GRANT AGREEMENT BETWEEN Physicians for a Healthy California and CalMedForce Awardee

Grant ID: 2253233-2526

THIS GRANT AGREEMENT, ("Grant Agreement" or "Agreement") by and between Physicians for a Healthy California ("PHC"), a 501(c)(3) public benefit corporation whose principal place of business is 1201 K Street, Suite 970, Sacramento, California 95814 and the San Bernardino County on behalf of Arrowhead Regional Medical Center Obstetrics and Gynecology Residency Program ("Grantee"), each a "Party" or collectively the "Parties".

WHEREAS, PHC is authorized by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) and the University of California ("UC") to administer grants for the purpose of increasing the number of primary care and emergency physicians trained in California ("Purpose"). The goal of this grant funding is to sustain, retain, and expand graduate medical education programs to achieve the Purpose based on demonstrated workforce needs and priorities.

WHEREAS, Grantee applied to participate in the CalMedForce Grant Program by submitting a proposal in response to the FY 2025-26 CalMedForce Application ("Grantee's Application"). WHEREAS, Grantee is selected by UC and PHC to receive grant funds to be utilized by Grantee solely in furtherance of the Purpose.

NOW THEREFORE, PHC and Grantee, for the consideration and under the conditions hereinafter set forth, agree as follows:

A. <u>Award Specifics</u>

1. Residency Program Name: San Bernardino County on behalf of Arrowhead Regional Medical Center Obstetrics and Gynecology Residency Program
2. Name as appears on W-9 (if applicable or type NA in the textbox):
3. Award Amount: $340,000.00
4. Program Length (years): 4 Years
5. Number of Resident Positions Awarded: 1
    a. 1 Existing Positions
    b. 0 Expanding Positions
    c. 0 New Positions
6. Contract Effective Date: July 1, 2026

B. <u>Definitions:</u>

1. "Allowable Costs" means direct graduate medical education expenses that satisfy the pre-approved expense categories in the Allowable Costs document. The Allowable Costs document may be found on www.calmedforce.org.
2. "Eligible" / "Eligibility" means that a Program and Sponsoring Institution meet the eligibility criteria to receive funding set forth in the Grant Guidelines and applicable law and regulations

as follows. The training program must be:

a. located in California;
b. either allopathic or osteopathic;
c. one of the following disciplines: family medicine, internal medicine, obstetrics/gynecology, pediatrics or emergency medicine;
d. accredited by the Accreditation Council for Graduate Medical Education (ACGME) or will be accredited by the time of contract execution; and
e. serving medically underserved populations and areas.

3. "Grantee's Application" as previously defined in above Whereas clause, means the grant application/proposal submitted by Grantee.
4. "Grant Guidelines" means those requirements attached hereto as Exhibit A and incorporated herein by reference as though fully set forth.
5. "Grant Funds" means the grant money awarded by UC and PHC to Grantee based on Grantee's Application.
6. "Other Sources of Funds" means all other financial resources, including but not limited to revenue, cash, donations, in-kind contributions, federal, state, or local funding, and other grant proceeds beyond the Grant Funds, that are required or used to administer and sustain the Program(s).
7. "Program(s)" means the Grantee's graduate medical education training program(s) listed in the Grant Application.
8. "Program Director" means the Director of the Program(s)
9. "Sponsoring Institution" means the organization or entity that assumes the ultimate financial and academic responsibility for the Program(s).
10. "Designated Institutional Official" or "DIO" means the individual with the authority or responsibility to oversee and administer the Program(s).

C. **Term of the Agreement:** The term of this Agreement shall be as follows: July 1, 2026 through September 30, 2029 if the Program Length is three (3) years, or July 1, 2026 through September 30, 2030 if the Program Length is four (4) years, or July 1, 2026 through September 30, 2031 if the Program Length is five (5) years ("Term"). At the end of the Term, this Agreement shall terminate automatically. Notwithstanding the foregoing, if the Final Report is submitted and final payment is transmitted to Grantee before September 30, the Term will end automatically three (3) business days after the date of the transmittal of the final payment.

D. **Scope of Work:** Grantee agrees to the Scope of Work as set forth herein ("Scope of Work"). In the event of a conflict between the provisions of this section and the Grantee's Application, the provisions of this Scope of Work Section shall prevail. Grantee hereby agrees to:

1. Serve as the sponsoring fiscally responsible entity in charge of administering the Grant Funds in support of the Program for the Purpose.
2. Comply with all requirements set forth in the FY 2025-2026 CalMedForce Application.
3. Comply with all requirements set forth in the FY 2025-2026 Grant Guidelines attached as Exhibit A.
4. Maintain an Eligible Program throughout the Term.
5. Utilize the Grant Funds to support training of residents in the Program. The number and type

of residents is stated in section A.5.

6. Promptly notify PHC, in writing, no later than seven (7) business days after any substantive change occurs to any information included in Grantee's Application, including but not limited to any changes in the DIO, Grantee's GME Directors or primary contacts, or accreditation status of the Program or Sponsoring Institution.
7. Promptly notify PHC, in writing, no later than seven (7) business days after (i) the Sponsoring Institution is or becomes the subject of, or materially involved in, any investigation by the accreditation organization, or (ii) the Program is or becomes the subject of, or materially involved in, any investigation by any local, state or federal government agency or accreditation organization that may affect the accreditation status of the Program.
8. Promptly notify PHC, in writing, no later than seven (7) business days after Sponsoring Institution or Program determines that it is unable to support the resident positions (either the number of positions or the type; new, existing or expanding) for which it was awarded. Awards may be adjusted based on these changes or rescinded if Grantee is no longer Eligible for the award.
9. Reasonably cooperate and respond to PHC follow-up questions regarding the Semi-Annual Review, Annual Review and/or Final Report or request for additional data regarding the CalMedForce Grant process and program for a period not to exceed seven (7) business days after the PHC request.
10. Reasonably cooperate and promptly respond to any reasonable inquiry or request for information by PHC related to CalMedForce, Grantee's Program, its participants, and its principals, or any other matter PHC reasonably deems material to receipt of Grant Funds.
11. Continue the Program(s) funded by Grant Funds awarded through the entire Term of the Grant Agreement.
12. Continue the Program(s) in anticipation of receipt of Grant Funds awarded through the Grant Agreement.
13. At least one representative from the Program shall attend PHC's annual GME Summit, which will cover topics related to GME policy and program improvement.
14. At least one representative, such as a Program Director and/or DIO shall participate in PHC focus groups and survey requests related to GME policy and program improvement.

E. <u>Program and Financial Reports and Site Visits</u>

1. Grantee shall submit a Semi-Annual Review to PHC no later than January 31 of each year and an Annual Review no later than July 31 each year for the preceding six-month period that ended December 31 or June 30, respectively ("Progress Report") using a form provided by PHC. Progress Reports shall include, among other information as reasonably requested by PHC and which Grantee may provide consistent with its obligations under applicable privacy laws:
    a. Information on residents and graduates in the Program, including, but not limited to name, NPI number, medical license number, demographics such as race, ethnicity, and gender, where residents practice after graduation, and residents who leave the Program prior to graduation. Programs are responsible for alerting their residents that their information may be shared per PHC's Privacy Policy.

   b. Any changes to accreditation status of the Grantee/Sponsoring Institution or the Program receiving Grant Funds.
   c. Any citations issued by an accrediting body against the Grantee/Sponsoring Institution, or the Program.
   d. Demographics, such as race and ethnicity, of the patient population being treated by the residents in the Program.
   e. Information regarding faculty development and training in the Program
   f. Information regarding how the Program is assessing and caring for the well-being of the residents in the Program.
   g. Information regarding the professional development training opportunities Grantee makes available to residents in the Program.
   h. Information on Program Expenditures using Grant Funds (only at Annual Review and Final Report).
2. In the Annual Reviews, Grantee shall submit an annual Financial Report summarizing actual expenditures in accordance with allowable cost categories as described in the PHC Allowable Costs document found on www.calmedforce.org (e.g., Salaries, Benefits, Supplies, Travel, Other Direct Costs), 30 days after the end of the Payment period (e.g., the report for expenses incurred 7/1/2026 through 6/30/2027 is due 7/31/2027) unless an exception for extension is requested by Grantee and granted in writing by PHC.
3. Grantee shall submit a complete Final Annual Progress Report ("Final Report") to PHC no later than 45 days after the end of the final year of payment, unless an exception for extension is requested by Grantee and granted by PHC, using a form to be provided in writing by PHC. The Final Report shall include, but not be limited to, all information required in the Semi-Annual and Annual Reviews and any additional data, information, or feedback requested by PHC during the Term of the Grant Agreement and/or upon reviewing the Final Report. Due dates for the Final Report shall be as follows:
   a. If three-year program, no later than 08/15/2029,
   b. If four-year program, no later than 08/15/2030,
   c. If five-year program, no later than 08/15/2031,
4. Upon the request of PHC, Grantee shall facilitate an annual site visit by PHC staff and comply with all reasonable requests for information and documentation.
5. In the first Semi Annual Review, Grantee shall submit the names of the resident(s) in the cohort supported by the Grant Funds provided under this Grant Agreement. Grantee shall submit any changes that occur to the resident cohort during the Term, if applicable. Grantee shall provide the residents employment status/plans and licensing information at the end of the Term.
6. In each Annual Review and within the Final Report, Grantee shall complete and submit an attestation that all expenses claimed for reimbursement on the Financial Report and for which payment is claimed were consistent with the Allowable Cost document provided by PHC and expended for cost associated with graduate medical education that the residency program authorized under the Grant Agreement, signed by the Program Director or other authorized individual, and submitted electronically through the grant management system for

fund transfer.

F. **Grant Funding and Invoicing:**

1. For services satisfactorily rendered in accordance with the Scope of Work, and upon receipt of full and complete reports and certifications specified in Section F.3, Grantee shall be eligible to receive payment for expenses in accordance with the approved budget (and any approved or allowable budget adjustments (see Section J). Grantee will report to PHC any unused funds at the end of each Payment Year in the annual Financial Report to PHC as described in Section E.1 of this Agreement. Unless otherwise approved in writing by PHC, the unexpended funds must be used by the end of the Term. Grantee is responsible for returning funds back to PHC not used during the Term of this Agreement.
2. The total amount of Grant Funds to be disbursed to Grantee during the Term of this Agreement shall not exceed the total stated in section A.3 of this Agreement. If PHC or Grantee determines a Grantee is overpaid by PHC, Grantee is required to return the overpaid funds to PHC. If Grantee believes they have been overpaid, underpaid, not paid or believes there has been a payment discrepancy, it shall promptly notify the CalMedForce Program Director.
3. Final fund transfer to Grantee under this Grant Agreement will be withheld by PHC until all required reports, including full and complete Progress Reports and the Final Report are submitted to PHC, in accordance with Section E.

