Registered Nurse Education Programs
Capitation & Special Programs Funding
About Song-Brown

- Song-Brown provides funding to education programs (not individual students) to provide clinical training and education in underserved areas. In order to accomplish this mission we incentivize programs to:
  - Train graduates in medically underserved areas.
  - Attract and admit members of underrepresented minority groups.
  - Place graduates in medically underserved areas.
- The Song-Brown Program provides funding to Primary Care (Family Medicine, Internal Medicine, OB/GYN and Pediatric) Residency Programs, Family Nurse Practitioner/Physician Assistant Programs and Registered Nurse Education Programs.
Available Funding: Capitation

An estimated $1.725 million is available to fund Registered Nurse Education Programs Capitation applications.

- Maximum funding requested is based on the program type:
  - ADN Programs – $200,000 maximum ($10,000 per student per year, up to ten students, for a maximum of two years).
  - BSN Programs – $240,000 maximum ($12,000 per student per year, up to ten students, for a maximum of two years).
  - MSN Programs – $240,000 maximum ($12,000 per student per year, up to ten students, for a maximum of two years).
The following qualitative questions have been removed from the application:

- Languages
- Program Strategies
- Faculty Qualifications
- Other Considerations
An estimated $1 million is available to fund Registered Nurse Education Program Special Programs applications.

- Applicants may apply for a maximum award of $125,000 for a project no longer than 2 years in length.
- Focus on matriculation and pipeline (e.g., ADN to BSN; BSN to MSN; ELM to MSN).
The following qualitative questions have been removed from the application:

• Languages
• Faculty Qualifications

Special Programs evaluation criteria points are increased to align with the focus on matriculation and pipeline.
Application Release Dates

Registration: Open now
Application release: October 3, 2017
Application deadline: November 14, 2017

All applications open and close at 3:00pm
Before You Apply

• If your program requires approval to contract from a coordinating authority, please inform the authority of terms and conditions contained in the Grant Agreement.
  – All applicants will be required to agree to the terms and conditions prior to receiving funds.
  – OSHPD will not make changes to the terms and conditions specified in the Grant Agreement.

• The funding established pursuant to this act shall be utilized to expand primary care services. These funds shall not be used to supplant existing state or local funds to provide primary care services.
Helpful Resources

- www.calreach.oshpd.ca.gov to apply
- Registered Nurse Grant Guide for FY 2017-18
- Song-Brown Program Glossary

http://www.oshpd.ca.gov/hwdd/song-brown-program.html
Funding Meeting

Presentations/Funding Meeting

- February 27-28, 2018 – Sacramento
- Programs will present by invitation only

Final awards will be made at the funding meeting.

We encourage you to attend to answer Commission questions about your program.
If you’re a new applicant, register now.
If you’re a returning applicant that’s forgotten your password, ask to have your password reset now – don’t wait.

Welcome to CalREACH!
(Responsive Electronic Application for California’s Healthcare)

The Office of Statewide Health Planning and Development (OSHPD) is proud to launch CalREACH to make applying for and receiving healthcare scholarships, loan repayments, and/or grants easier and more efficient.

You will now be able to apply for any Health Professions Education Foundation (Foundation) and/or Healthcare Workforce Development Division (HWDD) scholarships, loan repayments, and/or grants through CalREACH.

Find Opportunities!

The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.
1. Enter in all required fields, when finished click SAVE.
2. If there are no errors on the page you will receive a “Registration complete” message.
3. Email SongBrown@oshpd.ca.gov to let Song-Brown staff know that you have registered.
4. Once your request has been approved by Song-Brown staff you will receive a follow-up email confirming the approval.

*Program Directors may initiate, view, edit, and submit applications.

**Grant Preparers may view and edit applications only.

Not including complete information may delay your registration.
Once you have received a “registration approved” message you will be able to access the system.

Enter username and password to begin.

Welcome to CalREACH!

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Find Opportunities!

The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.
• Highlights available funding opportunities.

• Access messages regarding your application.

• The number of applications you have started.

• Shows where you are in the application process.
My Opportunities

To apply for an item listed below, select the Apply Now button below each description.

