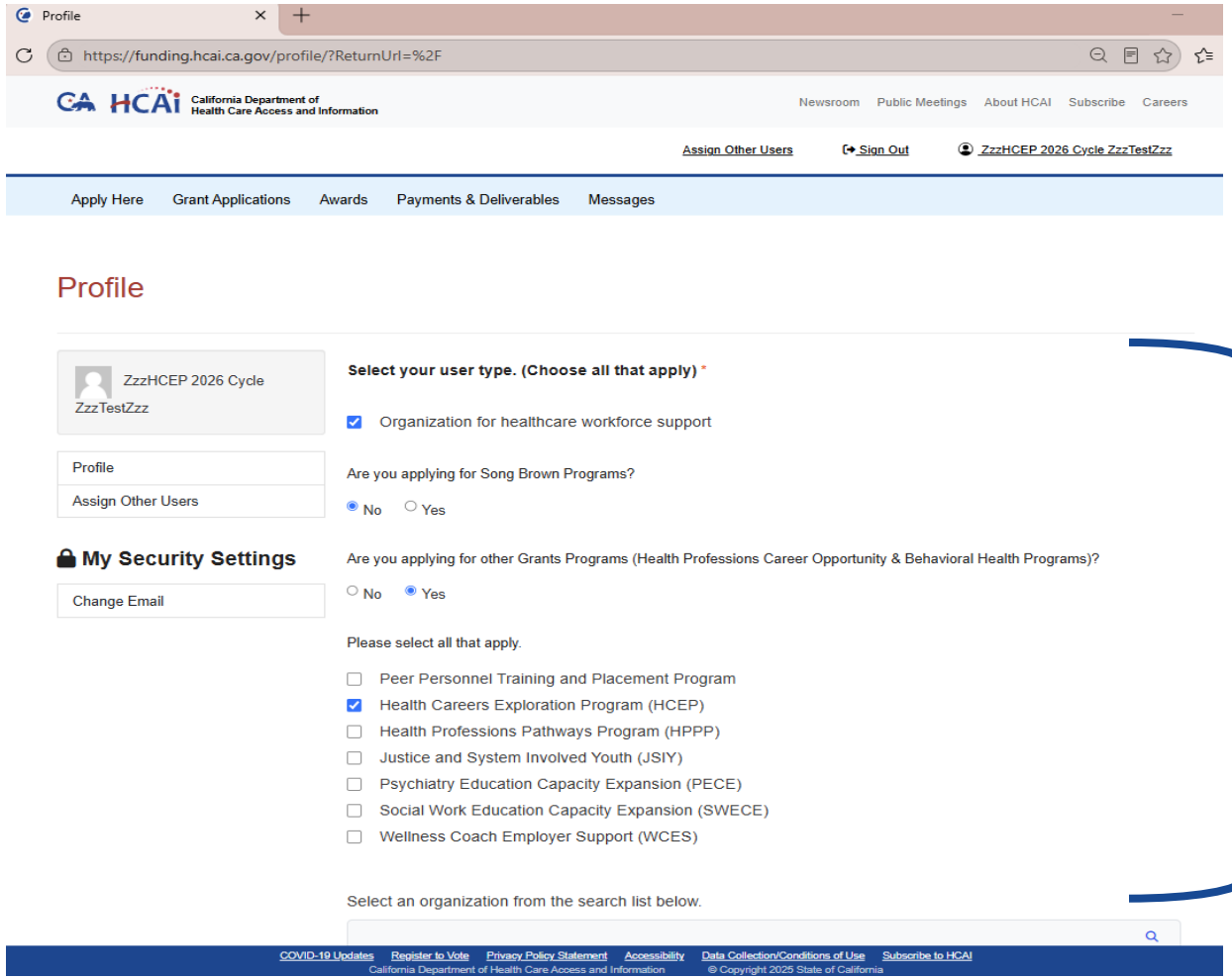
Need Help Signing In:

- 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



- 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.

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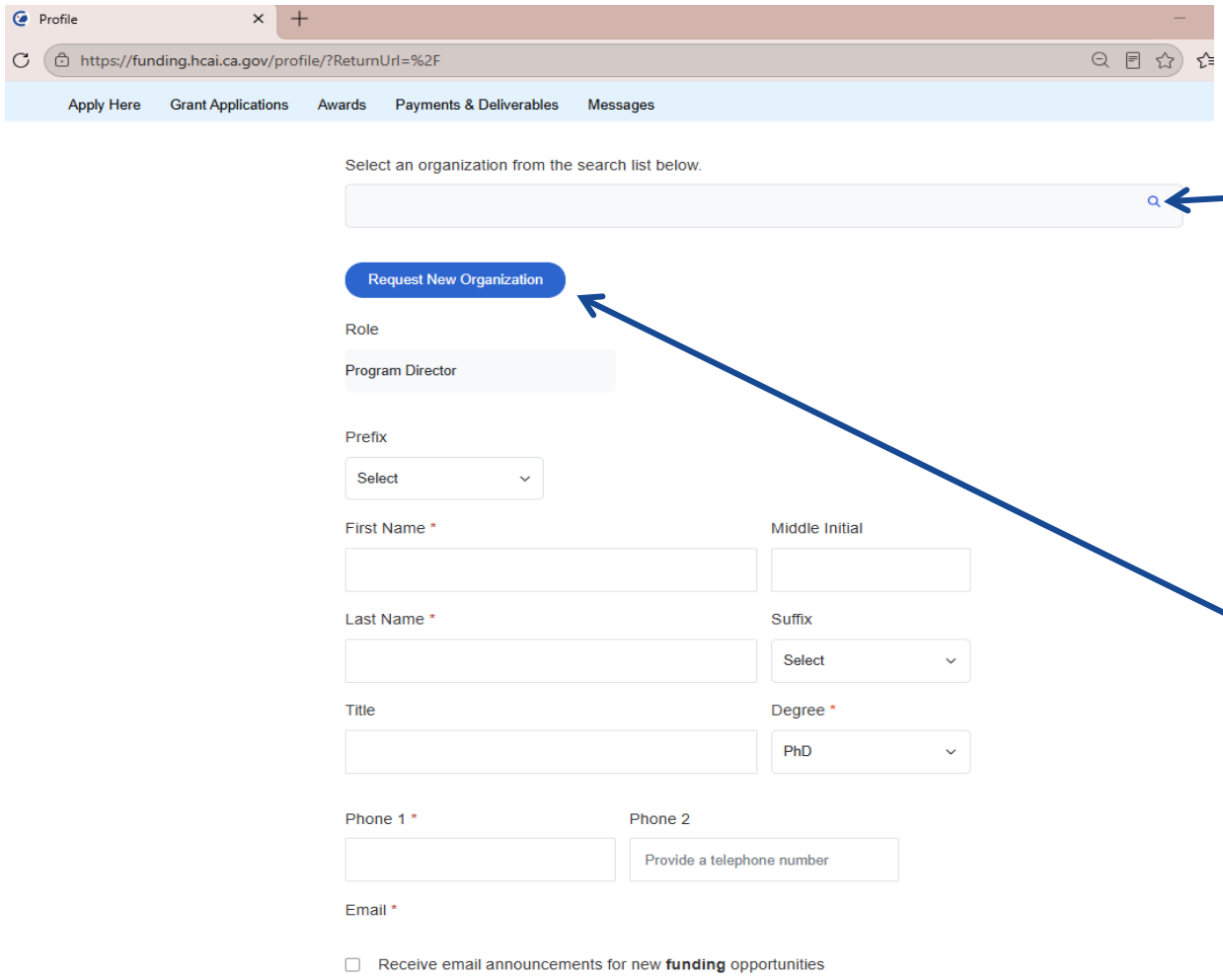
Completing Your Profile (Part 2 of 4)

Screen: Profile



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.

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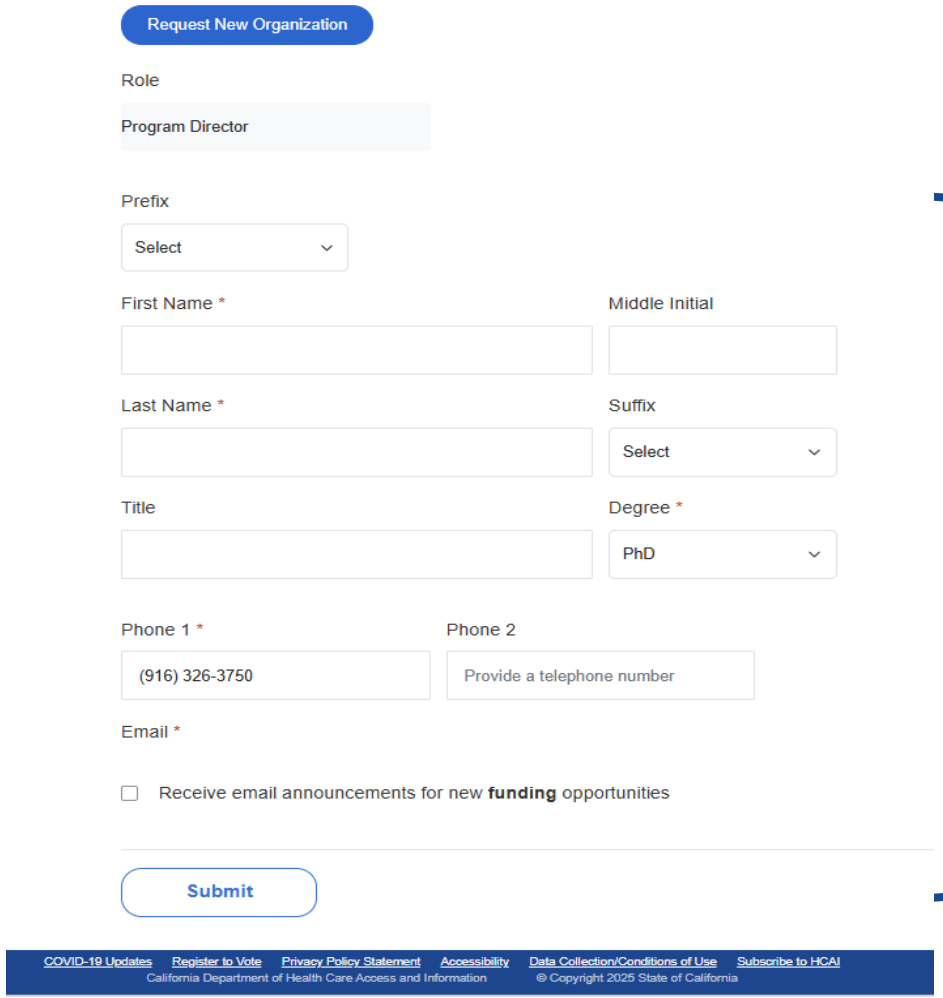
Completing Your Profile (Part 3 of 4)

Screen: Profile



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.

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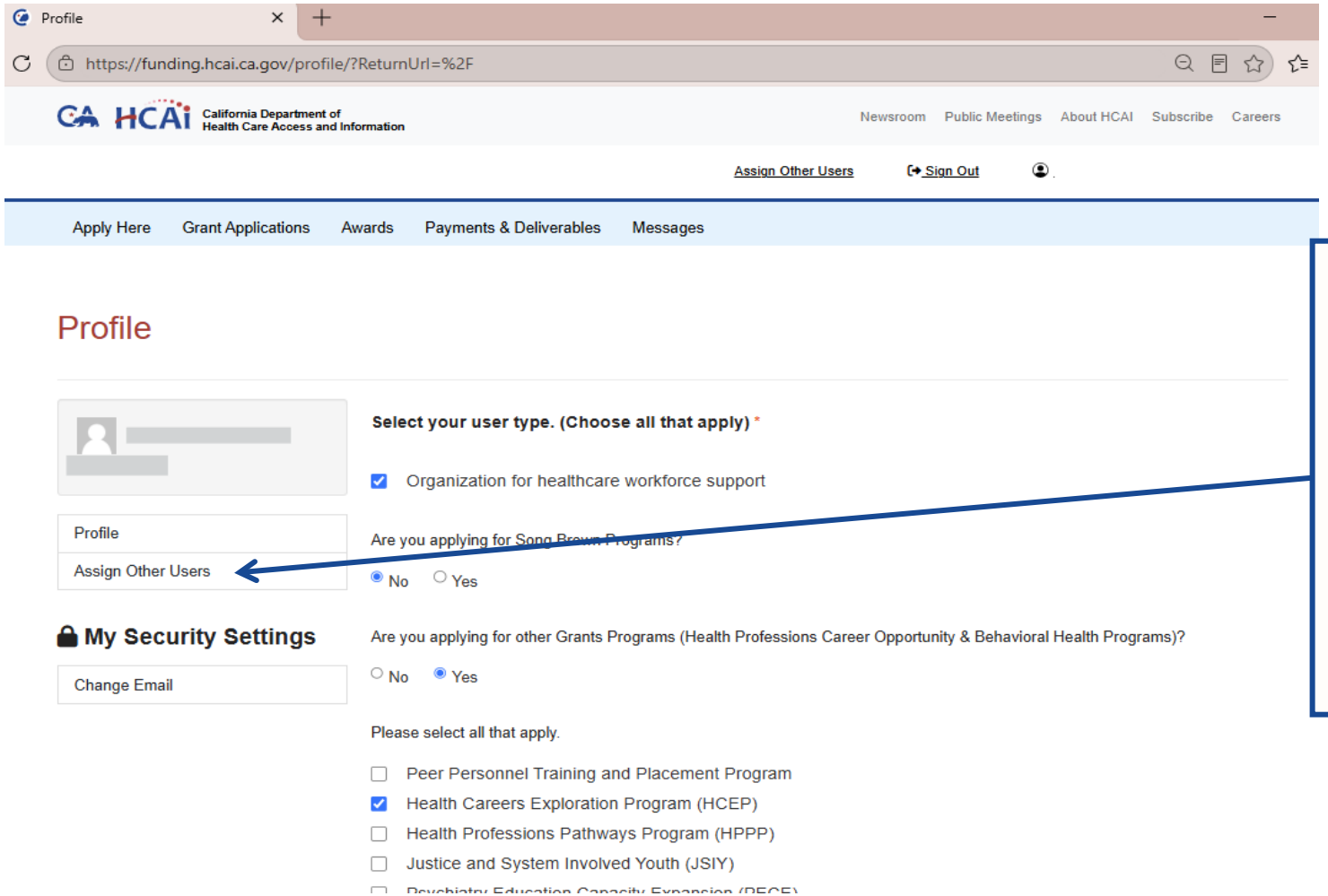
Completing Your Profile (Part 4 of 4) Assign Other Users

Screen: Profile



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.