G. **Payment Detail and Payment Provisions**

1. Grant Award Notification: Prior to the Effective Date, PHC shall notify the Grantee of the award amount and the number of years approved for funding, respective to the payment allotments set forth below.
2. Payment Advance and Provisions: Grantee will be able to receive fifty (50) percent of the award allotment for Payment Year 1 at the time of contract execution. In Payment Year 1, Grantee must submit their first Semi-Annual Review and Annual Review as described in Section E.1 along with the certification described in Section E.5. **In the first Annual Review as described in Section E.1, Grantee will report to PHC how the first fifty (50) percent of the award allotment was used. Additionally, Grantee will also report expenses up to the amount of the second payment which will be the remaining fifty (50) percent of the award allotment for Payment Year 1. Unless otherwise outlined in this Agreement, CalMedForce's payment model is a reimbursement model, in which Grantee will spend its own funds during the reporting period and then request reimbursement for the amount of the next eligible payment in the Annual Review.**
3. Payment and Reporting Requirements: Grantee must ensure expenditures reported comply with the PHC Allowable Costs document found on www.calmedforce.org. Grantee must retain documentation for each expense. If PHC requests additional information or documentation of expenses, Grantee must respond to the request within seven (7) business days.
    a. In the Financial Report, Grantee must report expenses of at least 75% of all available Grant Funds (funds that have already been disbursed as well as the next payment for which Grantee is eligible to request reimbursement). If Grantee has not spent at least

75% of available Grant Funds, unless there are extenuating circumstances, PHC may not approve the next payment until the Grantee submits a plan detailing its intended use of the remaining funds, including amount, estimated date of expense or purchase, Allowable Cost category and the description of the planned expense or purchase.

4. Annual Review: After Grantee submits the Annual Review and Financial Report (described in Section E.1), and certification (described in Section E.4), PHC will review and determine if Grantee is compliant with the requirements of these documents. If Grantee is compliant, Grantee will be eligible to receive payments for the remaining fifty (50) percent amount for Payment Year 1 for the expenditures incurred in the remaining 12-month period.

Fiscal Year 2025-26 CalMedForce Grant – THREE-YEAR PROGRAM			
Payment Year	**Payments per Year**	**Award Allotment Details**	**Performance Period**
1	2	• 50% after contract execution • Semi-Annual Review (no financial report or payment) • 50% after certification of Annual Review	July 1, 2026 - June 30, 2027
2	2	• 50% after Semi-Annual Review (no financial report) • 50% after certification of Annual Review	July 1, 2027 - June 30, 2028
3	2	• 75% after Semi-Annual Review (no financial report) • 25% after certification of Final Report	July 1, 2028 - June 30, 2029

Fiscal Year 2025-26 CalMedForce Grant – FOUR-YEAR PROGRAM			
Payment Year	**Payments per Year**	**Award Allotment Details**	**Performance Period**

1	2	• 50% after contract execution • Semi-Annual Review (no financial report or payment • 50% after certification of Annual Review	July 1, 2026 - June 30, 2027
2	2	• 50% after Semi-Annual Review (no financial report) • 50% after certification of Annual Review	July 1, 2027 - June 30, 2028
3	2	• 50% after Semi-Annual Review (no financial report) • 50% after certification of Annual Review	July 1, 2028 - June 30, 2029
4	2	• 75% after Semi-Annual Review (no financial report) • 25% after certification of Final Report	July 1, 2029 - June 30, 2030

Fiscal Year 2025-26 CalMedForce Grant – FIVE-YEAR PROGRAM			
Payment Year	**Payments per Year**	**Award Allotment Details**	**Performance Period**
1	2	• 50% after contract execution • Semi-Annual Review (no financial report or payment • 50% after certification of Annual Review	July 1, 2026 - June 30, 2027

2	2	• 50% after Semi-Annual Review (no financial report) • 50% after certification of Annual Review	July 1, 2027 - June 30, 2028
3	2	• 50% after Semi-Annual Review (no financial report) • 50% after certification of Annual Review	July 1, 2028 - June 30, 2029
4	2	• 50% after Semi-Annual Review (no financial report) • 50% after certification of Final Report	July 1, 2029 - June 30, 2030
5	2	• 75% after Semi-Annual Review (no financial report) • 25% after certification of Final Report	July 1, 2030 - June 30, 2031

H. **Accounting Records and Audits:** Grantee shall comply with the following reporting requirements, which may be modified by amendment to this Agreement:

1. Accounting: Accounting for Grant Funds will be in accordance with the Sponsoring Institution's accounting practices based on generally accepted accounting principles consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures, including:
   a. The accurate and timely separate identification of funds received;
   b. The separate identification of expenditures prohibited by the Grant criteria; and
   c. If equipment is purchased with Grant Funds and sold during the period of performance, an adequate record of proceeds from the sale of any equipment purchased by Grant Funds.
2. Records Retention and Audit:
   a. The Sponsoring Institution shall permit PHC, UC, the State of California, or their authorized representatives, access to Records (as defined herein) maintained on source of income and expenditures of its graduate medical education program for the purpose of audit and examination.
   b. The Sponsoring Institution shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this grant (hereinafter collectively called the "Records") to the extent and in such detail as will properly reflect all net costs, of labor, materials,

equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this Agreement.

c. During the period set forth in subparagraph (d) below, the Sponsoring Institution agrees to accommodate during normal business hours all reasonable requests for visits to Sponsoring Institution's location for the purpose of making available any Records for inspection, audit or reproduction by an authorized representative of the State.

d. The Sponsoring Institution shall preserve and make available its Records (a) for a period of three (3) years from the date of final payment under this Agreement or the Term end date, whichever is later, and (b) for such longer period, if any, as is required by applicable statute, by any other clause of this Agreement, or by subparagraph (1) or (2) below:

   1. If this Agreement is completely or partially terminated, the Records relating to the work terminated shall be preserved and made available for a period of three (3) years from the date of any resulting final settlement.
   2. Records which relate to (i) litigation of the settlement of claims arising out of the performance of this Agreement, or (ii) costs and expenses of this Agreement as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the Sponsoring Institution until disposition of such appeals, litigation, claims, or exceptions.

e. Audits ensure Grant Funds are expended in conformity with the spending guidelines outlined herein which were designed to ensure alignment with the Purpose. The Sponsoring Institution agrees that funds spent in violation of the terms of this Agreement may be subject to recoupment.

3. Notwithstanding other provisions in this Agreement to the contrary, the terms of this Section J shall survive the termination or expiration of this Agreement.

I. **Budget Contingency Clause:**

1. Grantee acknowledges and agrees that the Budget Act of the current year or any subsequent years during the Term is subject to change, which could include a change in budget allocation or a loss in funding to the CalMedForce program.
2. In the event the Budget Act does not appropriate sufficient funds (a reduction or deletion) for the CalMedForce program in any fiscal year, Grantee acknowledges and agrees that this Agreement shall be of no further force and effect. In this event, PHC shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement. If funding for any fiscal year is reduced or deleted by the Budget Act for the CalMedForce program, PHC shall have the option to either cancel this Agreement without further liability or offer an amendment to this Agreement reflecting the applicable reduced amount.

J. **Budget Adjustments:**

1. Budget adjustments consist of a change within the proposed budget that does not amend the total amount of the grant and they must be consistent with the PHC Allowable Costs document found on www.calmedforce.org. Grantee is permitted to adjust the budget as long as Grantee provides an accounting of how the funds were expended, including any adjustments to the budget, with the Final Financial Report.

2. All requests for extending the grant period shall be submitted in writing to PHC for approval. Requests for a time extension must be made to PHC no later than June 30 of the final year of the grant term. There shall be no request for reimbursement of costs for activities conducted after the expiration of the Term without an approved no cost time extension.

K. General Terms and Conditions

1. Time: Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. It is the sole responsibility of the Grantee to anticipate and communicate as necessary regarding any potential overlaps, conflicts, and scheduling issues, inability to meet the deadlines specified in section E.1, and to adhere to the terms of this Grant Agreement.
2. Final Agreement: This Grant Agreement, along with the Grantee's Application, exhibits, and forms constitutes the entire and final agreement between the Parties and supersedes any and all prior oral or written agreements or discussions.
3. Additional Audits: Grantee agrees that PHC, UC, the State of California, or their designated representative shall have the right to review and to copy any Records and supporting documentation pertaining to the performance of this Grant Agreement to the extent permitted by applicable law. Grantee agrees to maintain such Records for possible audit for a minimum of three (3) years after final payment, or the Term end date, whichever is later, unless a longer period of Records retention is stipulated. Grantee agrees to allow the auditor(s) access to such Records as permitted by applicable law during normal business hours of Grantee and to reasonably allow interviews of any employees who might reasonably have information related to such Records. Further, Grantee agrees to include a similar right of the State to audit Records and interview staff in any subcontract related to the performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. Tit. 2, Section 1896).
4. Notification of Regulatory Events: To the extent permitted under applicable law, Grantee shall notify PHC in writing as soon as reasonably practicable (but no later than seven (7) business days after it becomes aware of any of the following events during the Term): (a) Residency Program or any of its employees or contractors are or have become the subject of, or is materially involved in, any investigation, proceeding or disciplinary action by any Federal Health Care Program, any state's medical board, any specialty board, or any agency responsible for professional licensing, standards or behavior; or (b) sponsoring institution or Program's ACGME accreditation is under disciplinary investigation. If an event described in this Section occurs, Grantee shall be responsive to any questions, inquiries, requests for updates, proof of outcome or resolution, or other communications from PHC to the extent required by law, limited to findings related to the Program being funded by the Grant. PHC may, in its sole discretion, suspend payments and any other contractual obligations for the duration of any such event, without regard for the date PHC was notified thereof.
5. Independent Contractor: Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers, employees, or agents of PHC or the State. Grantee shall not hold itself out as an employee or agent of PHC or the State, nor shall Grantee hold itself out as authorized to act on behalf of or legally bind PHC or the State.
6. Non-Discrimination Clause: During the performance of this Agreement, Grantee and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee

or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (e.g., cancer), age (over 40), marital status, and denial of family care leave. Grantee and its subcontractors shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 11000 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. Grantee and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.

7. Waiver: The waiver by PHC of a breach of any provision of this Agreement by the Grantee will not operate or be construed as a waiver of any other subsequent breach by the Grantee. PHC expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
8. Approval: This Agreement is of no force or effect until signed by both Parties. Grantee may not commence performance until such signature has been obtained.
9. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by an individual authorized to bind each Party and approved as required. No oral understanding or Agreement not incorporated in this Agreement shall be binding on any of the Parties.
10. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part.
11. Indemnification: Each party shall indemnify, defend and hold harmless the other party, its officers, employees, and agents from any and against any and all liability, losses, or expenses (including reasonable attorney's fees), or claims for injury or damages arising out of the performance of this Agreement, but only in proportion to and to the extent such liability, loss, expense, attorney's fees, or claims for injury or damages are caused by the negligent or intentional acts or omissions of the indemnifying party, its officers, agents or employees.
12. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
    a. The Grantee will discuss the problem informally with the CalMedForce Director. If unresolved, the problem shall be presented, in writing, as a grievance to the PHC CEO stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
    b. The PHC CEO shall make a determination within ten (10) business days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and reasons for it. The CEO's decision will be final. The PHC CEO may request additional information prior to making a decision and Grantee shall promptly comply with such requests.
13. Termination for Convenience: Either party may terminate this Agreement for any reason upon written advance notice provided to the other party as soon as practicable, but no less than thirty (30) days

prior to the effective date of such termination. PHC shall reimburse Grantee for costs incurred in compliance with the funding and expenditure guidelines of this Agreement through the effective date of termination.