Song-Brown RN Capitation 2017 for Sample 1
Offered By:
CAOSHPD

Application-Song-Brown Availability Dates:
06/01/2017-02/28/2018

Application-Song-Brown Period:
06/01/2017-02/28/2018

Application-Song-Brown Due Date:
02/28/2018

Description:
Song-Brown Registered Nurse Education Program
Capitation funding Description

The Song-Brown Registered Nurse (RN) Education Program was established in 2005 by Governor Schwarzeneggar to increase the capacity of healthcare workforce training programs for registered nurses. Song-Brown Program funds are provided to Associate Degree Nursing (ADN), Baccalaureate Degree Nursing (BSN) and Master's Degree Nursing Programs (MSN). Individuals are not eligible to receive funding.

California schools or programs of nursing must be accredited by the California Board of Registered Nursing and meet the Standards and Guidelines adopted by the California Healthcare Workforce Policy Commission (Commission).

A total of $2,725,000 is available annually for RN Education Program funding; $1,725,000 is available for Capitation funding and $1,000,000 is available for Special Programs funding. Registered Nurse Education Programs can apply for Capitation and/or Special Programs funding.

Capitation funding is to support the costs (including faculty, support services, etc.) associated with educating a full-time RN pre-licensure student but cannot be used to assist students with nursing school tuition.

Funding limits are as follows: ADN Programs: $200,000 or $10,000 per student over two years for a maximum of ten students. BSN Programs: $240,000 or $12,000 per student over two years for a maximum of ten students. MSN Programs: $240,000 or $12,000 per students over two years for a maximum of ten students.

Applicants that best meet the Song-Brown Program evaluation criteria while demonstrating the incorporation of Song-Brown goals into their application are awarded funding.

For additional information regarding the Song-Brown RN Program please visit:
Song Brown

APPLY NOW
If you previously applied for RN funding you will have the opportunity to copy forward your graduate and training site data by choosing your last application from the drop down list. It is your responsibility to ensure that graduate and training site information is up-to-date. Program and Contractor Information will also copy forward. This feature will save you a great deal of time.

Agreement
Please make a selection below to continue.

You may copy forward data from one of the following items:

- Do not copy data forward

I agree that I am applying for Song-Brown Health Care Workforce Training Act funds on behalf of an accredited Family Nurse Practitioner and/or Physician Assistant Training Program and would like to move forward with an application for funding.

I AGREE  I DO NOT AGREE
Tips and Tricks

Instructions:
Please fill in the appropriate fields. Required fields are marked with an *.
When done, click the SAVE button.

Must complete all boxes with an asterisk *

Maximum allotted characters

Learn to love it!

To add additional pages

Will show all errors found on application.
More Tips and Tricks

This message will display when the information has been saved successfully.

Error message will display exactly what is wrong with the page.

You will receive this message if you try and navigate away from the page you are on without hitting SAVE first. You must click CANCEL to clear the warning and then SAVE. If you click OK first you will lose whatever information you have input.
Pay attention to icons – they show which pages are complete and which pages have errors.

Graduate and training site pages won’t show a pencil when complete. You will have to verify that you have completed entering the requested data.
Registered Nurse Education Programs
Capitation Programs Funding Application
A complete application will contain all of these forms.

<table>
<thead>
<tr>
<th>Status</th>
<th>Page Name</th>
<th>Note</th>
<th>Created By</th>
<th>Last Modified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>Program Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Contractor Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Executive Summary</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statistics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory Criteria</td>
<td>Graduates Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Underrepresented Minorities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training in Areas of Unmet Need</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budget</td>
<td>Program Expenditures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachments</td>
<td>Required Attachments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assurances</td>
<td>Program Director Assurances</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please take the time to correctly fill out this form. Incorrect information may delay full execution of your grant agreement.

1. Make sure to fill in all required fields in this form.
2. Do not fill in additional Training Program Information if your Training Program is in the dropdown menu.
Please take the time to correctly fill out this form. Incorrect information may delay full execution of your grant agreement.

1. Make sure the contract organization is correct.
2. Contracts Officer must be the post award officer not the pre-award grants officer.