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Health Careers Exploration Program (HCEP) Application

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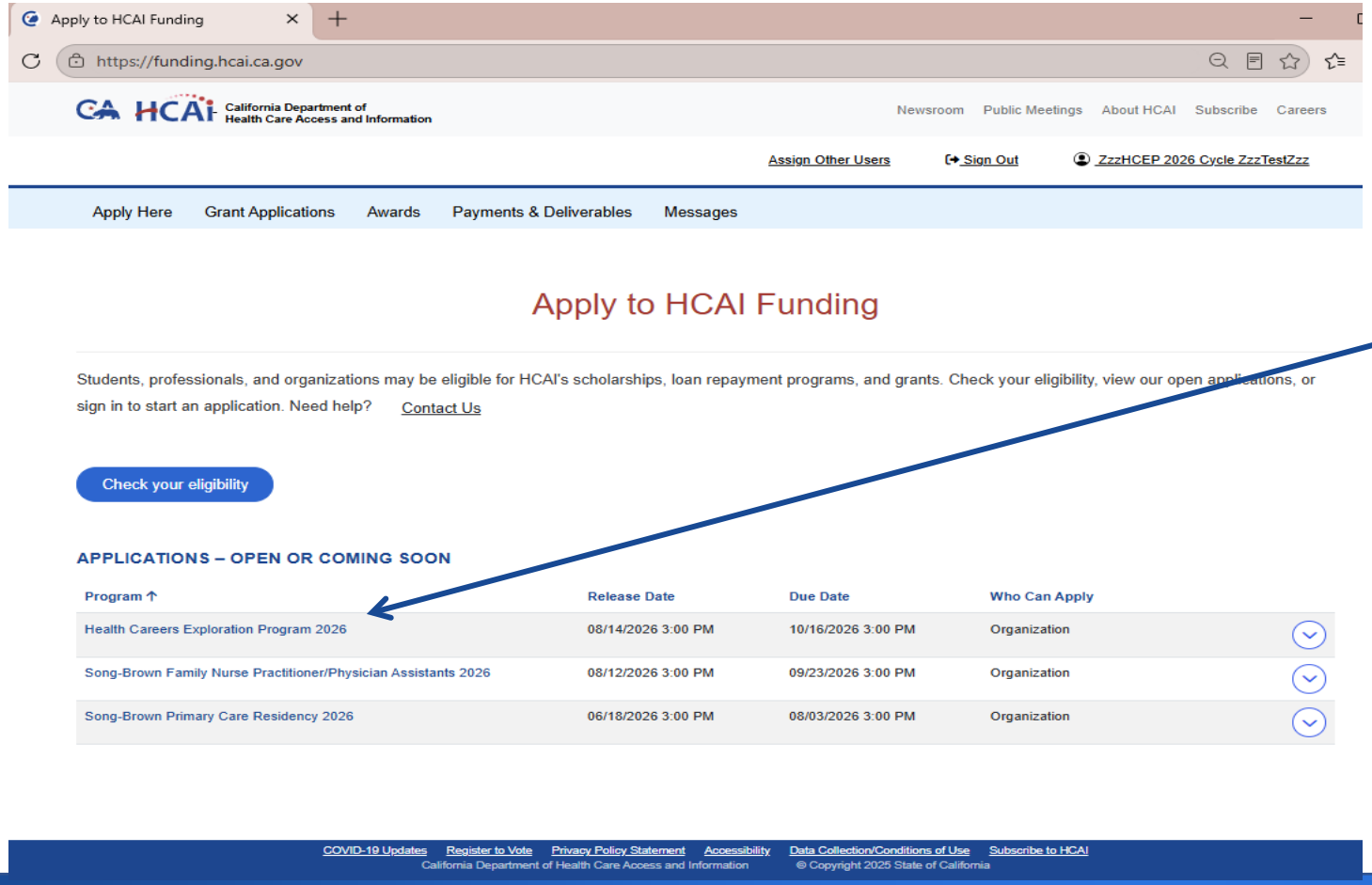
Starting the HCEP Application (Part 1 of 2)

Screen: Apply to HCAI Funding (Landing/Homepage)



- 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.

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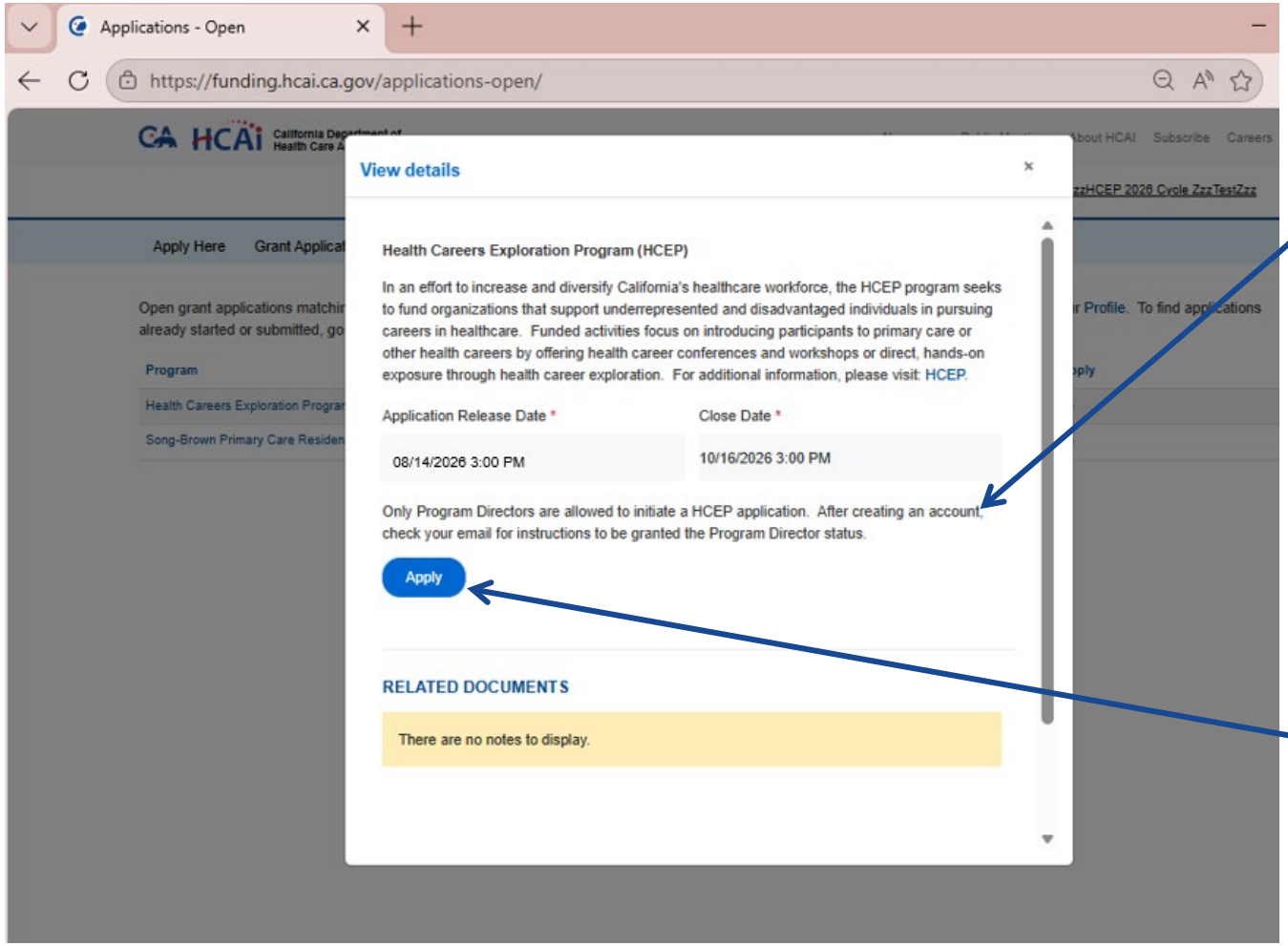
Starting the HCEP Application (Part 2 of 2)

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.

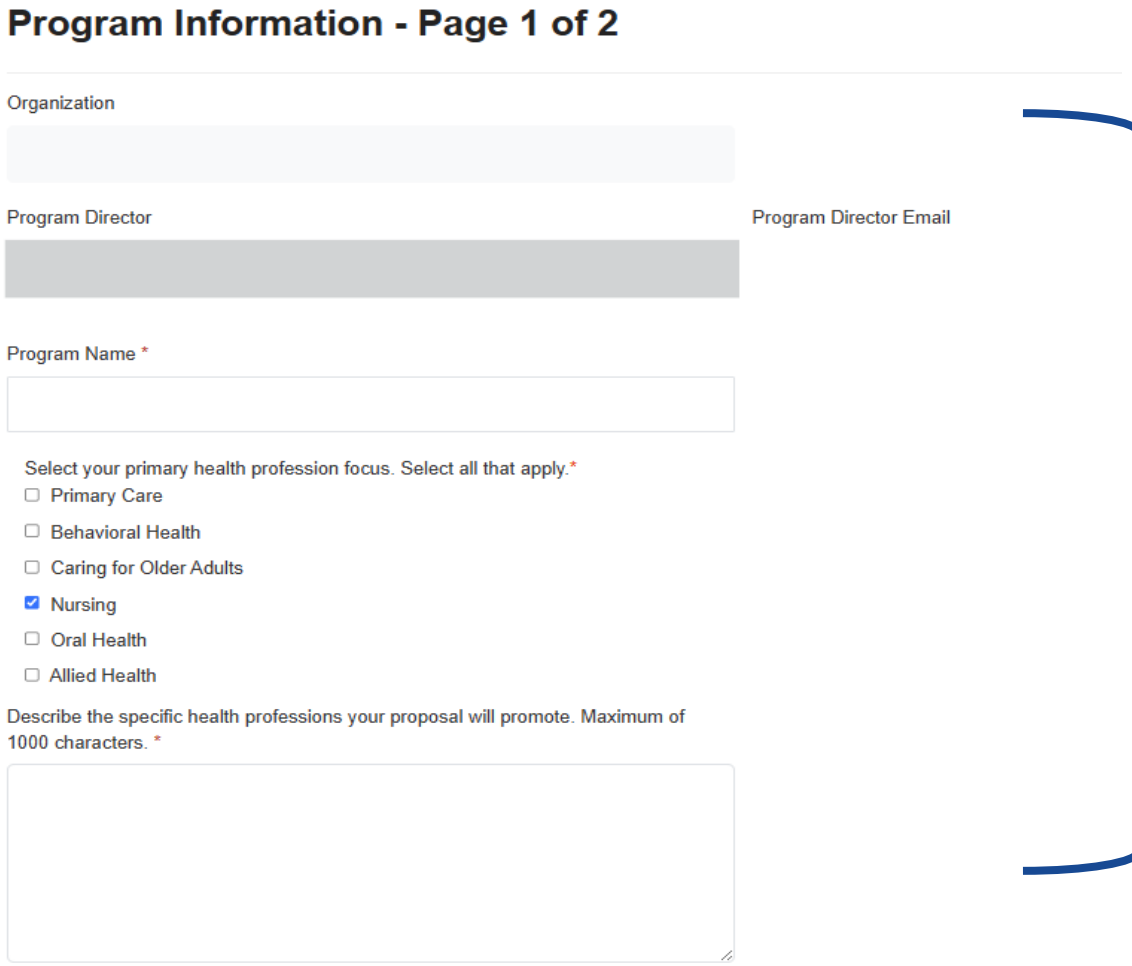
- Note: If you reach this point and still cannot move forward after updating your profile, please email HPCOP@hcai.ca.gov and request to be added as a Program Director. This is required before you can continue with the application.

- Click the "Apply" button and proceed with the next steps.