Termination for Cause: PHC may terminate this Agreement should the Grantee materially breach any obligation under this Agreement and fail to cure such breach within fifteen (15) business days, or within a period mutually agreeable to the parties, of receipt of a written notice from PHC of such breach. If Grantee fails or is unable to cure such breach, PHC shall provide written notice to Grantee terminating this Agreement, which shall be effective thirty (30) days after the date of such written notice. PHC shall reimburse Grantee for any costs or obligations incurred not in breach of any obligation under this Agreement through the effective date of the termination.

14. Potential Subcontractors: Nothing contained in this Agreement shall create any contractual relation between PHC and any subcontractors to the Grantee, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be responsible for its employees and agents acting within the course and scope of their employment or agency agreement to Grantee. To the extent Grantee utilizes subcontractors to perform any of its obligations under this Agreement, Grantee further agrees to bind its subcontractors to the terms of this Agreement, including, but not limited to, an obligation for the subcontractor to be fully responsible to PHC for any and all acts and omissions of its subcontractors and of persons either directly or indirectly employed by the subcontractor. The Grantee's obligation to pay its subcontractors is an obligation independent from PHC's obligation to disburse funds to the Grantee. As a result, PHC shall have no obligation to pay or to enforce the payment of any money to any subcontractor.
15. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
16. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the Parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
17. Prohibited Use of Funds: The funding established pursuant to this Grant Agreement shall be utilized solely to support graduate medical education in the Program as reflected in PHC Allowable Costs document found on www.calmedforce.org. Grant Funds shall not be used to replace and/or supplant existing federal, state, or local funds or Other Sources of Funds intended to also fund the residency positions in Grantee's Program.
18. Honesty and Integrity: Throughout the Term, Grantee and its employees and agents shall conduct themselves and their activities in accordance with the highest standards of honesty, transparency and integrity that is essential to recipients of Proposition 56 funds, and act in a manner that supports public confidence in the integrity of Grantee and PHC.
19. Dependent Agreement Contingency:This Agreement is subject to, and expressly conditioned upon, the continued effectiveness of the master agreement between PHC and UC authorizing PHC to administer Grant Funds for the Purpose (the "Master Agreement"). Upon termination or suspension of the Master Agreement for any reason (a "Dependent Agreement Contingency Event"), this Agreement shall automatically and immediately terminate without any action by PHC. Effective as of the occurrence of a Dependent Agreement Contingency Event, all obligations of PHC under this Agreement shall cease in their entirety, and PHC shall have no further liability or obligation of any

kind. Without limiting the foregoing, except for the payment of any outstanding award allocations PHC shall have no obligation to make any additional payments to Grantee or to provide any other consideration, and shall not be liable for any costs, expenses, or commitments incurred by Grantee in reliance on this Agreement. Grantee irrevocably waives any and all claims against PHC arising out of or relating to a termination, including, without limitation, any claims for damages of any kind (whether direct, indirect, incidental, consequential, special, exemplary, or punitive), loss of funding, or other losses. PHC will use commercially reasonable efforts to provide prompt written notice to Grantee following any Dependent Agreement Contingency Event; provided, however, that the failure to provide such notice, or any delay in doing so, shall not affect the automatic termination of this Agreement or the cessation of PHC's obligations pursuant to this Dependent Agreement Contingency clause, and shall not give rise to any liability or remedy against PHC.

20. Notices:All notices required in this Agreement shall be in writing and shall be deemed to have been given: (a) when delivered by hand with written confirmation of receipt; (b) on the date sent by e-mail with confirmation of transmission if sent during normal business hours of the recipient, and on the next business day if sent after normal business hours of the recipient; or (c) on the third day after the date mailed, by certified or registered mail, return receipt requested, postage prepaid with verification of certified or registered mail. Such communications must be sent to the respective Party at the addresses listed under Section N, respectively.

L. **CalMedForce Representatives:** The CalMedForce representatives during the Term of this Agreement are listed below. Direct all contract inquiries to:

Grant Administrator: Physicians for A Healthy California	Grantee: San Bernardino County on behalf of Arrowhead Regional Medical Center Obstetrics and Gynecology Residency Program
Contact: Victoria Catanio, Program Director, CalMedForce	Contact: Tesha Lerma
Address: 1201 K Street, Suite 800 Sacramento, CA 95814	Address: 400 N Pepper Avenue
Phone: (916) 551-2881	Phone:
Email: vcatanio@phcdocs.org	Email: lermat@armc.sbcounty.gov

The undersigned persons hereby represent and warrant that they are authorized to execute this Agreement on behalf of the parties hereto as of the dates signed below.

Electronic Signatures

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other mail transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

Grantee:
San Bernardino County on Behalf of Arrowhead Regional Medical Center
Name: Dawn Rowe
Title: Chair, Board of Supervisors

Signature: _____

Date: _____

Physicians for a Healthy California Name: Victoria Catanio Title: Program Director, CalMedForce

Signature: _____

Date: _____

EXHIBIT A

CalMedForce and CalMedForce+ Fiscal Year 2025-26 Grant Application Guidelines

Application Period: September 4 – October 8, 2025

If an applicant requires approval to enter into a contract from a coordinating authority, please inform the authority of the terms and conditions contained in the sample grant agreements. All applicants will be required to agree to the terms and conditions prior to receiving funds.

CalMedForce is a publicly funded program through voter-approved tobacco tax revenues (Proposition 56 in 2016) and administered by PHC.

CalMedForce+ is a publicly funded program through voter-approved tax revenues (Proposition 35 in 2024) and administered by PHC.

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PURPOSE

The purpose of this guide is to provide information to assist residency programs and fellowship programs during the CalMedForce and CalMedForce+ application process for the Fiscal Year (FY) 2025-26 grants. This guide contains background information about the CalMedForce and CalMedForce+ program and its application instructions to successfully complete and submit an application for consideration.

BACKGROUND

In 2016, the California Medical Association, California Hospital Association, and Service Employees International Union-United Healthcare Workers West sponsored The California Healthcare, Research and Prevention Tobacco Tax Act of 2016. Proposition 56 was approved by voters and allocates up to $40 million of funding annually towards Graduate Medical Education (GME) to sustain, retain, and expand California residency positions in primary care and emergency medicine. All Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs in California that meet the guidelines set forth in Proposition 56 are eligible for funding.

In 2024, California Medical Association, California Hospital Association, California Academy of Family Physicians and a coalition other health care providers and associations sponsored the Protect Access to Health Care Act of 2024. Proposition 35 was approved by voters and allocates up to $75 million in funding towards GME for residency positions in all specialty residency programs and fellowships. Proposition 35 funds will prioritize new and expanding positions. All Accreditation Council for Graduate Medical Education (ACGME) accredited residency and fellowship programs in California are eligible for funding. Programs may apply for funding if they will receive their ACGME accreditation by time of contract signature.

The University of California (UC) is the designated recipient of the funding and has contracted with Physicians for a Healthy California (PHC) to administer grant funding through Proposition 56 and Proposition 35. The amount of available funding depends on the revenue and allocation from Proposition 56 and Proposition 35.

PHC works closely with a 15-member Advisory Council to administer the CalMedForce program, which incentivizes and supports GME programs serving medically underserved areas and populations.

The CalMedForce Advisory Council includes representatives from:

- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists-District IX (ACOG)
- American College of Physicians-CA (ACP)
- Association of Independent CA Colleges and Universities (AICCU)
- California Academy of Family Physicians (CAFP)
- California Association of Public Hospitals (CAPH)
- California Chapter of the American College of Emergency Physicians (Cal- ACEP)
- California Children's Hospital Association (CCHA)
- California Hospital Association (CHA)
- California Medical Association (CMA)

- California Primary Care Association (CPCA)
- Osteopathic Physicians of California (OPSC)
- Service Employees International Union (SEIU) California State Council
- University of California, Health

PHC also works closely with the newly developed CalMedForce+ Advisory Council, who provide expertise on specialty and fellowship GME program grants

The CalMedForce+ Advisory Council includes representatives from:

- Central California Alliance
- Charles Drew University
- Children's Hospital Los Angeles
- Family Health Centers of San Diego
- HealthNet
- Loma Linda University Health
- Shasta Community Health Center
- Sierra View Medical Center
- Sutter Health
- The Permanente Medical Group
- University of California, Davis
- Valley Children's Healthcare

ELIGIBILITY

To be eligible to receive funding, a training program must meet the following criteria:

- Located in California
- Allopathic or Osteopathic
- Primary care* (family medicine, internal medicine, obstetrics and gynecology, or pediatrics) or emergency medicine OR non-primary care residency program (specialties) or fellowship
- Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or will be accredited by the time of contract execution
- Serving medically underserved populations and areas

** Combined residency programs are eligible to apply*

Eligible residency and fellowship programs include new, existing, and expanding programs. Proposition 35 funds will prioritize new and expanding positions. Programs who have not received formal accreditation from ACGME but will be accredited at the time of signing their contract, if awarded, are eligible to apply. Programs with probationary accreditation status from ACGME may

be asked to submit additional documentation to be considered for an award and may be deemed ineligible for an award. PHC will verify accreditation prior to issuance of grant funds.

NEW PROGRAMS are defined as having received ACGME accreditation (both for the sponsoring institution and residency or fellowship program)

- or will have accreditation at the at the time of contract execution,
- have not yet graduated its first cohort of residents or fellows
- and will enroll at least one class by July 1, 2026
- In addition, this includes newly established residencies and fellowships in GME naïve hospitals or health systems (i.e., sponsoring institutions) that are still expanding to meet their five-year Medi-Care cap (must be expanding in 2026-27 academic year).

EXPANDING PROGRAMS Expanding programs are defined as having received ACGME accreditation and have graduated one or more cohort(s) of residents, and:

- Have received ACGME approval for additional categorical residency positions as evidenced by documentation from ACGME approving a permanent or temporary increase in the number of categorical residency positions, or have approved residency positions that are unfilled, and plan to fill all/or some of the categorical residency positions in the 2026-27 academic year

EXISTING PROGRAMS are defined as having received ACGME accreditation, have graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the previous academic years.