<table>
<thead>
<tr>
<th>CONTRACTOR INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions: Please fill in the appropriate fields. Required fields are marked with an *. When done, click the SAVE button.</td>
</tr>
<tr>
<td>Name of Contract Organization: Dignity Health *</td>
</tr>
<tr>
<td>Name of Contracts Officer: First Name: Lance * Last Name: Jones *</td>
</tr>
<tr>
<td>Title of Contracts Officer: Post award Contract Officer *</td>
</tr>
<tr>
<td>Mailing Address (where contract should be mailed)</td>
</tr>
<tr>
<td>Address: 1401 Grand Ave. *</td>
</tr>
<tr>
<td>Suite:</td>
</tr>
<tr>
<td>City: Los Angeles * State: California Zip: 90210 *</td>
</tr>
<tr>
<td>County: Los Angeles County *</td>
</tr>
<tr>
<td>Telephone: (213) 548-8795 *</td>
</tr>
<tr>
<td>Email: <a href="mailto:lance.jones@dignityhealth.org">lance.jones@dignityhealth.org</a> *</td>
</tr>
<tr>
<td>Federal Tax ID Number: 125652148 *</td>
</tr>
</tbody>
</table>
Underrepresented Minorities

The graduate numbers indicated on this page must match the graduate total input on the graduate page.

Please ensure that you verify these numbers. CalREACH will not indicate an error. Missing or incomplete information may delay processing or cause your application to be rejected.
You must fill out a separate page for each graduate you input. On this page you have the following five choices:

1) If you are a new program and have no graduates to report for the period requested, click this check box and hit SAVE.
2) If you have graduates to report, start with Section 1, click the SAVE button and use the add/edit feature to search the practice site name, hit Insert Address and the address will populate for you.
3) If you have a graduate not practicing in California or without a practice site information, check the unknown box and provide reason.
4) If you can’t locate your practice site using Section 1, type in the name and address in Section 3.
5) If the practice site is a private medical office and can’t be located using Section 1, type in the name and address here.
You must fill out a separate page for each training site you input. On this page you have the following three choices:

1) If you have existing training sites to report start with Section 1, click the SAVE button and use the add/edit feature to find the right practice site name, hit SAVE again and the address will populate for you.

2) If the training site you’re looking for isn’t in Section 1, indicate whether the training site is a private practitioner’s office. If you select “No” the section 2 fields will appear.

3) If you select “Yes” the section 3 fields will appear.
**REQUIRED ATTACHMENTS**

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies. Include all correspondence to and from the accrediting/approval bodies along with your most recent Report of Findings from the California Board of Registered Nursing (BRN).

*Choose File* | No file chosen
---|---
*Choose File* | No file chosen
*Choose File* | No file chosen

*If you are only applying for Capitation funding, please skip to slide 34.*
Registered Nurse Education Programs

Special Programs Funding

Application
A complete application will contain all of these forms.

Note: Both Registered Nurse Capitation and Special Program applications share the same Application and Statutory Criteria format.
If requesting personnel expenses, you must fill out all fields to save the page without error. Additional fields will appear with each save.

**BUDGET - PERSONNEL YEAR 1**

Instructions:
Please fill in the appropriate fields. Required fields are marked with an *.
When done, click the SAVE button. Additional rows will appear where more information may be entered.

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Faculty/Staff</th>
<th>Total Annual Salary and Benefits</th>
<th>Requested Percent</th>
<th>Song-Brown Funding Requested</th>
<th>Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td></td>
<td></td>
<td></td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Salary & Benefits: $0
Total Requested: $0

Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support.
If requesting operating expenses, you must fill out all fields to save the page without error. Additional fields will appear with each save.

**BUDGET - OPERATING EXPENSES YEAR 1**

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an "*".
When done, click the SAVE button.
Additional rows will appear where more information may be entered.

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th>Total Annual Budget</th>
<th>Song-Brown Funding Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support. Describe use of all requested operating expenses.

0 of 1000
If requesting major equipment, you must fill out all fields to save the page without error. Additional fields will appear with each save.

**BUDGET - MAJOR EQUIPMENT YEAR 1**

Instructions:
Please fill in the appropriate fields. Required fields are marked with an *. When done, click the SAVE button. Additional rows will appear where more information may be entered.

<table>
<thead>
<tr>
<th>Major Equipment</th>
<th>Total Annual Budget</th>
<th>Song-Brown Funding Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>$0</td>
</tr>
</tbody>
</table>

Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support. Describe use of all requested major equipment.

0 of 1000
If requesting other costs, you must fill out all fields to save the page without error. Additional fields will appear with each save.