Application Section: Program Information

Program Information (Part 1 of 8)

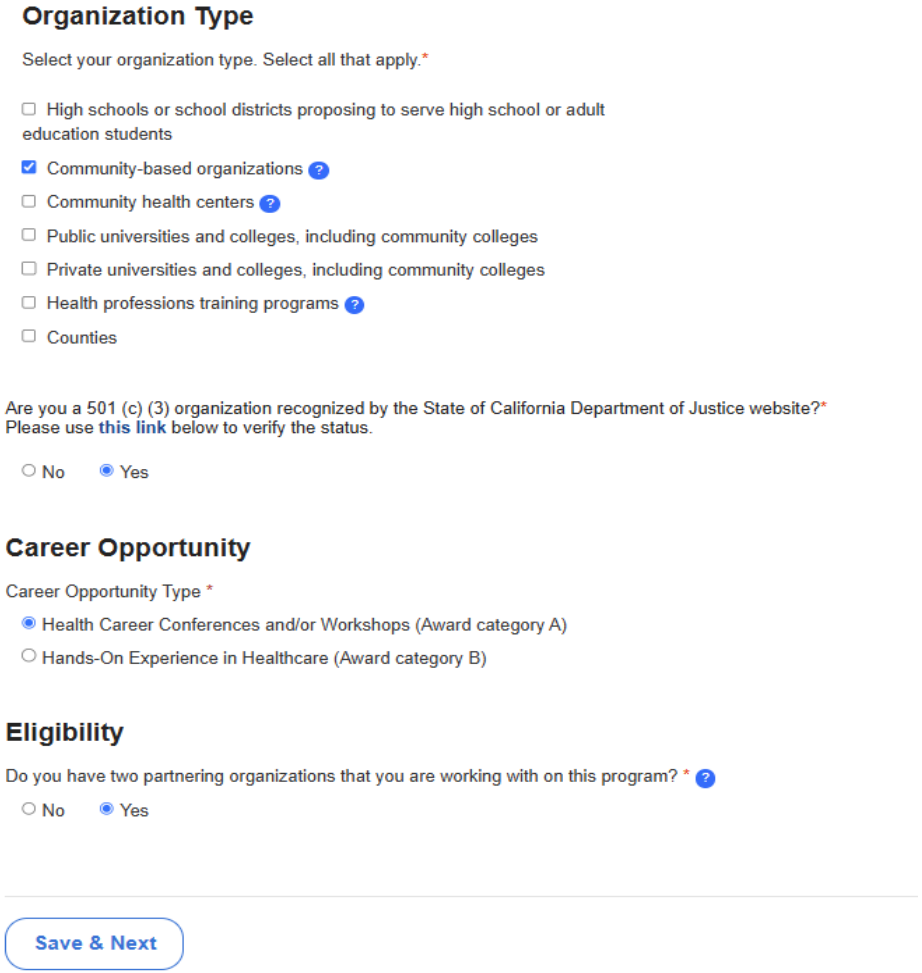
Screen: Program Information Page 1 of 2



- 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)

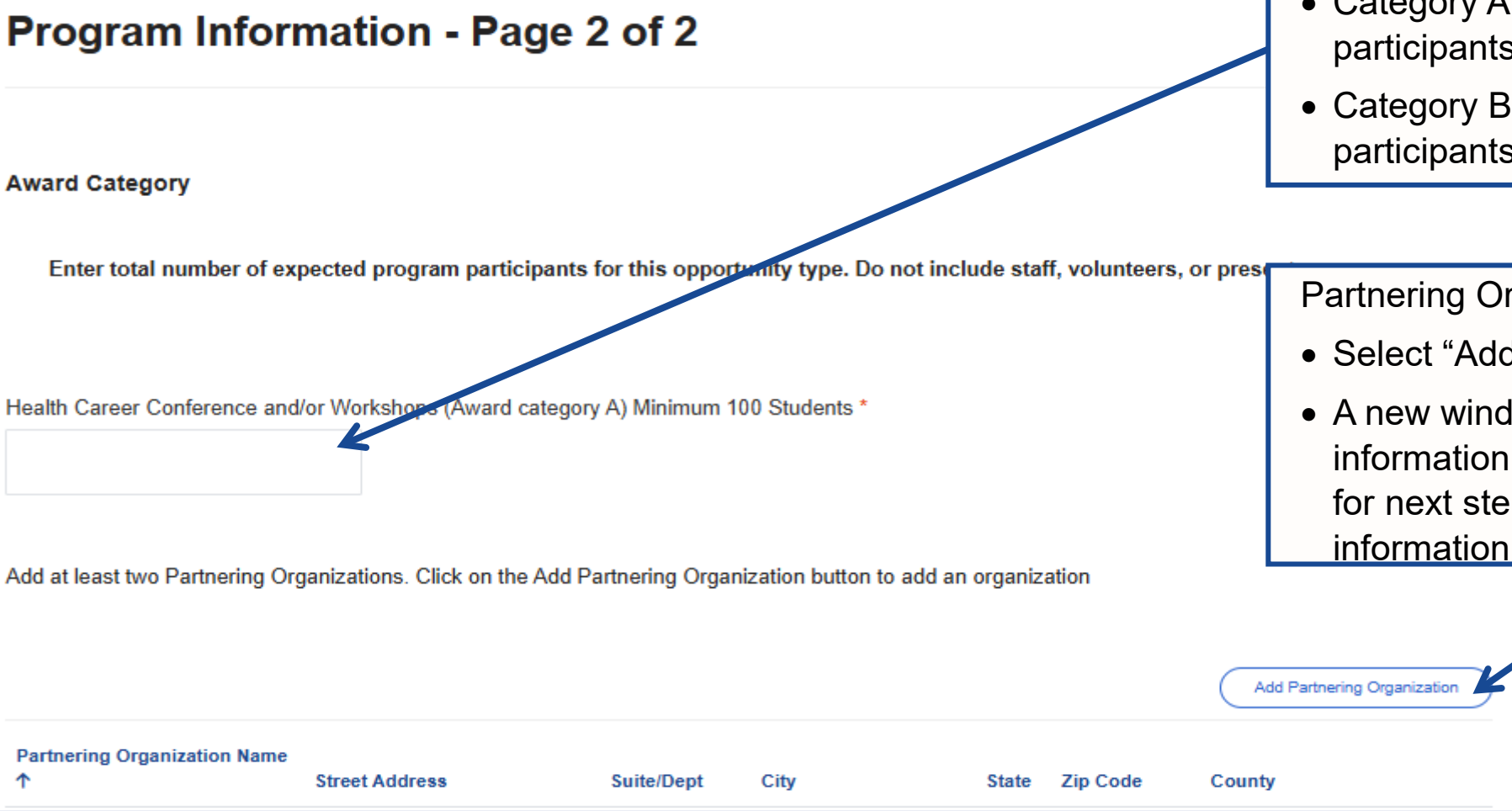
Screen: Program Information Page 1 of 2



- 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



Award Category:

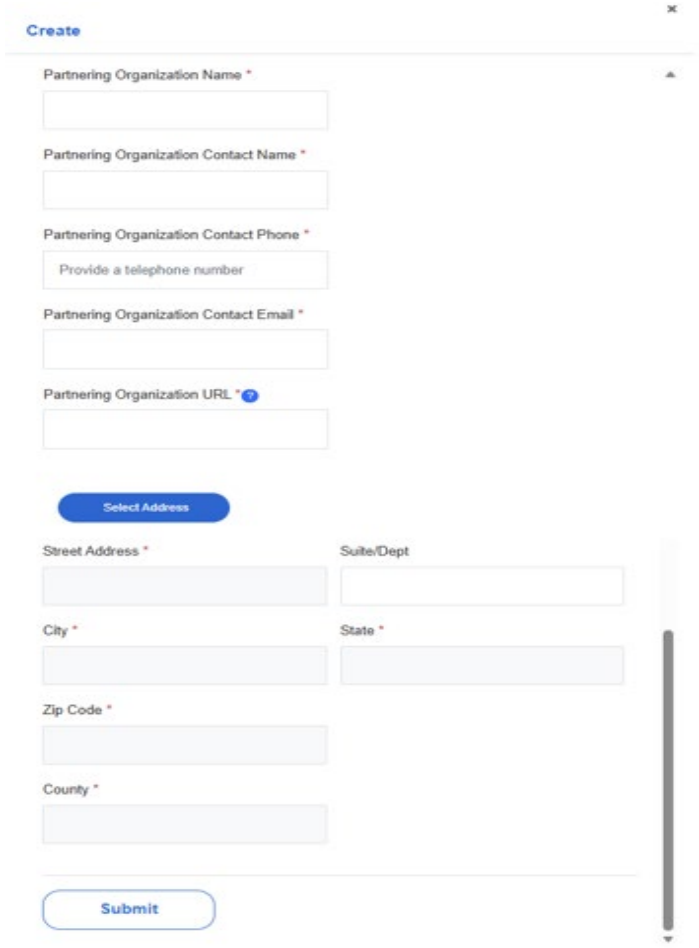
- Category A must have at least 100 participants.
- Category B must have at least 50 participants.

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)

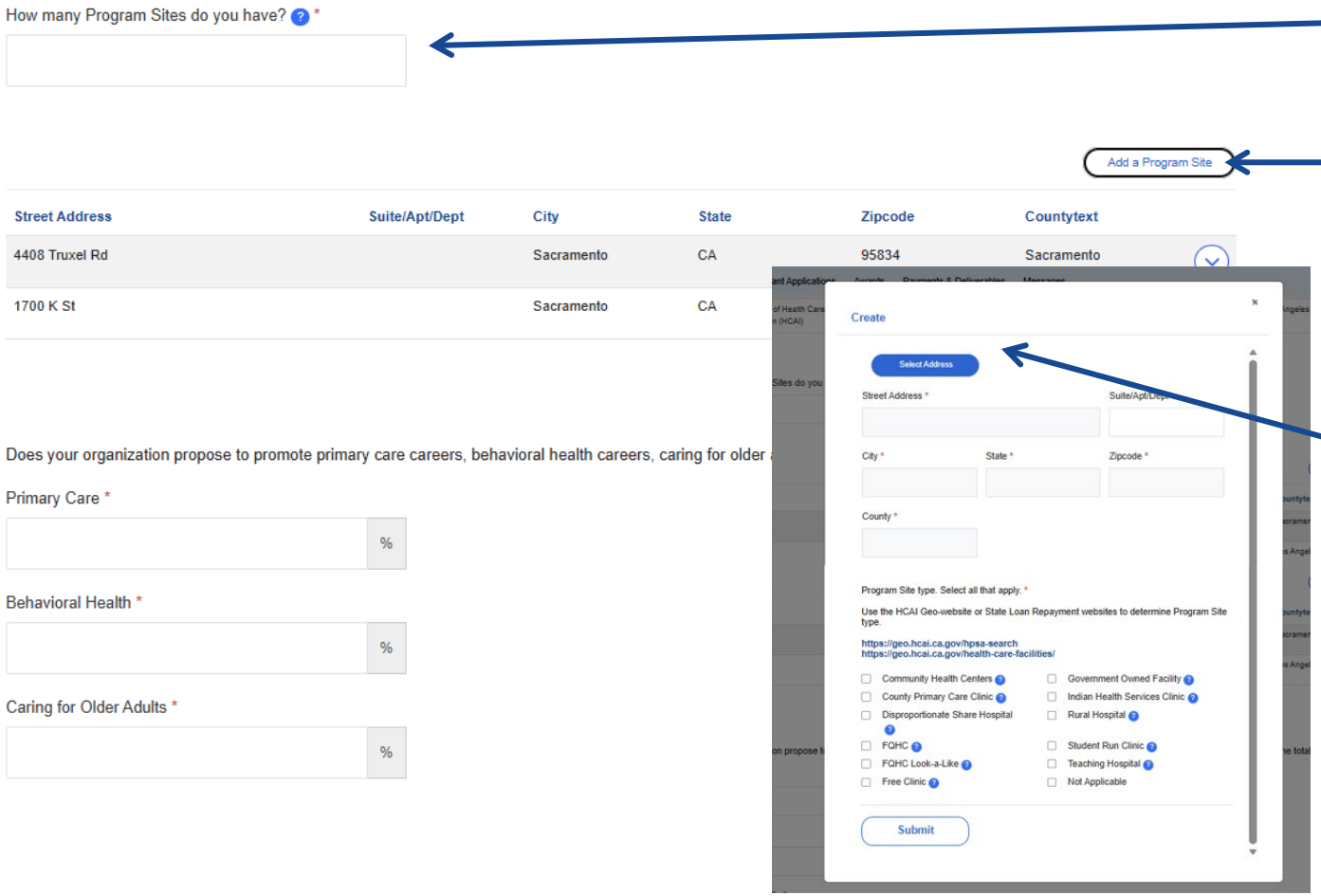
Screen: Program Information Page 2 of 2: Add Partnering Organization Pop-up Screen



- 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



- Enter the number of Program Sites.
- Click the “Add Program Site” button and complete all required fields.
- A new window will open. Enter all required information for each program site.
- Click “Select Address” and enter the organization address.
- Go to next slide for next steps with completing this process.