AUTHORIZING STATUTES

CalMedForce (Proposition 56)

Revenue and Taxation Code, California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Section 30130.57-30130.58) reads in part:

§ 30130.57 (c) Moneys from the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Fund in the amount of forty million dollars ($40,000,000) annually shall be used to provide funding to the University of California for the purpose and goal of increasing the number of primary care and emergency physicians trained in California. This goal shall be achieved by providing this funding to the University of California to sustain, retain, and expand graduate medical education programs to achieve the goal of increasing the number of primary care and emergency physicians in the State of California based on demonstrated workforce needs and priorities.

(1) For the purposes of this subdivision, "primary care" means family medicine internal medicine, obstetrics and gynecology, and pediatrics.

(2) Funding shall be prioritized for direct graduate medical education costs for programs serving medically underserved areas and populations.

(3) For the purposes of this subdivision, all allopathic and osteopathic residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and located in California shall be eligible to apply to receive funding to support resident education in California.

(4) The University of California shall annually review physician shortages by specialty across the state and by region. Based on this review, to the extent that there are demonstrated state or regional shortages of nonprimary care physicians, funds may be used to expand graduate medical education programs that are intended to address such shortages.

EXHIBIT A

CalMedForce+ (Proposition 35)

Welfare and Institutions Code, Protect Access to Health Care Act of 2024 (Section 14199.120) reads in part:

§ 14199.120 (a) The department shall, subject to the stakeholder input requirements of Section 14199.121, use the moneys in the Health Care Workers Account for the purpose of attracting, retaining, and expanding the pool of health care workers available to treat Medi-Cal patients as set forth in this section.

(b) Seventy-five percent of the moneys in the account shall be deposited in the Graduate Medical Education Subaccount, which is hereby created in the Health Care Workers Account. Moneys in this subaccount shall be transferred to the University of California for the administration and expenditure to other qualified entities to expand graduate medical education in order to achieve the goal of increasing the number of physician and surgeon residency slots and expanding number of locations offering physician and surgeon residency programs, as compared to the number of residency slots and program locations in place on December 31, 2023. For the purposes of this section, all allopathic and osteopathic residency programs accredited by federally recognized accrediting organizations and located in California shall be eligible to apply to receive funding to support resident education in California.

INITIATING AN APPLICATION

Applications must be submitted electronically through PHC's grant management system, SmartSimple. If you were awarded last cycle or if you have current CalMedForce awards, your residency program may already be in the SmartSimple grant management system. If so, please login as an individual user and follow the directions to initiate the application. If you are a new applicant or are newly eligible for CalMedForce+ and do not already have an account with PHC, please contact staff at CalMedForce@phcdocs.org so they can set up your account and add pertinent users. You will receive an email from SmartSimple with login and password instructions. The link to the portal can be found HERE.

By accessing or using SmartSimple, you acknowledge and agree to the following: This system and any communications, including messages and attachments, are intended solely for authorized SmartSimple users and the specific individual or entity to whom they are addressed. Information contained within may be confidential, proprietary, or legally protected. Unauthorized access, review, disclosure, copying, distribution, or any other use of this information is strictly prohibited. By using the platform, you confirm your understanding of this Privacy Notice and agree to comply with all applicable privacy, security, and confidentiality requirements.

Sponsoring institutions that have multiple eligible residency programs must submit one application for each respective training program.

Submission Deadline

The deadline to apply is October 8, 2025 at 7:00 p.m. (PST). Late applications will not be accepted. Applications submitted between September 4 and October 8, 2025, 7:00 p.m. (PST) will receive one review by PHC staff within a week of submission to verify completeness and accuracy of documents. Only applications that are incomplete or erroneous will be reopened for editing. Submitted applications will be reviewed within one week of the date it is submitted. If staff determine that edits are necessary, the applicant will have three business days to make edits from the time of notification of required edits. If the required edits are not made within three business days of notification, the application will be considered final. Applicants may only change or update what PHC staff deem as incomplete/erroneous or which requires additional information. The applicant may not make changes to any other portion of their application. Abuse of any administrative permission will not be tolerated and may lead to disqualification.

EXHIBIT A

Following the close of the CalMedForce and CalMedForce+ FY 2025-26 grant cycle, a final score will be sent to the primary contact as indicated in the application.

Available Funding

The following funding allocation guidelines were recommended by the Advisory Council and approved by the University of California (UC) for the FY 2025-26 application cycle for Proposition 56:

Proposition 56	Funding Allocation
Family Medicine	31%
Internal Medicine	19%
Obstetrics and Gynecology	17%
Pediatrics	17%
Emergency Medicine	17%

According to the FY 2025-26 California state budget, the total available funds for the FY 2025-26 application cycle is approximately $21 million (reduced from prior years' funding level of $38 million).

For FY 2025-26, Proposition 35 (CalMedForce+) allocates up to $75 million to all specialty and fellowship positions. Proposition 35 funds will prioritize new and expanding positions. Proposition 56 (CalMedForce) allocates up to $40 million by statute to support new, expanding and existing primary care and emergency medicine resident positions. The FY 2025-26 California state budget allocated up to $21 million for this CalMedForce funding cycle.

Eligible programs include any/all ACGME-accredited residency or fellowship programs in California. CalMedForce funds primary care and emergency medicine programs and CalMedForce+ funds all primary care and specialty programs.

Funding is approximate and will be disbursed based on scoring criteria. CalMedForce applications will be evaluated and ranked within each specialty. For example, internal medicine residency programs will be scored and ranked in relation to other internal medicine residency programs. The following outlines the amounts programs are eligible to receive:

- New Programs: $105,000 per resident per year x program length
- Expanding Programs: $95,000 per resident per year x program length
- Existing Programs: $85,000 per resident per year x program length

Primary care combined programs will be evaluated and ranked within each respective eligible discipline(s). Funding for combined programs will be determined according to the scenarios below.

- Example of combined program with two eligible CalMedForce disciplines: An internal medicine/pediatrics four-year combined program is eligible for funding in both disciplines. The scores of both disciplines will be considered separately, so each discipline is eligible to be awarded half of the total requested number of positions. If this program applied for one expanding position ($95,000 per resident per year), it would be eligible to receive $380,000 ($95,000 x 4 years x .5 positions) + ($95,000 x 4 years x .5 positions) = $380,000.

QUESTIONS/REQUESTING HELP

After an application is initiated, if help is needed/requested, contact PHC staff by email at CalMedForce@phcdocs.org or by telephone at (916) 551-2899. If contacting staff by email, reference the step within the subject line (ex. Step 5 HPSA). Please also include a detailed description of the issue and a screenshot, if applicable, within the body of the email.

REVIEW AND SELECTION PROCESS

The CalMedForce and CalMedForce+ Advisory Council has established a fair and impartial process for scoring and evaluating applications. All applications, except for new programs, will be auto scored. Each application will be reviewed by PHC staff to assess their eligibility against the criteria below. Award announcements will be made between November and December 2025 via email to the primary contact as indicated on the application. Awardee agreements will be distributed in spring 2026 with a tentative execution date no later than July 1, 2026. Funding determinations will be based on applicant scores relative to other applicants in their specialty, the number of applications received, and the availability of funds.

CalMedForce and CalMedForce+ may award **full, partial, or no funding** to an applicant based on the applicant's score and the amount of available funds during the competitive funding review process. Funding is prioritized for programs that serve medically underserved areas and populations in California, as determined using the scoring matrix. CalMedForce and CalMedForce+ grant awards are public funds and will be shared on the CalMedForce website once funding decisions are finalized.

SCORING MATRIX

All applications will be scored using the following matrix below. While all steps are required for an application to be complete, the following questions listed below are the only questions that will be scored.

Questions	Scored
Please select whether your primary training site is located in a primary care health professional shortage area (HPSA) (geographic area or automatic facility) as defined by the Federal Health Resources Services Administration (HRSA). [ONLY PRIMARY CARE AND EMERGENCY MEDICINE PROGRAMS] ☐ Yes ☐ No Is this a geographic area or automatic facility HPSA? ☐ Geographic HPSA ☐ Automatic facility HPSA If your training program is in a primary care HPSA area, please provide the primary care geographic area or automatic facility HPSA Score. data.hrsa.gov/tools/shortage-area/hpsa-find Please check the following ☐ I acknowledge that the HPSA is for the primary training site of our residency program (For combined programs with two eligible disciplines only): Please select whether your combined program's second primary training site is located in a primary care health professional shortage area (HPSA) (geographic area or automatic facility) as defined by the Federal Health Resources Services Administration (HRSA) ☐ Yes ☐ No Is this a geographic area or automatic facility HPSA? ☐ Geographic Area HPSA	**3 points maximum** + 0 points – HPSA (0) + 1 point – HPSA (1-8) + 2 points – HPSA (9-14) + 3 points – HPSA (15-25)

☐ Automatic facility HPSA Please check the following ☐ I acknowledge that the HPSA is for the second primary training site of our combined residency program If your training program is in a primary care HPSA area, please provide the primary care geographic area or automatic facility HPSA Score.	
Please indicate the payor mix for the most recent completed academic year (2024-25) for the location through which the majority of the resident or fellows FTEs are providing care. If residents or fellows spend equal time at two sites (50% and 50%) and the payor mixes are different, please choose the highest payor mix for which resident FTEs are providing care. ☐ Check this box ONLY IF you are a NEW program and residents will be training at a brand new training site and that training site has no payor mix data. (For combined programs): Please indicate the payor mix for the most recent completed academic year (2024-25) for the combined program's second location through which the majority of the resident or fellow FTEs are providing care.	**10 points maximum** Points will be awarded based on the percentage of the payor mix that is collectively Medi-Cal, dual eligible, indigent, and uninsured, as follows (see the glossary for definitions): + 0 points = 0-40% + 2 points = 41-52% + 4 points = 53-64% + 6 points = 65-76% + 8 points = 77-88% + 10 points = 89-100% Note: New programs with brand new training sites with no payor mix data available will receive the average payor mix score for their respective discipline. These scores will be calculated at close of application cycle.
If your primary training site is in a Primary Care Shortage Area (PCSA) [follow this link to find out if the primary training site is in a PCSA: geo.hcai.ca.gov/hpsa-search] (PCSA), please provide your PCSA score. If your program has no score, select "No".[ONLY PRIMARY CARE AND EMERGENCY MEDICINE PROGRAMS] (For combined programs) Instructions must be followed twice: If your combined program's second primary training site is in a Primary Care Shortage Area (PCSA) [follow this link to find out if the primary training site is in a PCSA: geo.hcai.ca.gov/hpsa-search] (PCSA), please provide your PCSA score. If your program has no score, select "No".	**3 points maximum** + 0 point = PCSA "No" + 1 point = PCSA (5-6) + 2 points = PCSA (7-8) + 3 points = PCSA (9-10)
Check the following boxes that best describe your program: ☐ New Residency or Fellowship Program: Has received ACGME accreditation (both for the sponsoring institution and residency or fellowship program) or will have accreditation by contract execution, has not yet graduated its first cohort of residents or fellows, and will enroll at least one class by July 1, 2026. In addition, this includes newly established residencies or fellowships in GME naïve hospitals or health systems (i.e., sponsoring institutions) that are still expanding to meet their five-year Medi-Care cap (must be expanding in 2026-27 academic year) ☐ Expanding programs are defined as having received ACGME accreditation and have graduated one or more cohort(s) of residents or fellows, and have received ACGME approval for additional categorical residency or fellowship positions as evidenced by documentation from ACGME approving a permanent or temporary increase in the number of categorical residency or fellowship positions, or have approved residency or fellowship positions that are unfilled, and plan to fill all/or some of the categorical residency positions in the 2026-27 academic year	**5 points maximum** + 3 points = existing + 4 points = expanding + 5 points = new

