

## PECE Application: PMHNP Program Expansion Intro

Welcome to the Mental Health Services Act (MHSA) Workforce Education and Training (WET) Psychiatric Education Capacity Expansion (PECE) Grant Program funding application. The PECE Grant Program will provide funding to institutions and organizations to expand the number of psychiatry residents and psychiatric mental health nurse practitioner (PMHNP) students trained to work in the public mental health system (PMHS). This is achieved by providing funding for:

1. New psychiatry residency and PMHNP training programs
2. Expanding existing psychiatry residency and PMHNP training programs

### Program Info

Please provide the following information for the program.

Program Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP Code:	<input type="text"/>

Please provide contact information for the program director.

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Title:	<input type="text"/>
Phone Number (xxx-xxx-xxxx):	<input type="text"/>
Email Address:	<input type="text"/>

Are you the program director for this program?

- Yes  
 No

Please provide your contact information.

First Name:

Last Name:

Title:

Phone Number

(xxx-xxx-xxxx):

Email Address:

Will you also act as the project representative for **grant agreement** inquiries (i.e., the person who will sign the grant agreement)?

Yes

No

### **Project Representative: Grant Agreement Inquiries**

Please provide the name, title, address, phone number and email for your Project Representative in the fields below. If awarded, OSHPD will use this information for the Grant Agreement (see link at the end of this application).

Full Name:

Title:

Address

(including suite number, if any):

City

State

ZIP Code

Phone Number

(xxx-xxx-xxxx):

Email Address

(xxx@xxx.gov):

Will you also act as the project representative for **administrative** inquiries (e.g., the person who processes invoices)?

Yes

No

## Project Representative: Administrative Inquiries

Please provide the name, title, address, phone number and email for your Project Representative in the fields below. If awarded, OSHPD will use this information for the Grant Agreement (see link at the end of this application).

Full Name:

Title:

Address

(including suite number, if any):

City

State

ZIP Code

Phone Number

(xxx-xxx-xxxx):

Email Address

(xxx@xxx.gov):

## Type of Program

On behalf of which type of program are you applying?

- Psychiatry Residency Program
- PMHNP Program

Is your program new or already established?

- New (has admitted no students/residents)
- Established (accredited and has previously admitted students/residents)

## Funding Requested

Please indicate the total funding amount you are requesting.

Funding Requested:

\$

## PMHNP Expansion

Do you have more than one training program (e.g., a one-year and a two-year program)?

- Yes
- No

Please indicate the length of your training programs. Please select all that apply. [If multiple length programs]

- One-Year Program
- Two-Year Program
- Three-Year Program

Please indicate the length of your training program.

- One-Year Program
- Two-Year Program
- Three-Year Program

### Current Student Admissions

Please complete this table with your current projections for admission if you **do not receive PECE funding**. If you are not sure how to complete each of the cells, please leave those cells blank.

	2021-22	2022-23	2023-24	2024-25
Total Program Enrollment Capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualified Students Admitted	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Proposed Student Admissions

Please complete this table with the number of first-year students you plan to add each year *if you receive PECE funding*.

In addition, please report how many of these first-year students will be **new** nurse practitioners (students who do not already have a nurse practitioner certificate).

	2021-22	2022-23	2023-24	2024-25
Total First-Year Students Added	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Nurse Practitioners Added	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Field Placement Sites

We are collecting information about your field placement sites for application scoring purposes. Please click the link below to download the template, add in the necessary data about your field placement sites, and upload the completed template.

[PMHNP Field Placement Site Template \(link to spreadsheet\)](#)

## Preceptor Arrangements

Would your expanded PMHNP training program include support or other arrangements that ensure preceptors are available for those students added to your program by this grant?

Yes

No

## Letter of Sustainability

Successful applicants must demonstrate that the program and/or its sponsoring organization supports creating or expanding the program and is committing future funds to recruit and train future students.

Please attach a letter from your sponsoring institution that endorses your PMHNP training program and speaks to the sustainability of your program beyond MHSA WET funds awarded. This letter must indicate the number of new or additional students that will be admitted as a result of receiving this grant. *See the Grant Guide for a sample sustainability letter.*

## Proposed Budget

Please complete the proposed budget table below, assuming you receive PECE funding.

	2020-21	2021-22	2022-23	2023-24	2024-25
Program Personnel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Faculty	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Program Incentives: Subsidized Faculty Housing	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Program Incentives: Faculty Bonus	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Program Incentives: Other*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Salaries	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Preceptor Expenses	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Other Costs (including administrative costs)**	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
#Conjoint, Total#	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

\*Please describe any other program incentives costs (maximum 250 words). Word count: 0

\*\*Please describe any other costs, including administrative costs (maximum 250 words).

Word count: 0

### **Accreditation Letter**

Please upload the most recent accreditation letter from a national accrediting organization (e.g., American Nurses Credentialing Center, American Association of Nurse Practitioners).

### **BRN Approval Letter**

Please upload the most recent California Board of Registered Nursing approval letter.

### **BRN Report of Findings**

Please upload the most recent Report of Finding for the California Board of Registered Nursing, if any.

### **Payee Data Record**

Please right click the link below to open the Payee Data Record (STD 204) in a new tab, download the form, complete it, sign it, and upload the completed form.

[Payee Data Record \(STD 204\)](#)

### **Contractor Certification Clauses**

Please click the link below, download the Contractor Certification Clauses form, complete it, sign it, and upload the completed form.

[CCC 04-2017](#)

### **Confirmations**

Please confirm the following statement to complete your application.

I certify that the statements herein are true and complete to the best of my knowledge.

**End**

Thank you for completing the PECE Grant Program application.

Please click the forward arrow below to submit your application.