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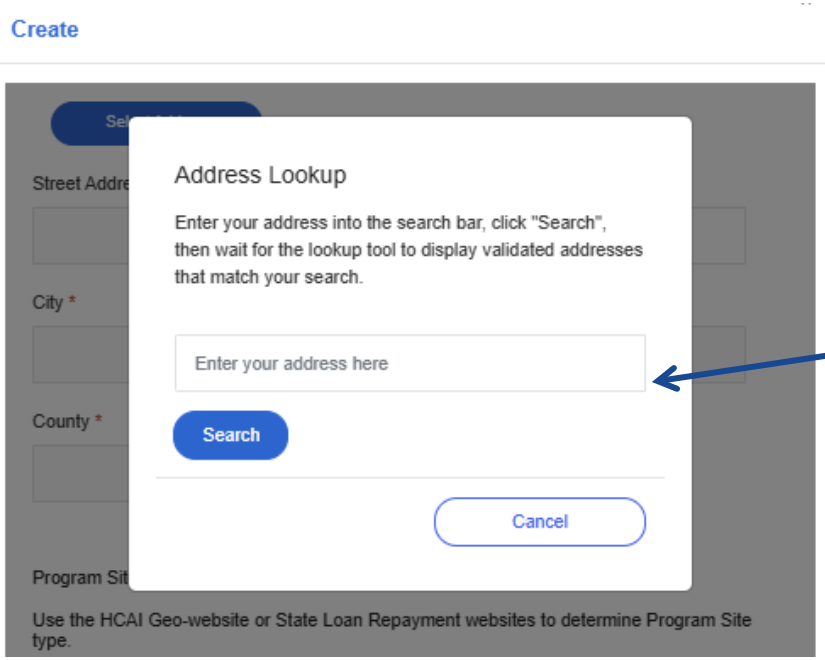
Program Information (Part 6 of 8)

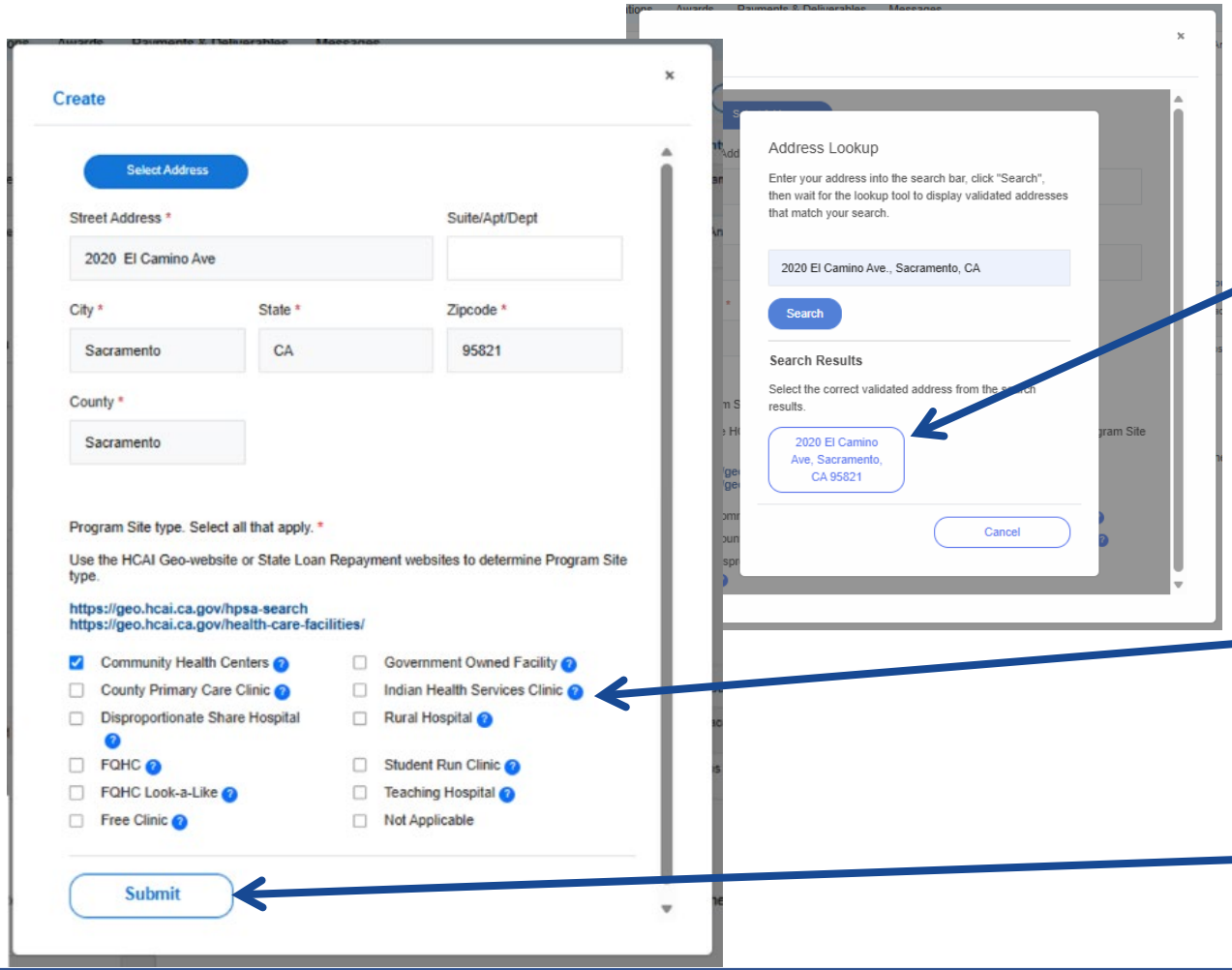
Screen: Program Information Page 2 of 2: Add Program Sites Pop-up Screen



- 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)



- 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.

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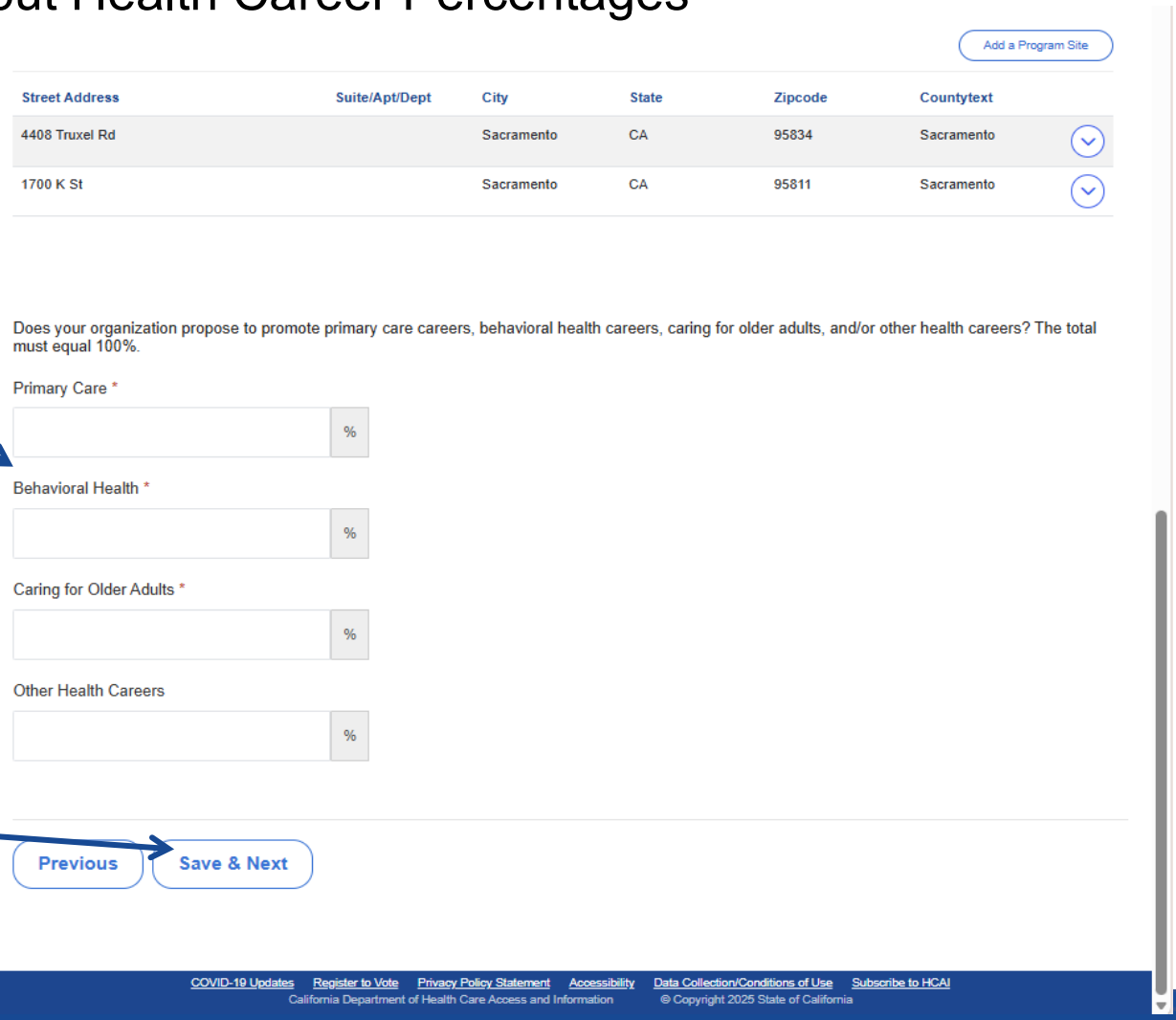
Program Information (Part 8 of 8)

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.



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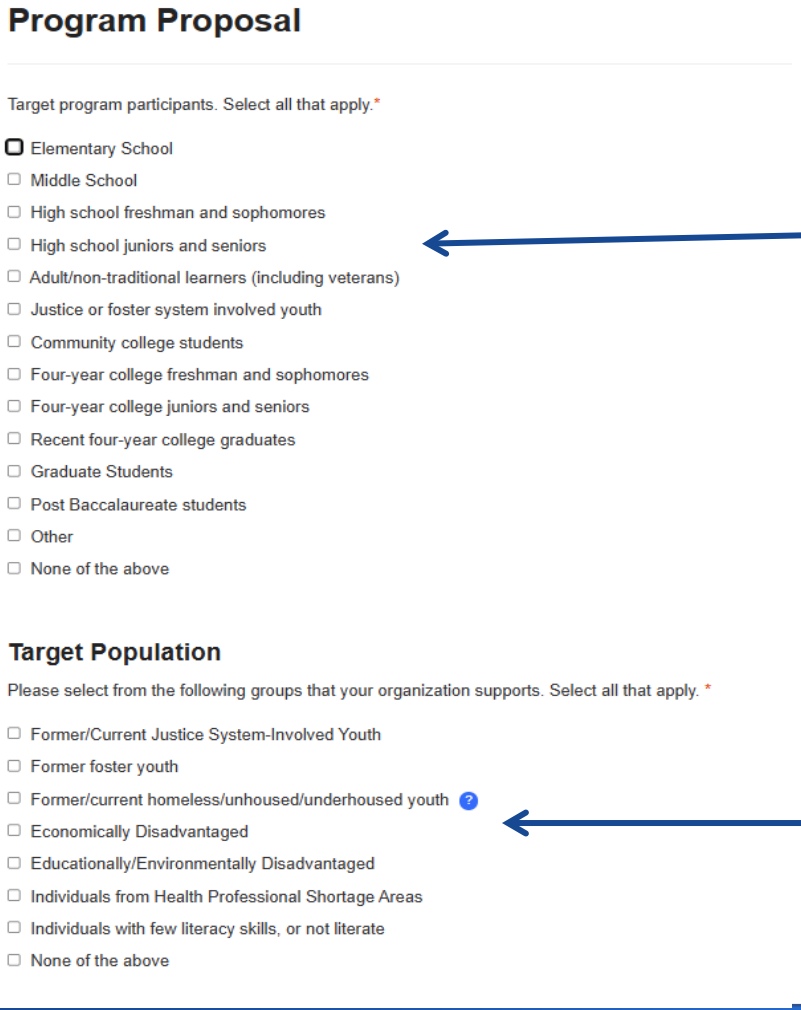
Application Section: Program Proposal

Program Proposal (Part 1 of 2)