☐ Existing Residency Program: Has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the previous academic years.	
Please include information on your categorical resident or fellow graduates for FY 2024-25 Please include information on your graduates for FY 2023-24 Please include information on your graduates for FY 2022-23 Please include information on your graduates for FY 2021-22 Please include information on your graduates for FY 2020-21 Please note that time spent as a hospitalist does not count as primary care.	**10 points maximum** Up to 5 points will be awarded based on the percentage of graduates who practice in their specialty of training more than 50% of the time in California. + 0 points = 0-10% + 1 point = 11-20% + 2 points = 21-40% + 3 points = 41-60% + 4 points = 61-80% + 5 points = 81-100% Up to 5 points will be awarded based on the number of graduates who practice in their specialty of training more than50% of the time in California. + 0 points = 0 graduates + 1 point = 1-5 + 2 points = 6-10 + 3 points = 11-20 + 4 points = 21-30 + 5 points = 31+ Note: New programs will receive the average score for their respective discipline once the application cycle closes Maximum Extra Points Available: 2 Two (2) extra credit points awarded to programs with 50% or more graduates practicing in their specialty of training more than 50% of the time in counties with a Healthy Places Index (HPI) score below the median. The following counties will qualify for up to two extra credit points: Tulare, Kern, Del Norte, Trinity, Kings, Fresno, San Bernardino, Sutter, Shasta, San Benito, Ventura, Napa, Imperial, Modoc, Merced, Madera, Lake, Glenn, Tehama, Yuba, Mariposa, Lassen, Stanislaus, Sierra, Siskiyou, Colusa, Riverside, San Joaquin, Mendocino, Butte, Monterey, Los Angeles
	Total Points Available (CalMedForce) = 33 **Total Points Available (CalMedForce+)= 27**

APPLICATION – STEPS

There are a total of 12 steps in the FY 2025-26 CalMedForce and CalMedForce+ application. The following content will take the applicant through each step of the application and provide more

context and detail as it pertains to the application. Read each step carefully to ensure the information entered in the application is accurate.

Step 1 – Confirming Eligibility

To be eligible for funding, all the following must be true of the applicant's residency or fellowship program at the time of the grant award and before funds are released. Confirm that all the following apply:

- ☐ Located in California
- ☐ Allopathic or Osteopathic
- ☐ Primary care (family medicine, internal medicine, obstetrics and gynecology, and/or pediatrics) or emergency medicine OR non-primary care residency program (specialties) or fellowship*
- ☐ Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or will have accreditation by the time of contract execution
- ☐ Serving medically underserved populations and areas

** Combined residency programs are eligible to apply.*

Applicants will need to input their program's name to verify if their organization exists. If program is not listed, please reach out to CalMedForce@phcdocs.org for more information on registration.

An applicant is eligible to apply if the residency or fellowship program has not received formal accreditation from ACGME, as long as ACGME accreditation is fully obtained at the time of contract execution, if awarded. Primary care tracks, or other ACGME designated tracks, within eligible disciplines may apply only if their main residency program is not applying. A residency program and its primary care or ACGME designated track may not both apply and will not both be awarded.

If the residency program does not meet the criteria above and believes they are eligible, they will need to send an email to CalMedForce@phcdocs.org regarding their justification for eligibility. PHC staff will reply within three business days.

Step 2 – Communications

Please check all the fields that apply to how the program received information regarding the CalMedForce and CalMedForce+ funding opportunity. If selecting "Other," the applicant must type an additional response. This information will be used to further improve communication for all stakeholders.

Please tell us how you heard about this funding opportunity. Check all that apply.

- ☐ PHC Website
- ☐ Emails
- ☐ CalMedForce Emails
- ☐ CMA Emails
- ☐ Legislative Office or Elected Official
- ☐ Social media
- ☐ LinkedIn
- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ Presentation
- ☐ Association
- ☐ Phone call/Outreach
- ☐ Other

Please note that a text box will appear if "Other" is selected under the "Emails" category or if the

EXHIBIT A

Email, Legislative Office/Elected Official, Presentation or Association categories are also selected.

☐ Please select this checkbox if this is the first time your residency program is applying for the CalMedForce grant

Step 3 – Residency Program Information

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 specifies that moneys from Proposition 56 must fund primary care (family medicine, internal medicine, obstetrics and gynecology, and pediatrics) and emergency medicine residency programs. Proposition 35 funds prioritize new and expanding positions in any specialty or fellowship. Sponsoring institutions that have multiple eligible residency or fellowship programs must submit one application for each respective program.

Please select the type of residency or fellowship program you are applying for:

☐ Family Medicine

☐ Internal Medicine

☐ Obstetrics and Gynecology

☐ Pediatrics

☐ Emergency Medicine

☐ Combined Program

☐ Specialty Program or Fellowship

If your residency program is a combined program, options will appear for you to select each discipline or select "Other" and enter in the specialty/specialties.

Only one selection can be made and must be approved as the major independent specialty. If combined program is selected, two selections can be made. Select two of the disciplines listed above or select Other to enter in your disciplines. Please refer to the glossary for further definition of combined programs.

Length of Residency Program

☐ 3 years

☐ 4 years*

☐ 5 years

☐ 6 years (Eligible for 5 years of funding)

☐ 7 years (Eligible for 5 years of funding)

** Family medicine residency program's participating in the Advancing Innovation in Residency Education (AIRE) program are eligible to apply as a four year program. For additional information on the AIRE program, please refer to the Glossary.*

My program is:

☐ Allopathic

☐ Osteopathic*

** Osteopathic refers to programs that have Osteopathic Recognition from ACGME. Both allopathic and osteopathic residency programs are eligible; select only one option. Please reference "Accreditation Status" below for more details regarding eligibility*

Address of Residency Program

Enter the physical address of the residency or fellowship program, number, street name, city, zip code, and county. Please note that this address will be used solely for mailing purposes and will not impact scoring decisions. No P.O. Boxes will be accepted.

EXHIBIT A

Name of Sponsoring Institution

Select the name of the sponsoring institution from the drop-down menu. If the sponsoring institution you are looking for is not listed, please select "other" and type the name of the sponsoring institution. For new programs or programs that did not apply in previous grant cycles, please use the format of "[Name of Sponsoring Institution]". The sponsoring institution assumes the ultimate financial and academic responsibility for a program. Examples of sponsoring institutions include a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation.

Accreditation Status

All residency and fellowship programs and sponsoring institutions must have current accreditation (or accreditation by the time of contract execution) from the Accreditation Council for Graduate Medical Education (ACGME) to receive funding.

Is your residency or fellowship program accredited by the Accreditation Council for Graduate Medical Education (ACGME)?

☐ Yes

☐ No

Please check only one option. To be eligible for CalMedForce and CalMedForce+ funding, all programs must be accredited at the time of contract execution, if awarded. Both the sponsoring institution and the residency or fellowship program's accreditation is required.

If an applicant selects "No" a series of questions will appear in the application that will allow the applicant to provide information on the program's progress toward accreditation.

Accreditation ID Numbers

Please enter the ACGME ID number for the residency or fellowship program and the sponsoring institution. PHC staff will verify the program and sponsoring institutions accreditation status via the ACGME website. Sponsoring institution and residency or fellowship program ID numbers can be located on a program's letter of accreditation (see examples). These numbers have 10 digits. Alternatively, applicants may find their ACGME ID numbers on the ACGME website here: apps.acgme.org/ads/Public

EXHIBIT A

Sponsoring Institution Sample

Accreditation Council for Graduate Medical Education

401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

ACGME

[redacted]

Dear [redacted],

The Institutional Review Committee (IRC), functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following institution:

[redacted]

Institution: [redacted]

Sponsoring Institution will be located here.

Based on the information available at its recent meeting, the Review Committee accredited the institution as follows:

Status: Continued Accreditation
Effective Date: [redacted]

AREAS NOT IN COMPLIANCE (Citations)
The Review Committee cited the following areas as not in substantial compliance with the ACGME's Institutional Requirements for Graduate Medical Education:

EXTENDED CITATIONS

GMEC | Since: [redacted] | Status: Extended

Structure for Educational Oversight, GMEC, Membership, Meetings and Attendance (Institutional Requirement I.B.3.a))
Each meeting of the GMEC must include attendance by at least one resident/fellow member. (Core)

[redacted]

(Clarifying Information, Attachment—GMEC Minutes)

Continued Non-Compliance: [redacted]
The Institutional Review Committee ("IRC") could not confirm resolution of the citation.

EXHIBIT A

Residency Program Sample

Accreditation Council for Graduate Medical Education

401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

ACCME

[redacted]

[redacted]

Program Director

[redacted]

Dear [redacted]

The Review Committee for Family Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Family medicine

[redacted]

Program number will be located here.

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents: [redacted]
Effective Date: [redacted]

The Review Committee determined that the program is in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements and did not issue any new citations.

AREAS FOR IMPROVEMENT / CONCERNING TRENDS

The Review Committee identified the following areas for program improvement and/or concerning trends:

Educational Content
The Committee encourages the program to review results from the Resident Survey, as there were concerns expressed in the area of "educational content". The Committee reminds the program that Resident Survey results are reviewed annually to assist with the determination of substantial compliance with the requirements.

Evaluations
The Committee encourages the program to review results from the Resident Survey, as there were concerns expressed in the area of "evaluations". The Committee reminds the program that Resident Survey results are reviewed annually to assist with the determination of substantial compliance with the requirements.

Faculty Supervision and Teaching
The Committee encourages the program to review results from the Resident Survey, as there

EXHIBIT A

Future Accreditation Sample

[redacted]

From: [redacted]
Sent:
To:
Cc:

Subject: ACGME - Meeting Decision

[redacted]

ACGME

ACGME - Meeting Decision

Dear [redacted]

In accordance with the ACGME's Next Accreditation System and the policies set forth in its Policies and Procedures Manual, all accredited programs are being reviewed annually by their relevant Review Committee. At its [redacted] meeting, the Review Committee for [redacted] reviewed the program listed below and took the following action:

[redacted]

	Initial Accreditation
New Status:	Total Accredited Residents: [redacted]
	Effective Date: [redacted]

A detailed letter of notification will be posted in the ACGME Accreditation Data System (ADS) within 60 days of this e-mail, and you will be notified by e-mail when the letter is available. Until the official letter is posted in ADS, Review Committee staff members cannot discuss the Committee's action. When you receive the letter, please contact the Executive Director if you require further clarification regarding the content of the letter or status of your program.