### BUDGET - OTHER COSTS YEAR 1

**Instructions:**
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Additional rows will appear where more information may be entered.

<table>
<thead>
<tr>
<th>Other Costs</th>
<th>Total Annual Budget</th>
<th>Seng-Brown Funding Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>$0</td>
</tr>
</tbody>
</table>

Provide a justification statement for expenditure of funds; include any in-kind or additional sources of financial support. Describe use of all requested other costs:

0 of 1000

Are you requesting funds for any type of stipend?  
- Yes  
- No*  
If yes, explain the stipend purpose and payment method.

0 of 500

Are you requesting funds for consultants?  
- Yes  
- No*  
If yes, provide their institutional affiliation.

0 of 500
The system will generate your budget summary after you have completed all budget related forms. Indirect costs may not exceed 8%.

**BUDGET - SUMMARY**

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an "*".
When done, click the SAVE button.

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Year 1 Program Budget</th>
<th>Year 1 Requested Song-Brown Funding</th>
<th>Year 2 Program Budget</th>
<th>Year 2 Requested Song-Brown Funding</th>
<th>Total Song-Brown Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect Costs (8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Proposed Budget</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Enter the last three digits of your application number here.
My Application

Use the search functionality below to find a specific Applications.

Search Application

<table>
<thead>
<tr>
<th>Application Type</th>
<th>Song-Brown RN Special Program 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Name</td>
<td></td>
</tr>
<tr>
<td>Contract Number</td>
<td></td>
</tr>
<tr>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

Click here to view, edit application.

Export Results to Screen ▼ Sort by: ▼ Select ▼ GO

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Organization</th>
<th>Name</th>
<th>Contract Number</th>
<th>Current Status</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application-Song-Brown</td>
<td>Sample 1</td>
<td>SBRNSP-2016-Fishy-001</td>
<td>SBRNSP-2016-Fishy-001 (1)</td>
<td>Commission Review Complete</td>
<td>2016</td>
</tr>
<tr>
<td>Application-Song-Brown</td>
<td>Sample 1</td>
<td>SBRNSP-2016-Fishy-002</td>
<td></td>
<td>Application In Process</td>
<td>2016</td>
</tr>
<tr>
<td>Application-Song-Brown</td>
<td>Sample 1</td>
<td>SBRNSP-2016-Fishy-003</td>
<td></td>
<td>Application In Process</td>
<td>2016</td>
</tr>
<tr>
<td>Application-Song-Brown</td>
<td>Sample 1</td>
<td>SBRNSP-2016-Sample 1-007</td>
<td></td>
<td>Application In Process</td>
<td>2016</td>
</tr>
<tr>
<td>Application-Song-Brown</td>
<td>Sample 1</td>
<td>SBRNSP-2016-Sample 1-008</td>
<td></td>
<td>Application In Process</td>
<td>2016</td>
</tr>
<tr>
<td>Application-Song-Brown</td>
<td>Sample 1</td>
<td>SBRNSP-2016-Sample 1-009</td>
<td></td>
<td>Application In Process</td>
<td>2016</td>
</tr>
<tr>
<td>Application-Song-Brown</td>
<td>Sample 1</td>
<td>SBRNSP-2016-Sample 1-010</td>
<td></td>
<td>Application In Process</td>
<td>2016</td>
</tr>
</tbody>
</table>
Submitting Your Application

PROGRAM DIRECTOR ASSURANCES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

- I agree to accept responsibility to complete the contract deliverables if an award is made as a result of this application.
- I certify that the statements herein are true and complete to the best of my knowledge.

When finished, click SAVE.
To submit your application, please change the status to "Application Submitted" on the Status Change page.

Click the back button to return to the Application Menu

Application-Song-Brown Menu - Forms
Please complete all required forms below.

View, Edit and Complete Forms
Select the View Forms button below to view, edit, and complete forms.

Change the Status
Select the View Status Options button below to perform actions such as submitting applications or request modifications.

Examine Related Items
Select the View Related Items button below to view related items such as claims, messages, etc.
An application is not considered submitted until the application status shows “submitted”.
You have the option of printing a populated version or a blank version of your application. Print versions are PDFs.
Any Questions?

SongBrown@oshpd.ca.gov