Screen: Program Proposal



Target Program Participants

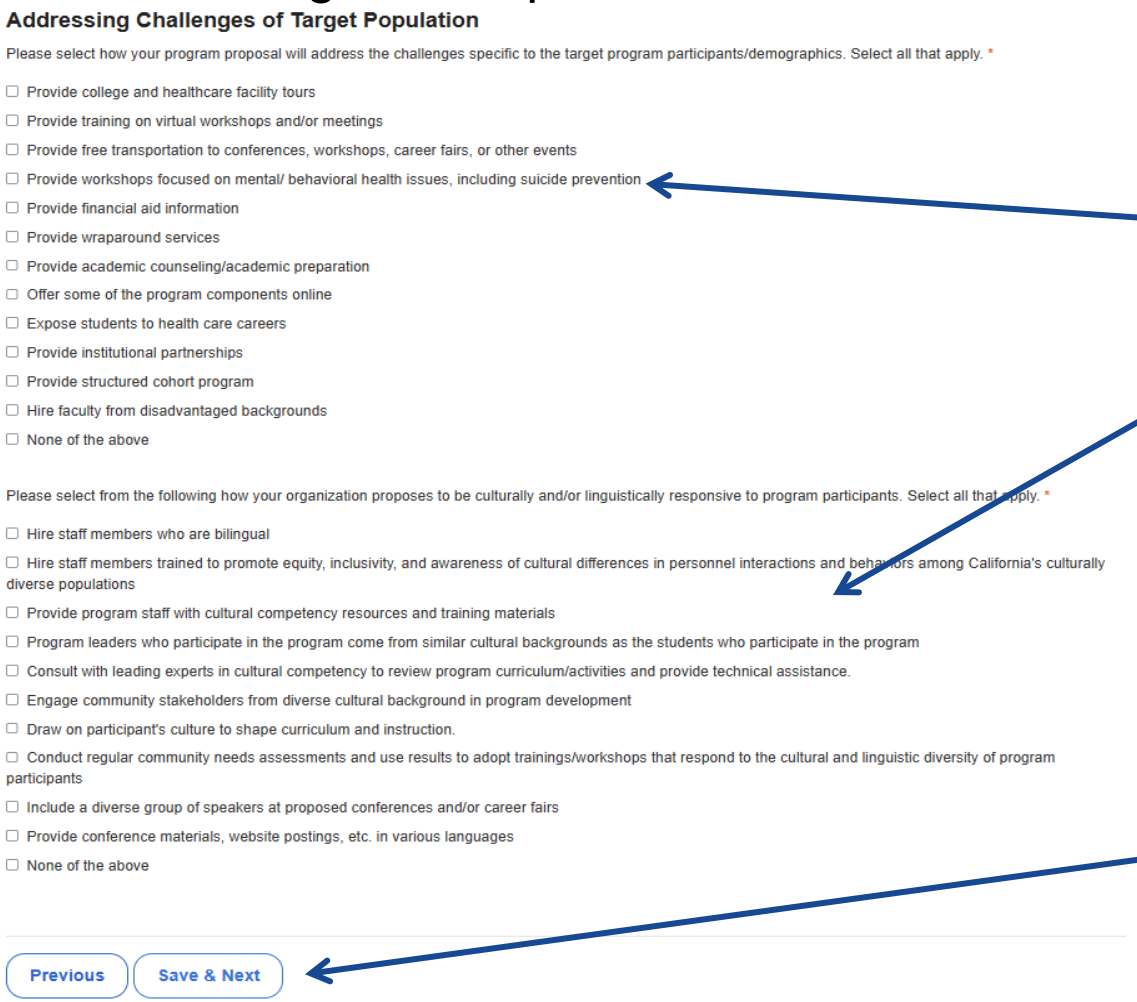
- Select all participant groups that apply to your program.

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

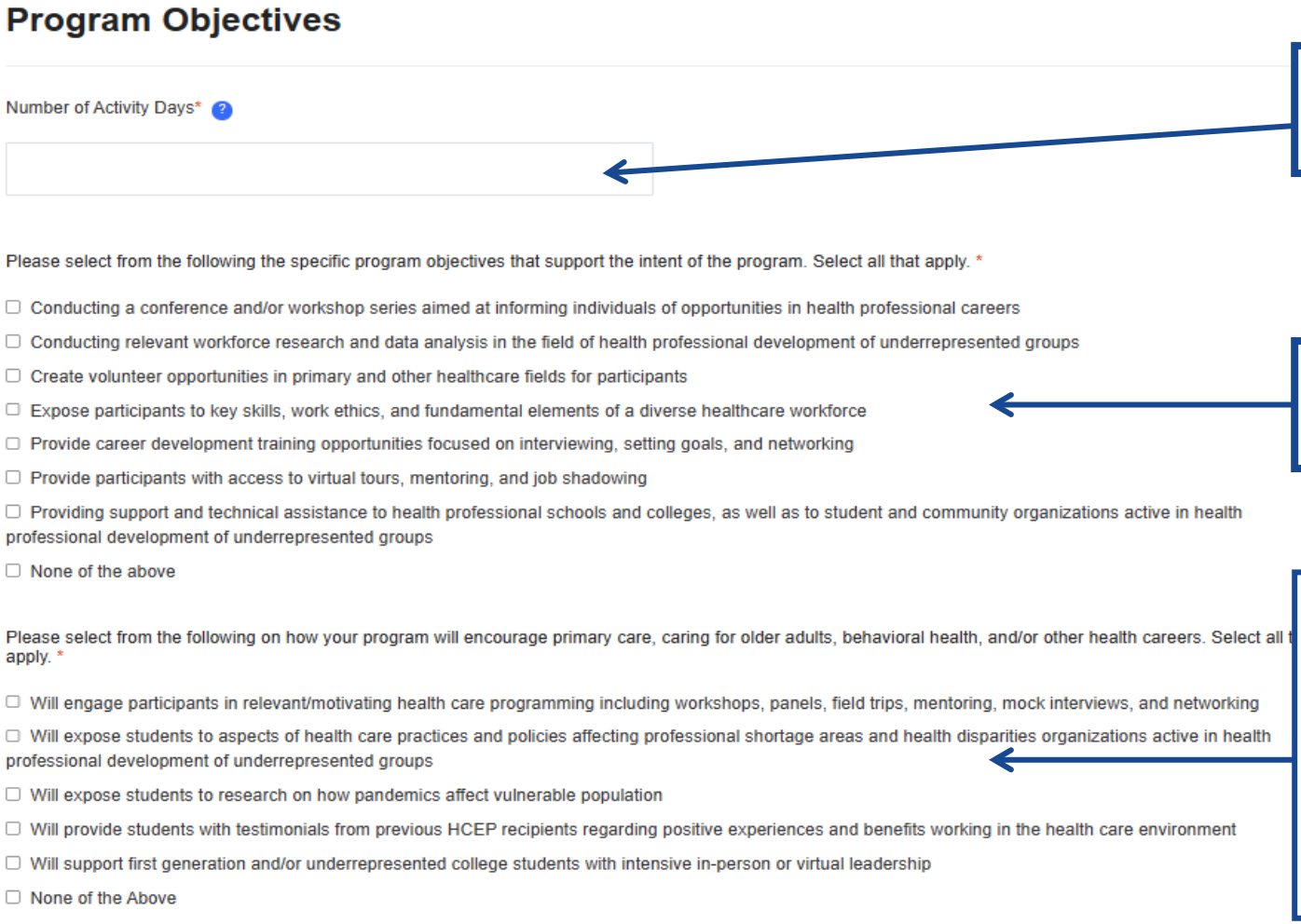
- Select any specific challenges your participants may experience.
- Select the culturally responsive or linguistically responsive options that apply.

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

Application Section: Program Objectives

Program Objectives (Part 1 of 2)

Screen: Program Objectives



- Enter the number of days that participants will attend your program activities.
- Select all program objectives that apply to your proposal.
- 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)

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

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

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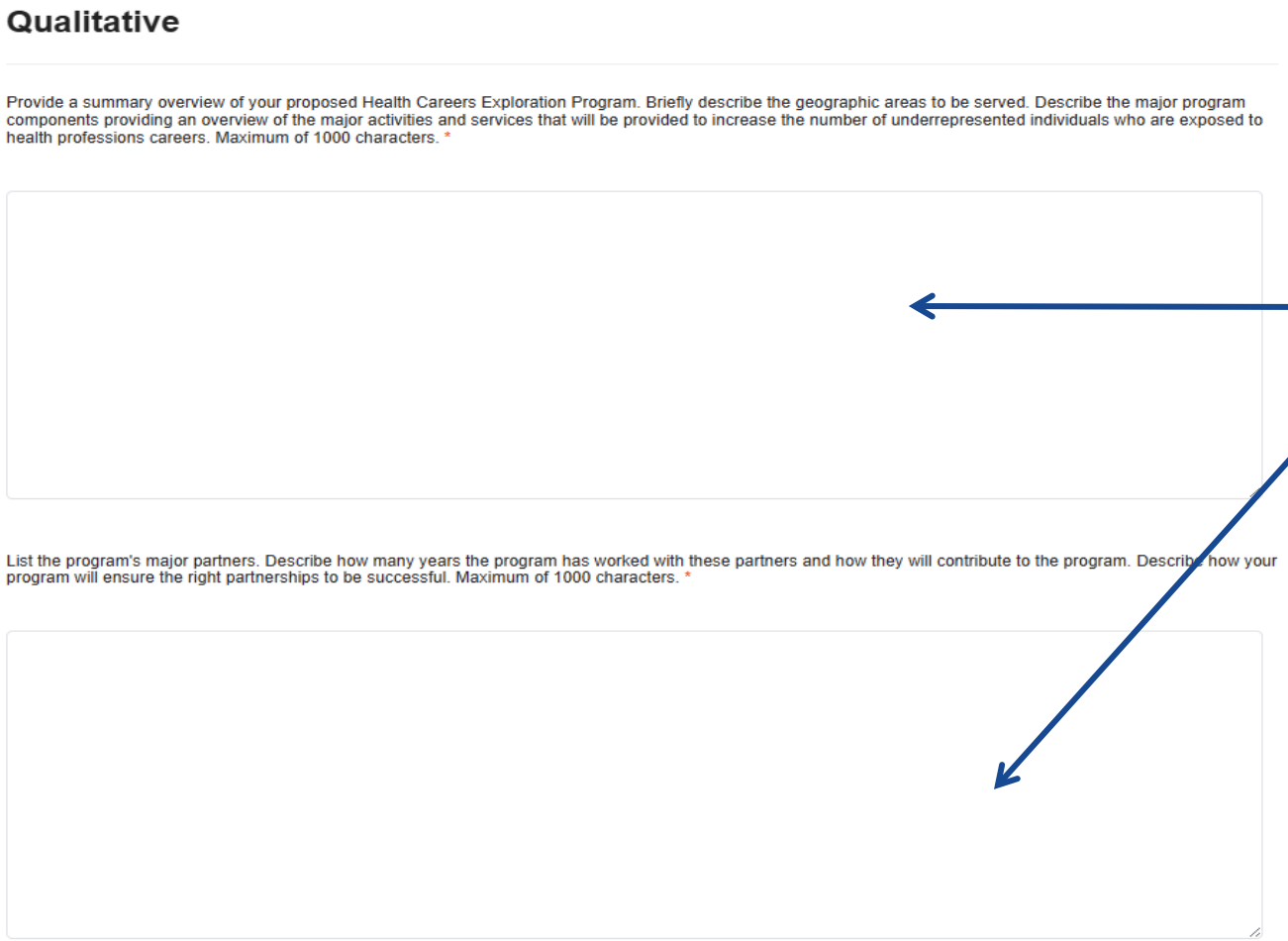
Application Section: Qualitative Questions

Qualitative Questions (Part 1 of 2)

Screen: Qualitative



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.

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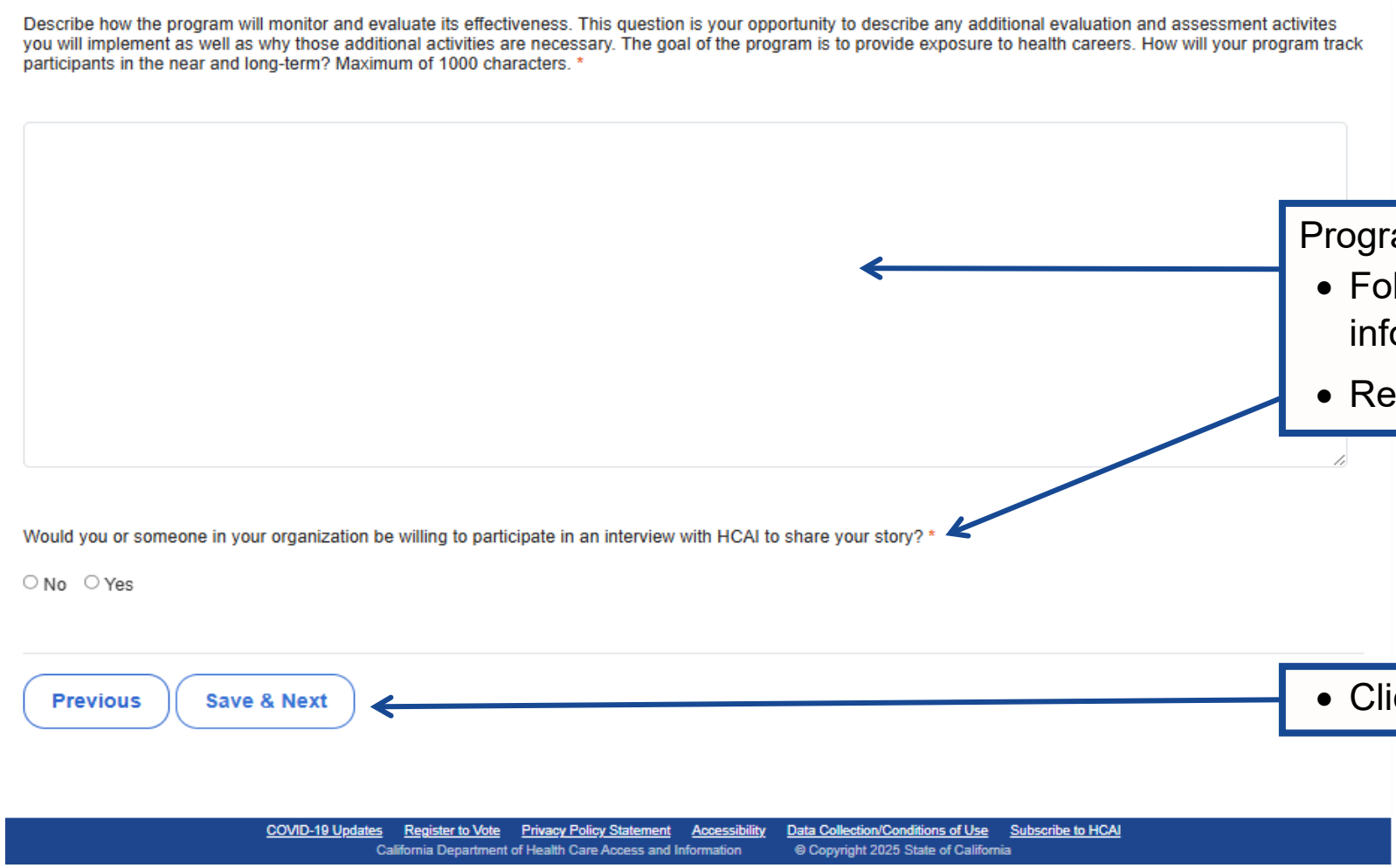
Qualitative Questions (Part 2 of 2)