ADS is accessible at the following address - https://apps.acgme.org/ads. For any technical issues with ADS, please contact WEBADS@acgme.org.

Sincerely,

[redacted]

Accreditation Administrator

Step 4 – Contact Information

Program Director

The program director is the individual designated with authority and accountability for the operation of a residency or fellowship program.

Please enter the program director's contact information, including MD or DO, name, address, email, and phone number. If the address is the same as the residency or fellowship program, select the appropriate box and press "Save Draft".

Primary Contact

The primary contact is an individual who works closely with the grant. They will receive communications from CalMedForce staff regarding award announcements, monitoring reports and payments.

Please provide the primary contact's name, title, address, email, and phone number. If the address is the same as the residency or fellowship[program, select the appropriate box and press "Save Draft".

Please note, that the program director and the primary contact must be two different individuals with different contact information. If any questions arise about the application itself, PHC staff will contact both the program director and primary contact via email/or phone. If awarded, the applicant will have the ability to update the primary contact to whomever is appropriate in their organization. Please note, the primary contact will be contacted if awarded.

Step 5 – HPSA, Payor Mix & PCSA

Primary Site

Please indicate the location of the primary ACGME-approved continuity clinic training site or the primary training site through which the majority of the residents or fellows full-time equivalents (FTEs) are providing care. A primary training site is where the residents spend the majority of their time performing patient care (inpatient and outpatient).

Please include: Name of site, practice setting (the setting where one provides patient care such as, Federally Qualified Health Center, Government, Group Practice, or Hospital or other), street address, city, zip code, and county.

For combined programs, please provide information for the primary training site through which the majority of the residents FTEs deliver care for both disciplines.

Health Professional Shortage Area (HPSA) Status

Please select whether your primary training site is located in a primary care health professional shortage area (HPSA) (geographic area or automatic facility) as defined by the Federal Health Resources Services Administration (HRSA). Note, primary care HPSAs only apply to primary care specialties. If you are a specialty or fellowship program, this will be skipped.

Geographic Area HPSA: Shortage of primary care providers for the entire population within a defined geographic area.

Automatic Facility Area HPSA: Automatically designated as a HPSA by statute or through regulations without having to apply for designation. Examples include, but are not limited to: FQHCs, Indian Health Facilities, Dual-funded Community Health Centers/Tribal Clinics.

EXHIBIT A

An applicant will receive one point if their primary training site has a current Health Professional Shortage Area (HPSA) score between 1 and 8, two points if the score is between 9 and 14, and three points if the score is between 15 and 25. Please follow the link below to find your primary care HPSA score.

data.hrsa.gov/tools/shortage-area

If an applicant's geographic area HPSA score differs from their automatic facility HPSA score, enter the highest of the two scores. Indicate in the application whether the HPSA score you are providing is a geographic area HPSA or an automatic facility HPSA. Other HPSA score designations, such as mental health or population HPSA cannot be used in place of primary care geographical or automatic facility HPSA scores.

For combined programs involving two primary care or emergency medicine disciplines, please indicate whether the primary training site for each discipline is located in a Primary Care Health Professional Shortage Area (HPSA). You will be required to provide information for the primary training sites of both disciplines. If your combined program is a specialty or fellowship program, you will select No.

Primary Training Site Information

Please indicate the location of your primary ACGME-approved continuity clinic training site or the primary site through which the majority of the primary care or emergency medicine resident FTEs are providing care.

* Name of Site:
* Practice Setting: --Select One--
* Street Address:
* City:
* Zip Code:
County: --Select One--

Combined programs will need to input information for the primary sites for both disciplines.

* Please select whether your primary training site is located in a primary care health professional shortage area (HPSA) (geographic area or automatic facility) area as defined by the Federal Health Resources Services Administration (HRSA)

- (•) Yes
- ( ) No

* Is this a geographic area or automatic facility HPSA?

- ( ) Geographic Area HPSA
- ( ) Automatic Facility HPSA

* If your training program is in a primary care HPSA area, please provide your primary care geographic area or automatic facility HPSA Score.

--Select One--

* Please check acknowledgement

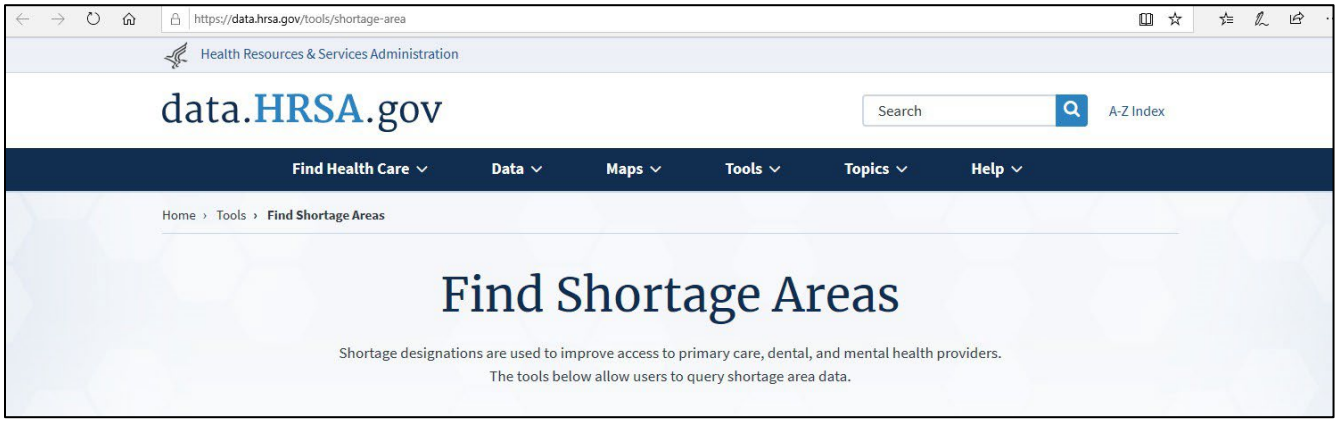
☐ I acknowledge that the HPSA is for the primary training site of our residency program.

EXHIBIT A

Please see the guide below:

Step 1

Once you arrive to the website through the link above, please click "*Find Shortage Areas by Address,*" as indicated by the red arrow below.



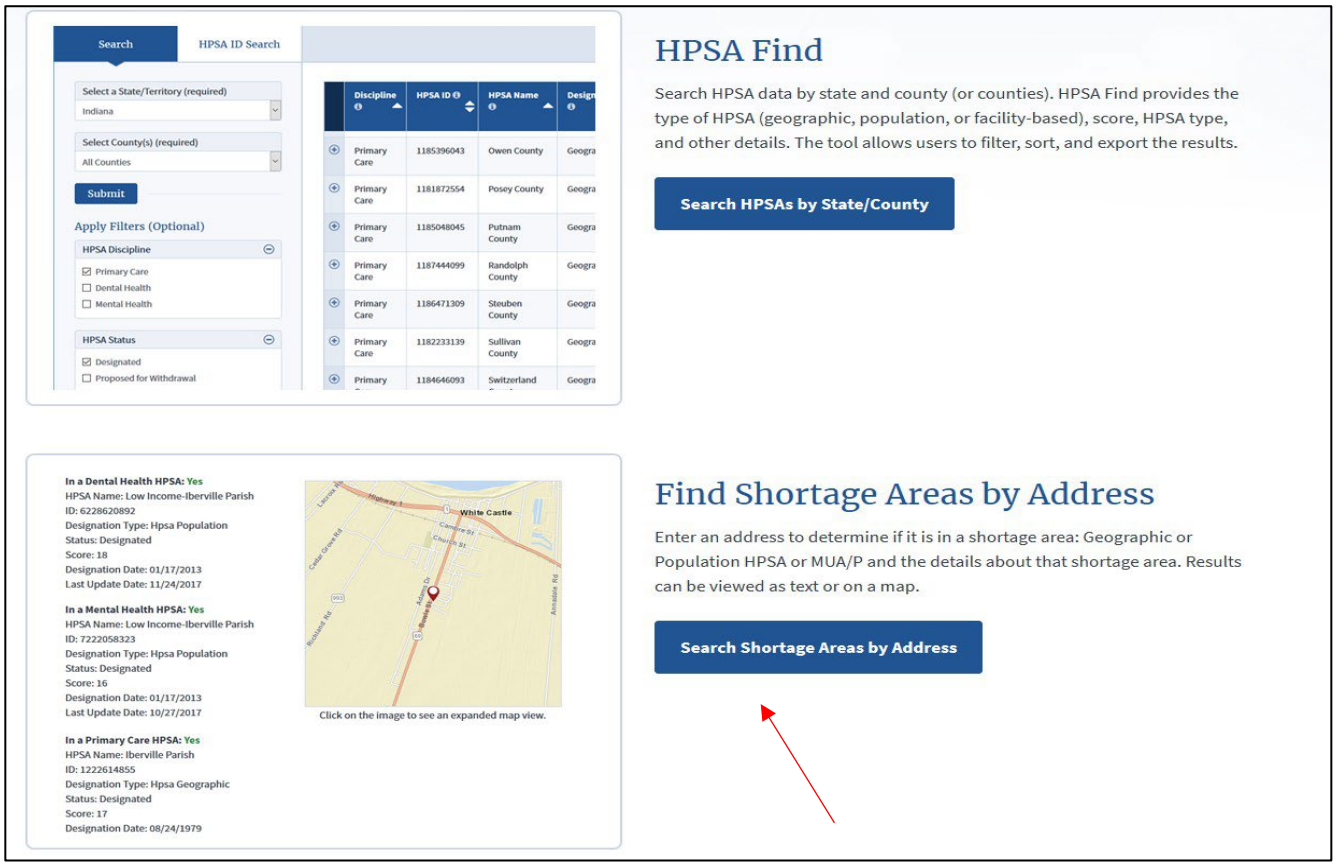
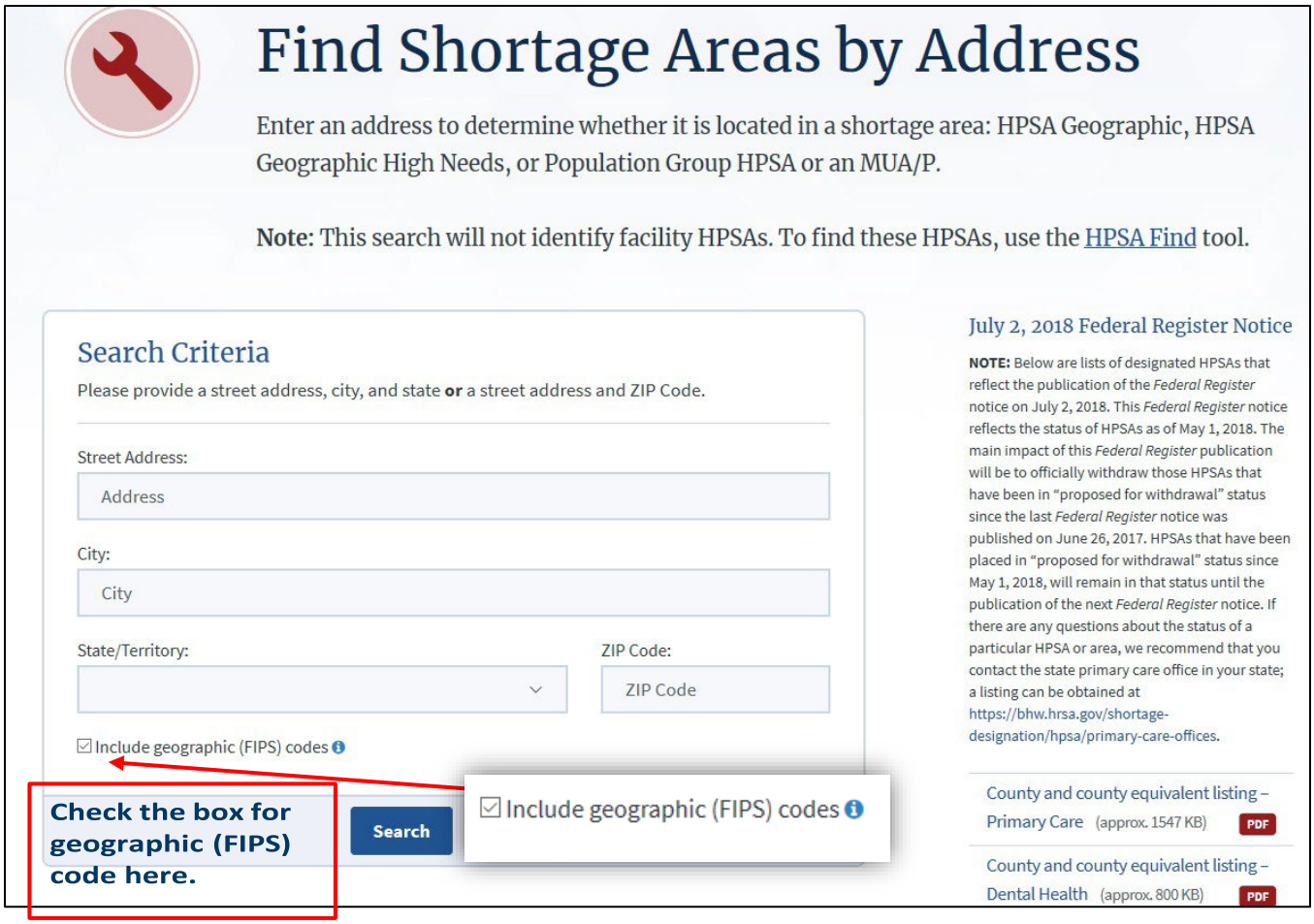