Screen: Qualitative (continued)



Program Description Sections (continued)

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

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

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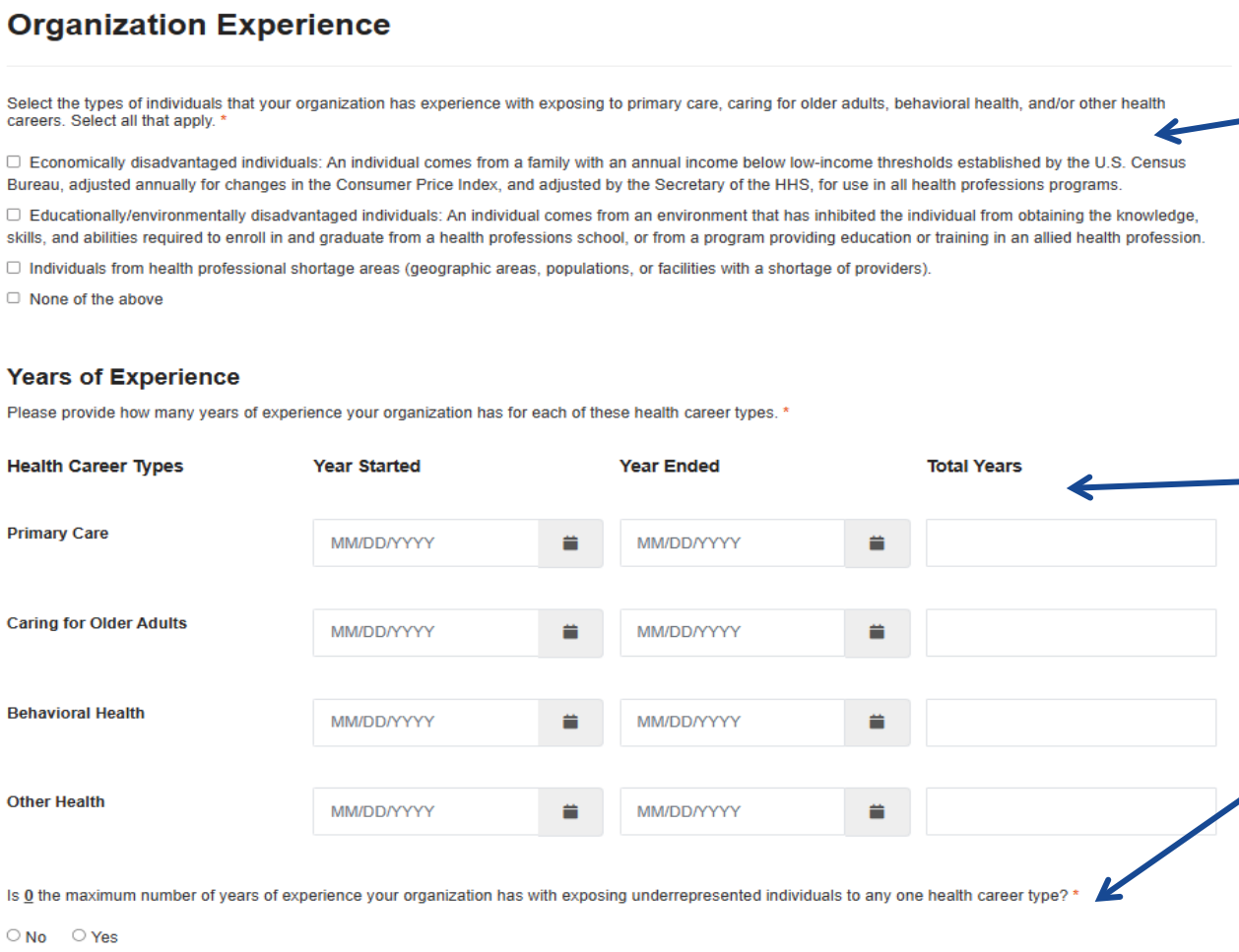
Application Section: Organization Experience

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.

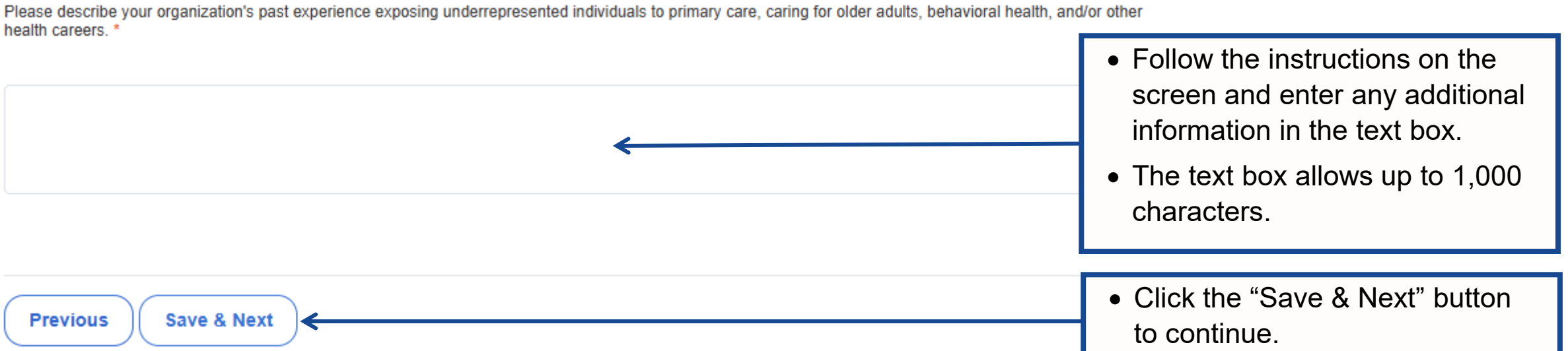
Years of Experience

- 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)



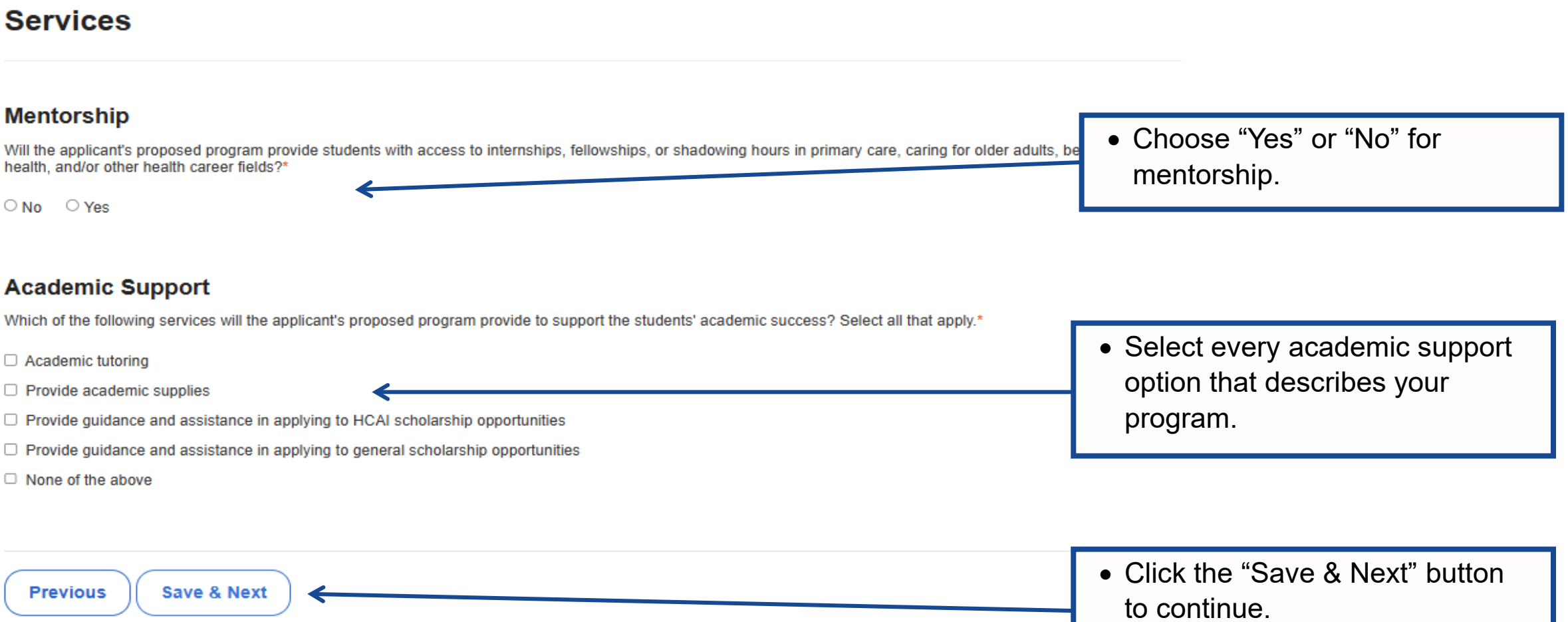
- Follow the instructions on the screen and enter any additional information in the text box.
- The text box allows up to 1,000 characters.

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

Application Section: Services

Services

Screen: Services

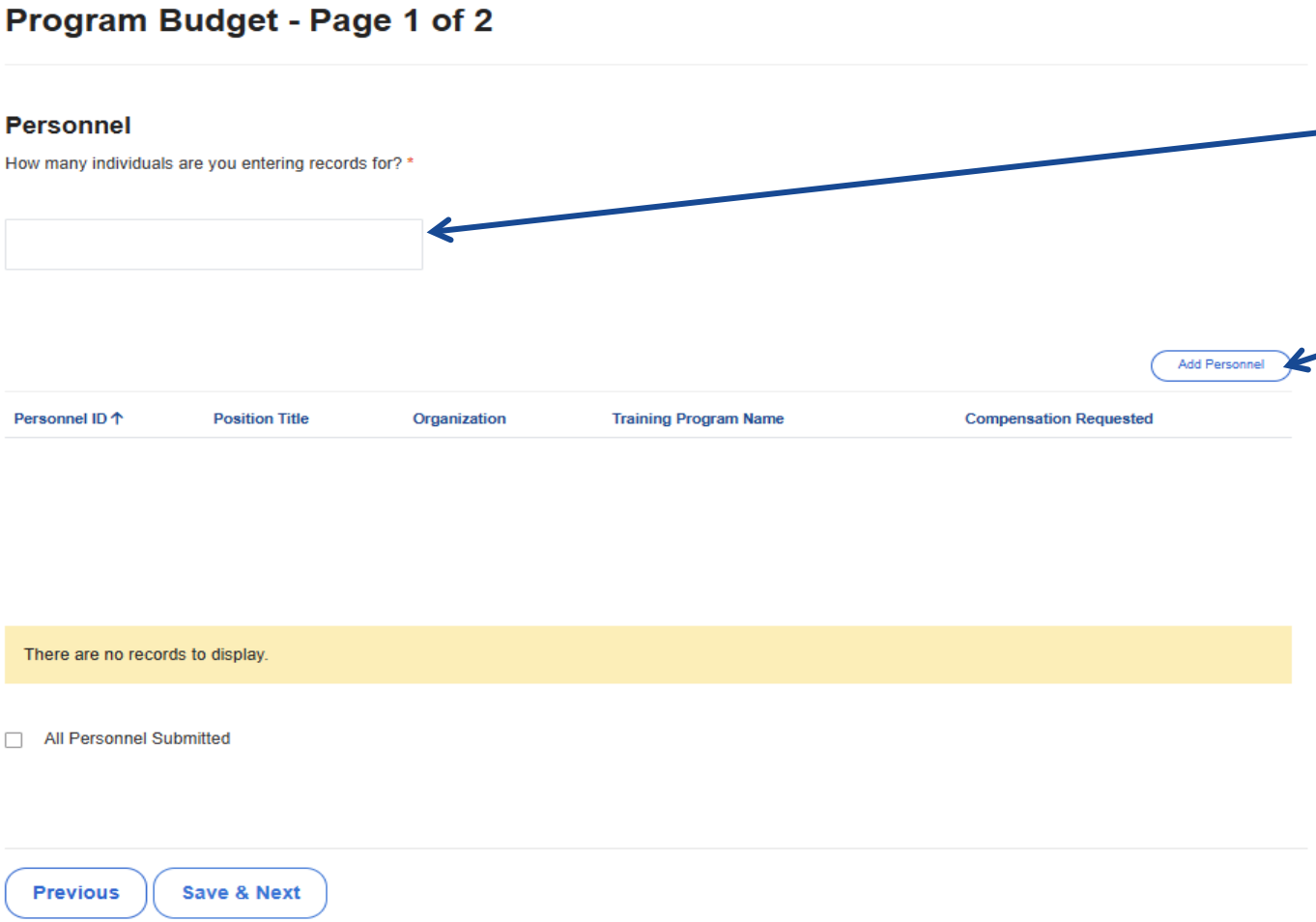


- Choose “Yes” or “No” for mentorship.
- Select every academic support option that describes your program.
- Click the “Save & Next” button to continue.

Application Section: Program Budget

Program Budget: Personnel (Part 1 of 3)

Screen: Program Budget – Page 1 of 2



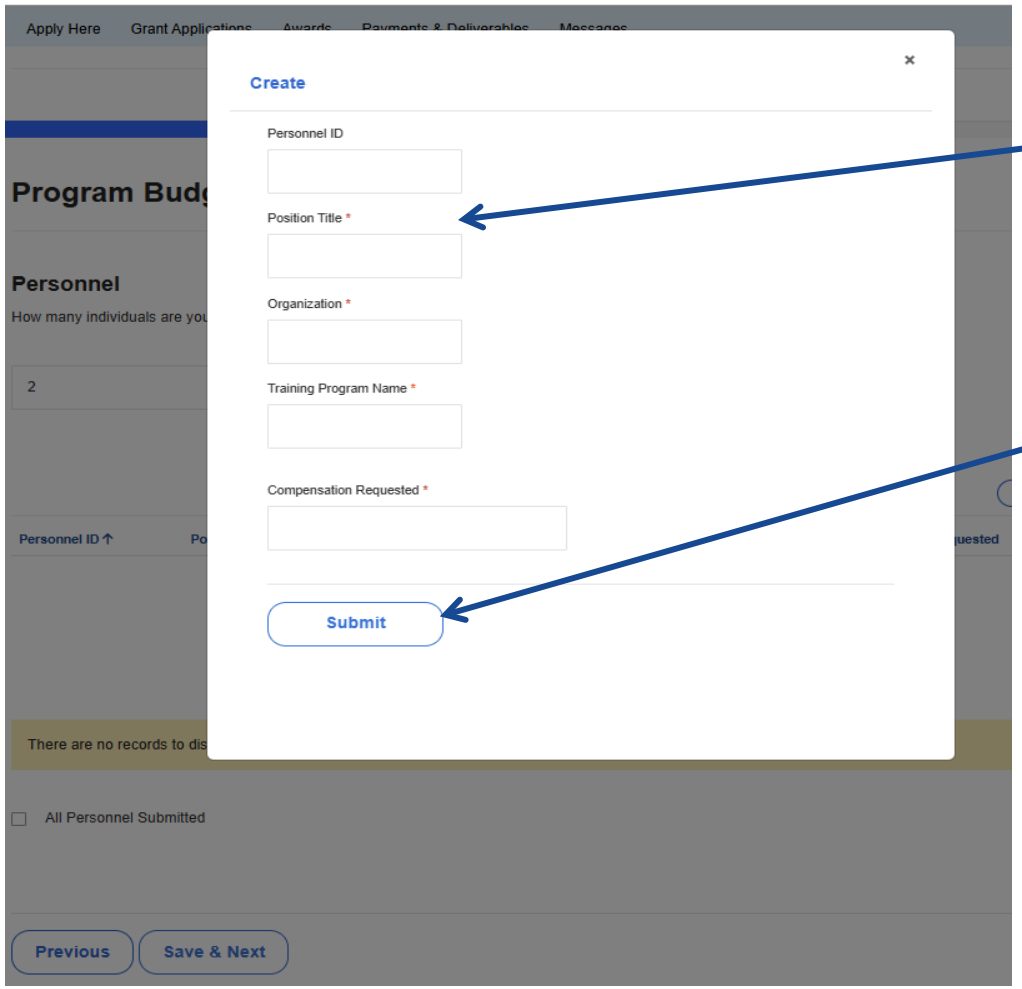
Program Budget: Personnel

- 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



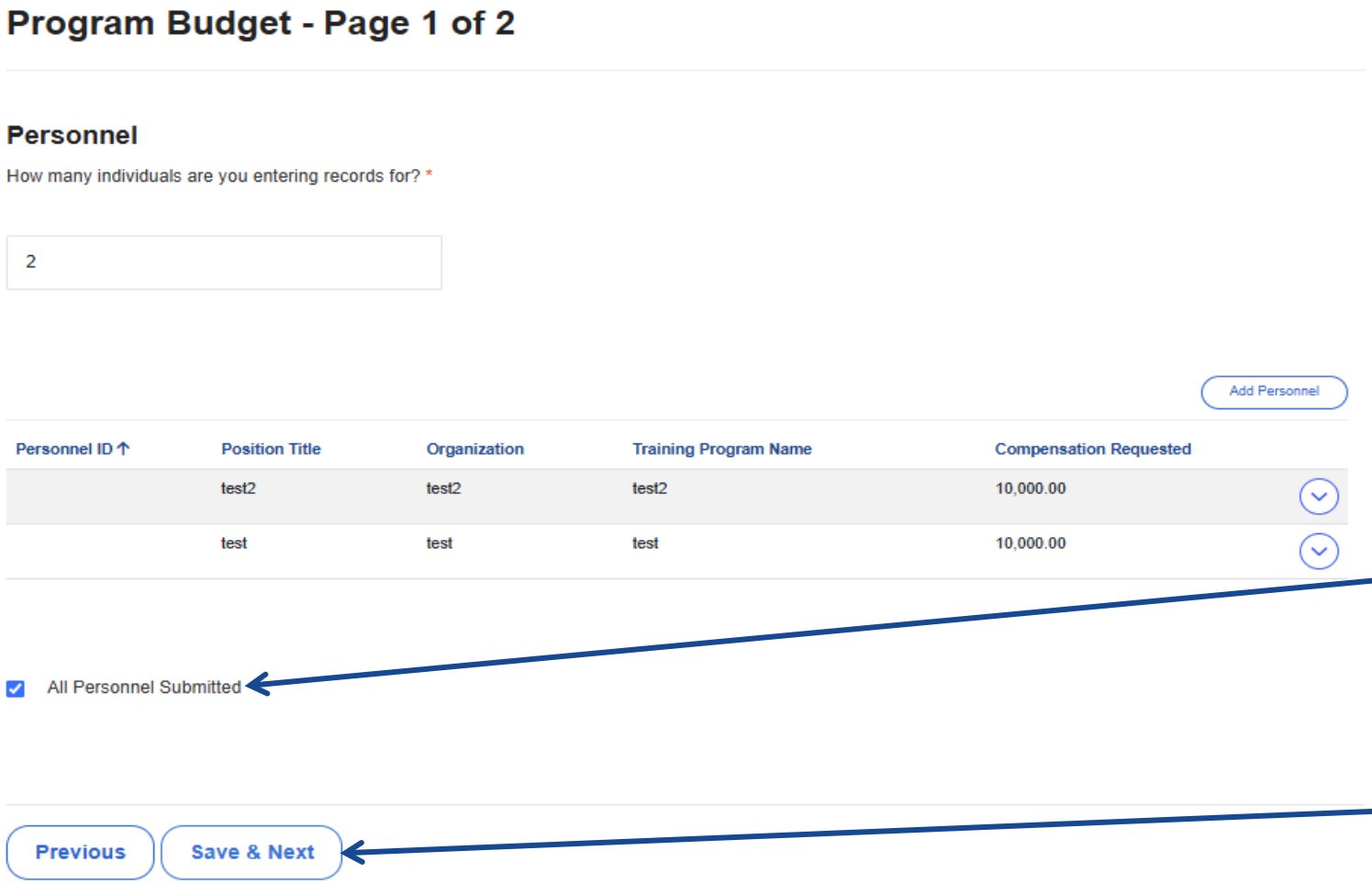
Add Personnel

- 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



- 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.

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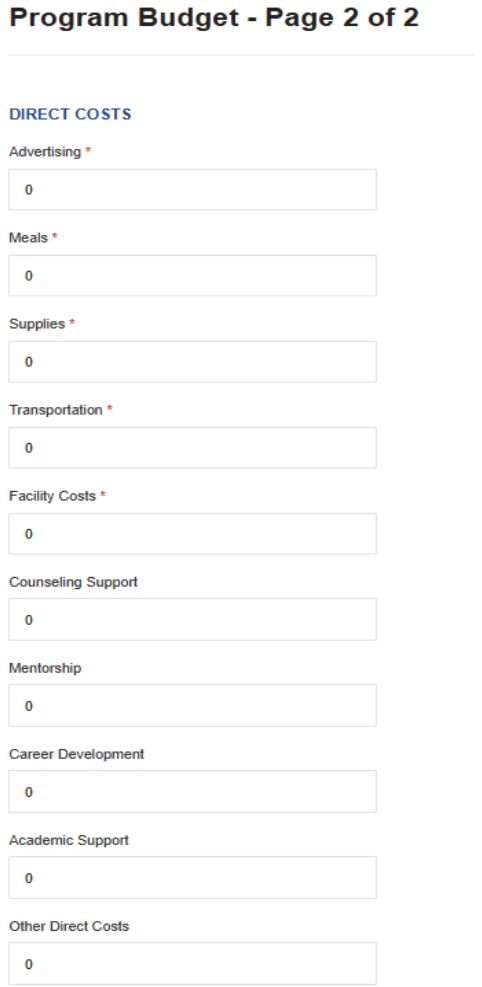
Program Budget: Direct Costs (Part 1 of 2)

Screen: Program Budget – Page 2 of 2



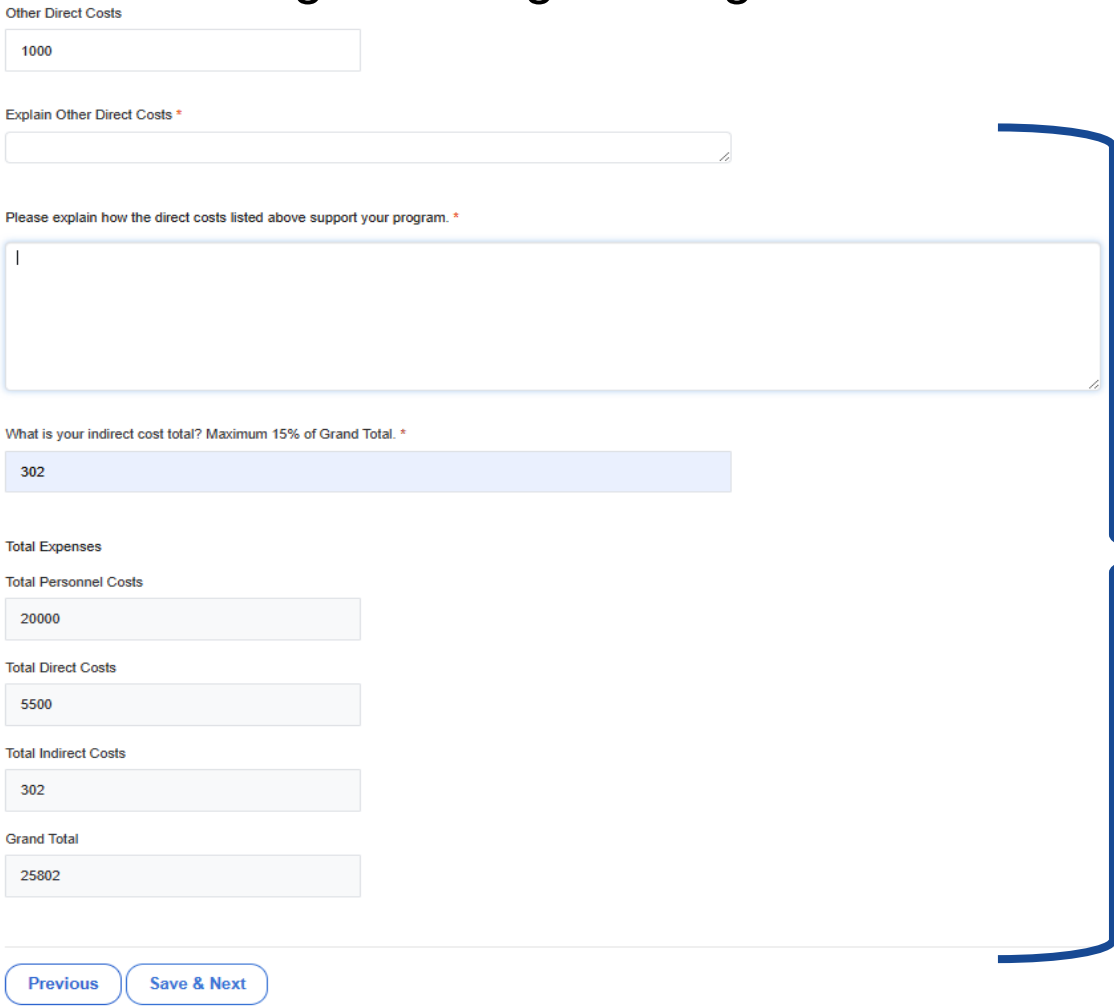
Program Budget: Direct and Indirect Costs