EXHIBIT A

STEP 2

Type the address of the primary training site in the search criteria box. Confirm the checkbox, *"Include geographic (FIPS) codes,"* is checked as indicated by the example below. Click "Search" to populate results and provide a possible **Geographic HPSA** score, shown in the "red square" below.



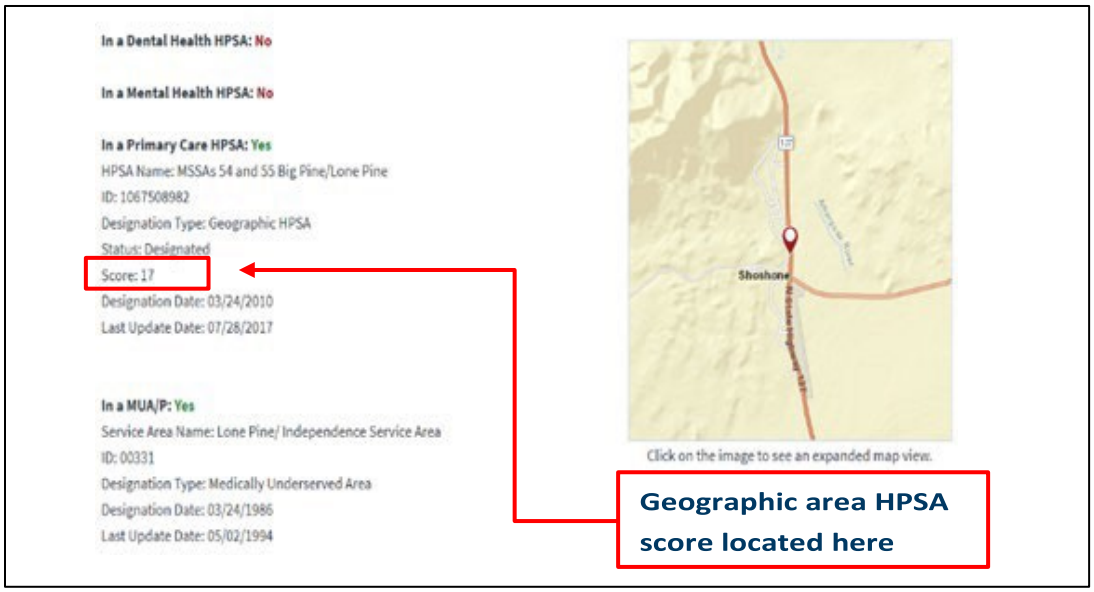
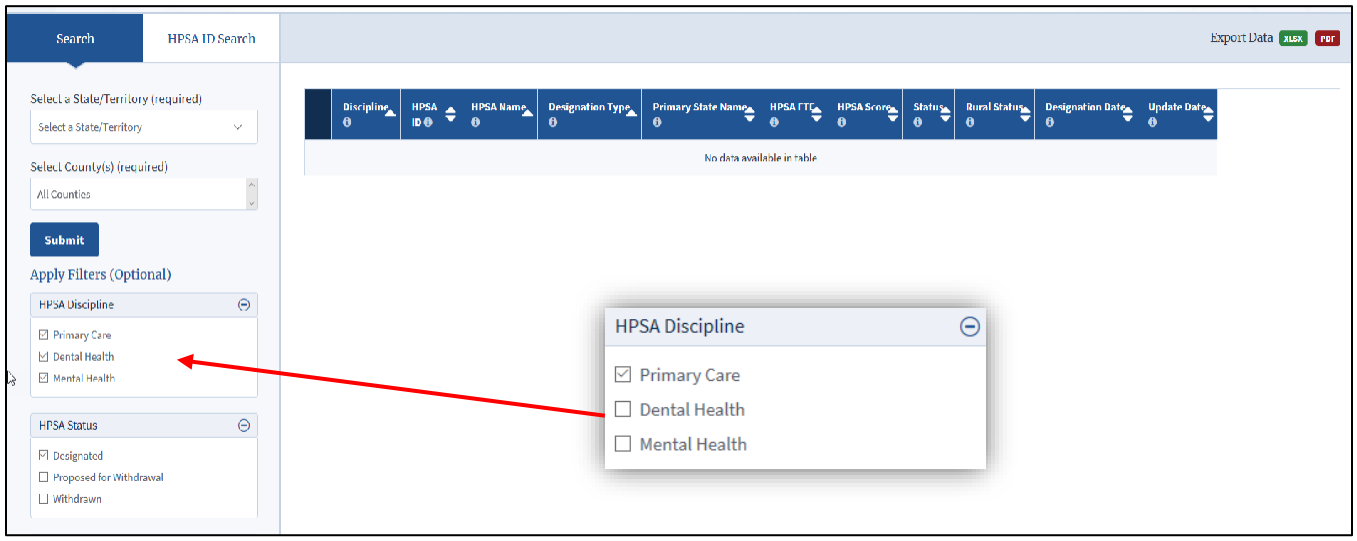
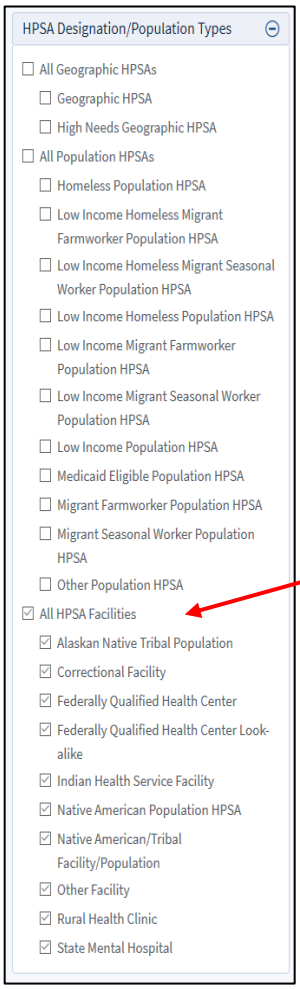


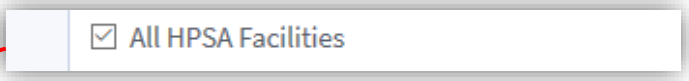
EXHIBIT A

To identify your **Facility HPSA**, use the HPSA Find tool and input your information in the left dialog box and select only "*Primary Care*" for HPSA Discipline and "*All HPSA Facilities*" to search for HPSA facilities.