- 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



Program Budget: Direct and Indirect Costs (continued)

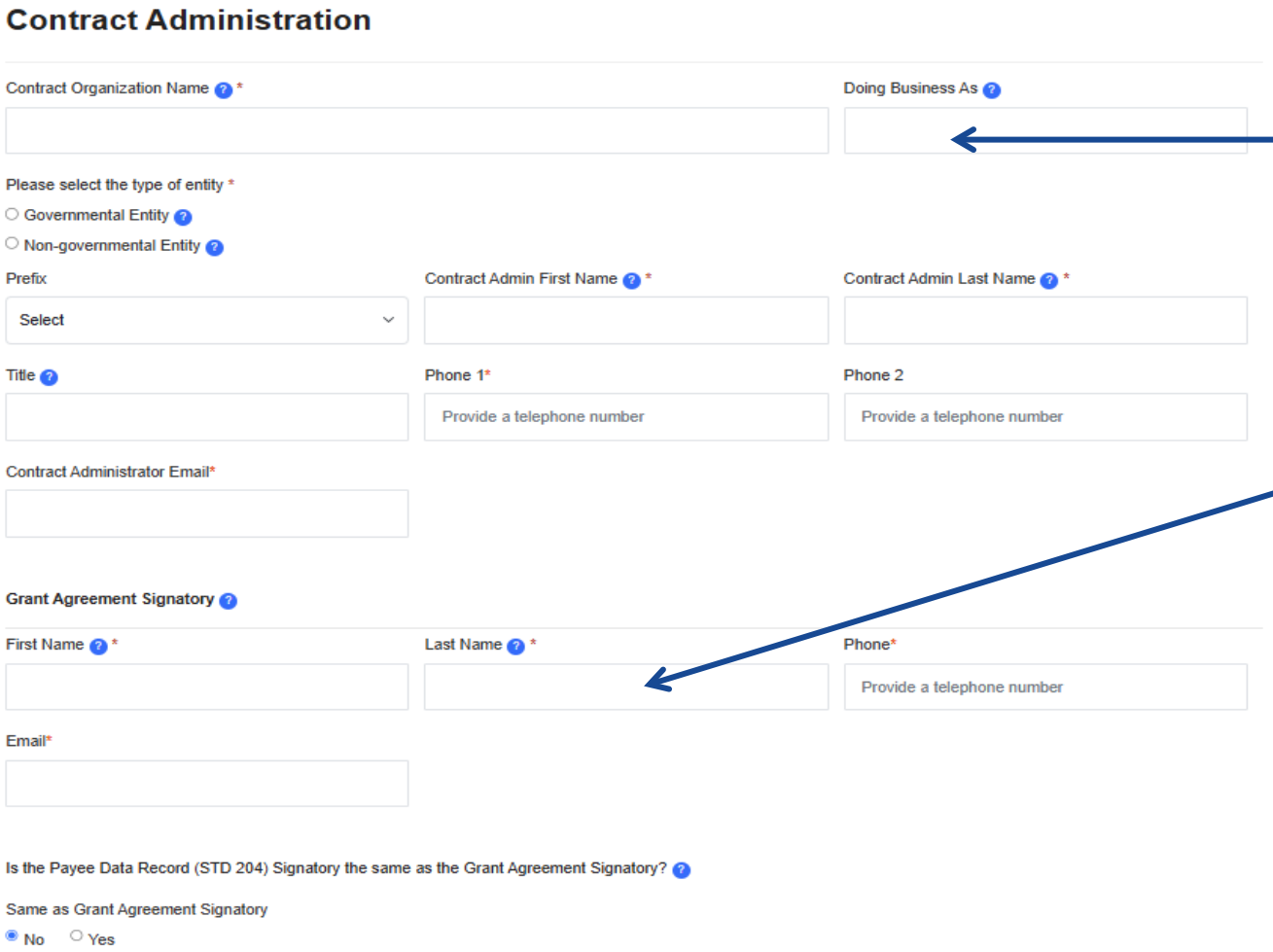
- Provide a short description of the direct costs you are requesting.
- Enter your indirect cost if applicable. Indirect costs cannot be more than 15 percent of your grand total requested.
- If your entries exceed the total allowable amount, an error message will appear. Follow the instructions on the 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

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

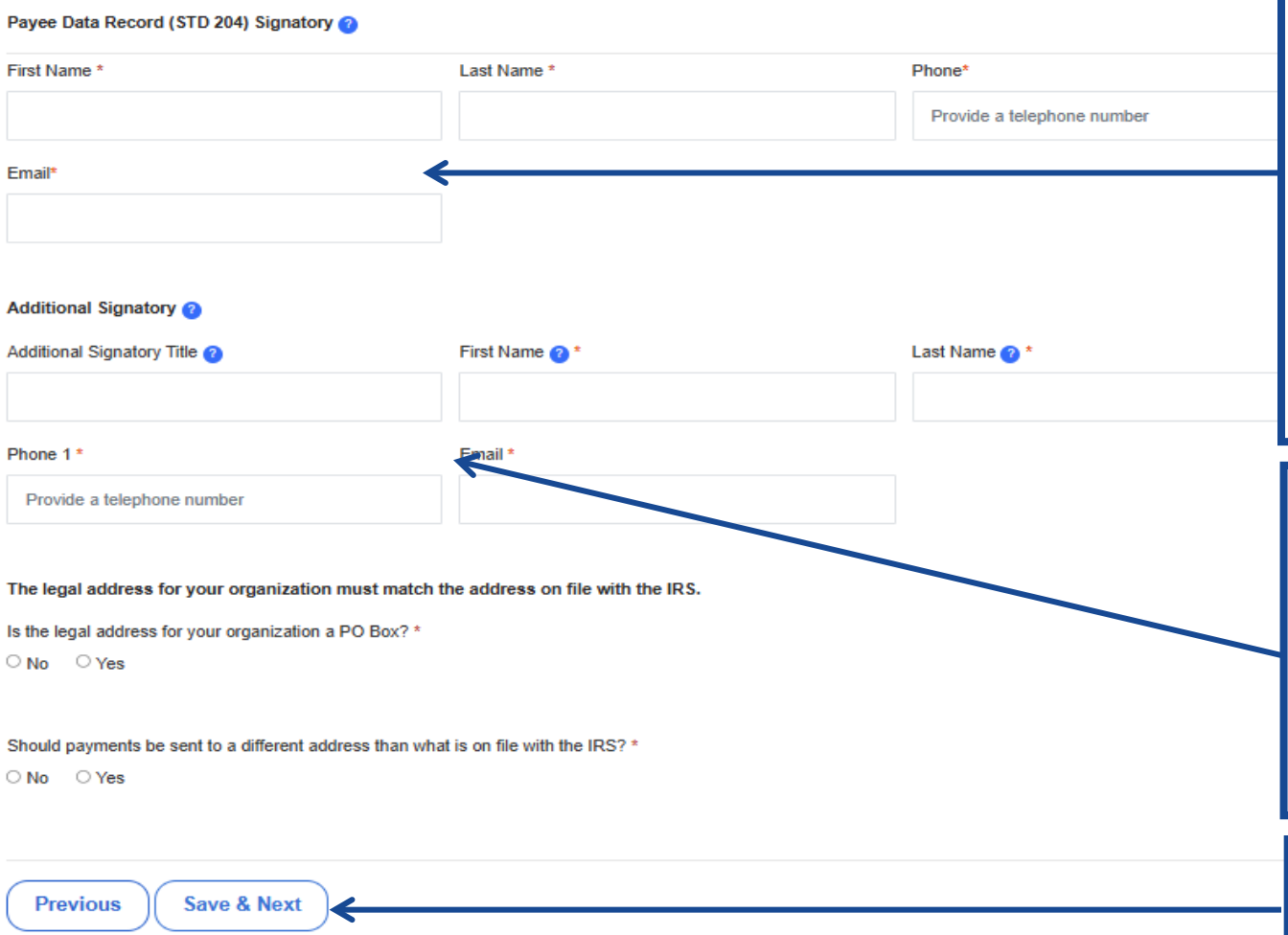
Grant Agreement Signatory

- 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

- 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

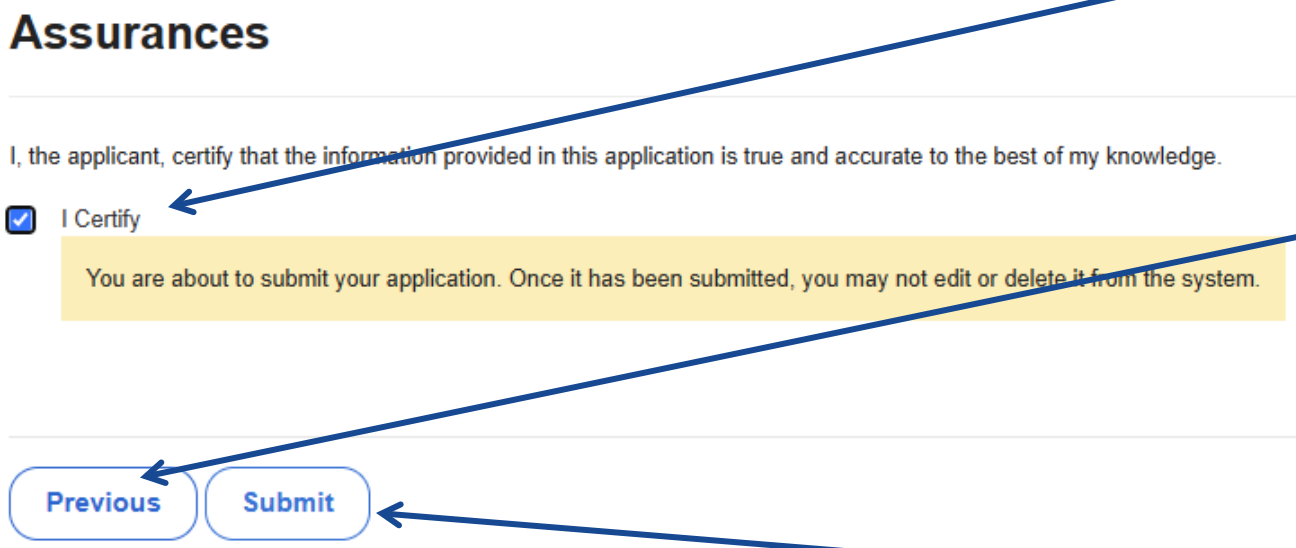
- Complete the additional signatory section which must be signed by another authorized person at your organization.
- Complete all required fields and respond to all remaining questions.

- 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



- 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.

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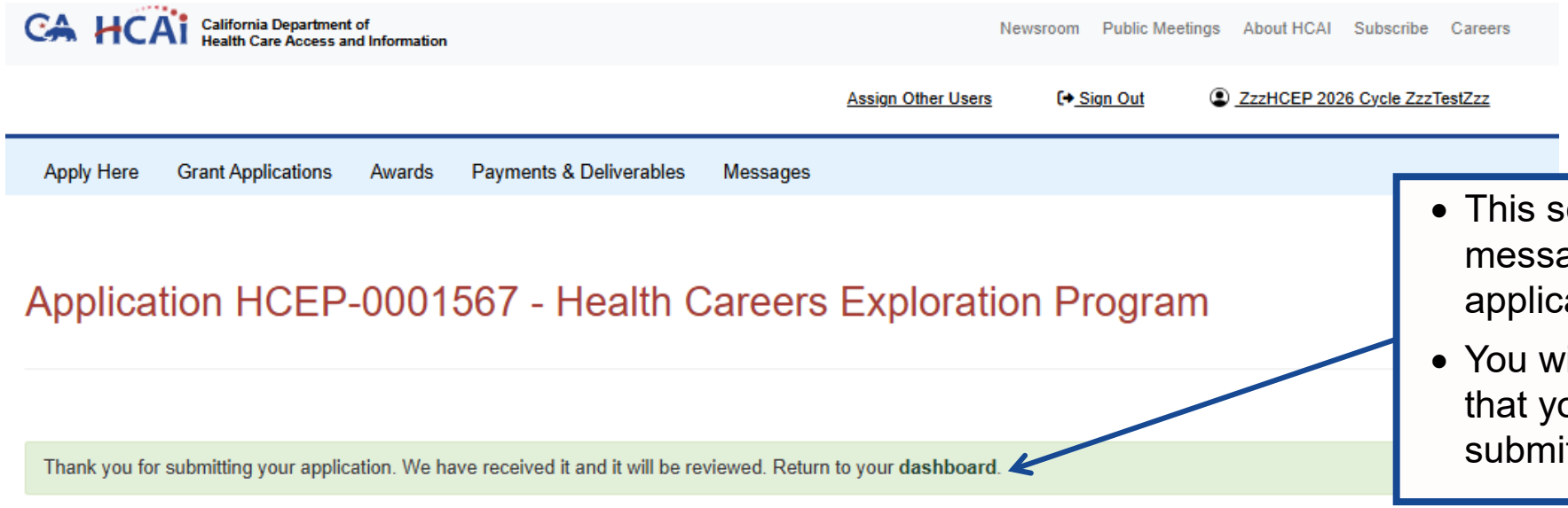
Confirmation and Post-submission (final screen)

Screen: Confirmation/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.