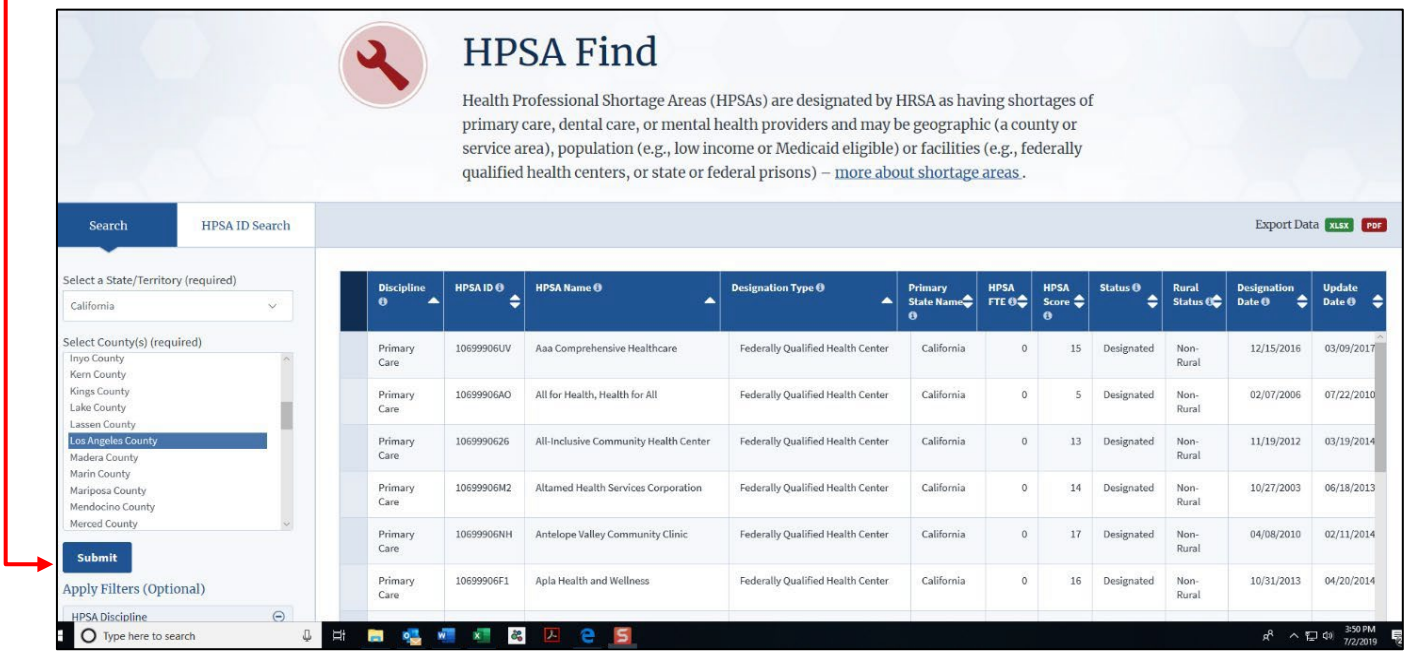




Check this box for all HPSA facilities



Click "*Submit*" to populate the search in the window on the right.



Step 3

Use either the geographic HPSA score or the automatic facility HPSA score as shown in the "red squares" below. If the geographic area HPSA score differs from the automatic facility HPSA score, enter the highest score. If the residency program does not have a HPSA score, enter zero.

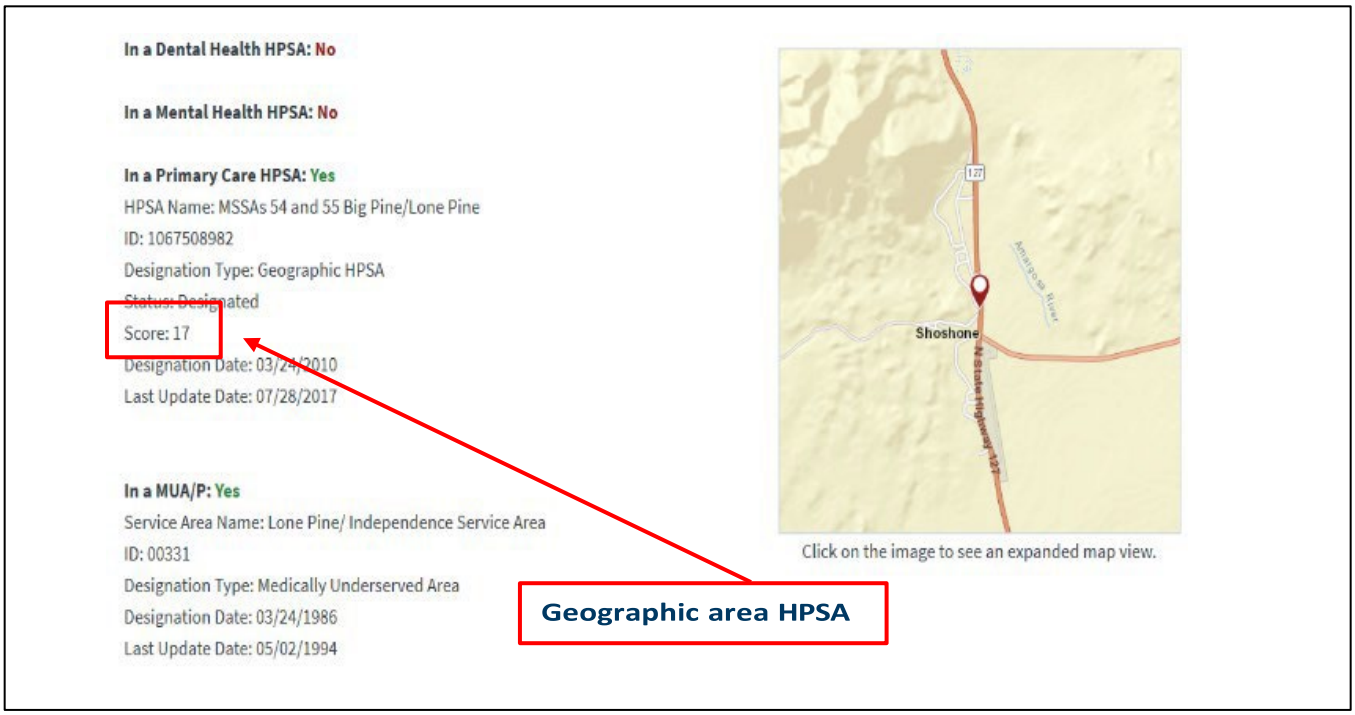


EXHIBIT A

Select a State/Territory (required)

California

Select County(s) (required)

Santa Clara County
Santa Cruz County
Shasta County
Sierra County
Siskiyou County
Solano County
Sonoma County
Stanislaus County
Sutter County
Tehama County
Trinity County

Submit

Apply Filters (Optional)

HPSA Discipline

- [x] Primary Care
- [ ] Dental Health
- [ ] Mental Health

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	HPSA FTE	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1066701732	MSSA 188.1/Montgomery Creek	Geographic HPSA	California	0.7	13	Designated	Rural	02/05/2007	02/12/2017
Primary Care	1069721728	MSSA 190-Burney	Geographic HPSA	California	1.4	14	Designated	Rural	08/01/2018	08/01/2018
Primary Care	1064596185	MSSA 187/Castella/Lakehead/O	High Needs Geographic HPSA	California	0	10	Designated	Rural	04/12/2017	04/12/2017
Primary Care	10699906Z4	Hill Country Community Clinic	Federally Qualified Health Center	California	0	16	Designated	Rural	09/29/2004	11/17/2014
Primary Care	10699906L2	Shasta Community Health Center	Federally Qualified Health Center	California	0	17	Designated	Non-Rural	10/22/2003	01/11/2018
Primary Care	10699906X9	Shingletown Medical Center	Federally Qualified Health Center	California	0	17	Designated	Non-Rural	09/29/2003	04/27/2017
Primary Care	10699906HB	Pit River Health Services	Native American/Tribal Facility/Population	California	0	14	Designated	Rural	10/25/2002	04/12/2015
Primary Care	10699906JC	Redding Rancheria Health Clinic	Native American/Tribal Facility/Population	California	0	15	Designated	Non-Rural	10/25/2002	05/15/2013

Automatic Facility HPSA

Payor Mix

Indicate the payor mix for the most recent completed academic year (2024-25) for the location through which the majority of the resident or fellow FTEs are providing care. Please note, that the payor mix is for the hospital or for the clinic site provided.

For combined programs, indicate the payor mix for the most recent completed academic year (2024-25) for the combined program's second location through which the majority of the resident or fellow FTEs are providing care.

New programs whose residents or fellows will be training at a brand new training site, and that training site has no payor mix data available, will receive the average payor mix score for their respective discipline. These scores will be calculated at close of application cycle.

Payor Mix	%
Medi-Cal	
Dual Eligible (Medi-Cal/Medicare)	
Indigent	
Uninsured	
Other Payors	
TOTAL	

The patient population should be calculated from the most recent 12-month academic year using an audited data source such as a hospital cost report. Please refer to the glossary for definitions of patient populations.

If residents or fellows spend equal time at two sites (50% and 50%) and the payor mixes are different, please choose the highest payor mix for which residents or fellows FTEs are providing care. Points are awarded for the combined percentage of the applicant's patient population (shaded rows) that are Medi-Cal, Dual Eligible, Indigent, and Uninsured, as follows:

- 0 points = 0-40%
- 2 points = 41-52%
- 4 points = 53-64%
- 6 points = 65-76%
- 8 points = 77-88%
- 10 points = 89-100%

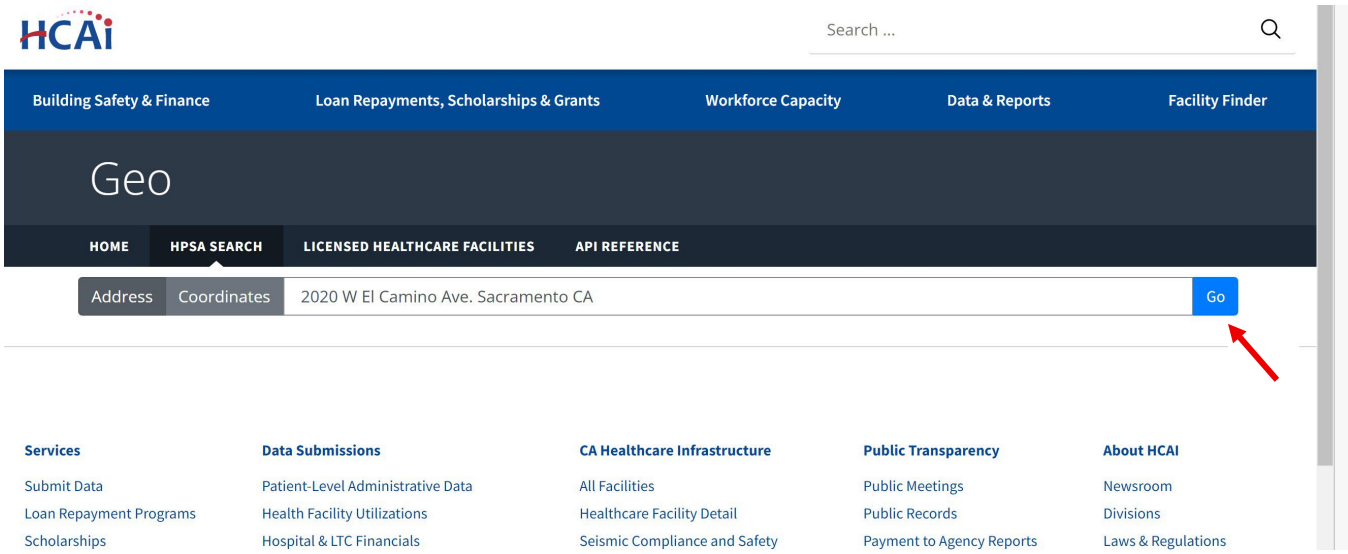
Primary Care Shortage Area (PCSA)

Please select whether your primary training site is located in a Primary Care Shortage Area (PCSA) as defined by the Department of Health Care Access and Information (HCAI). An applicant will receive one point if their primary training site has **no** current PCSA score, two points for a current PCSA score of 5-7 points, and three points for a current PCSA score of 8-10 points. Applicants will choose their score (5-10) or select "No" in a drop down menu provided in the application. Please follow the link below to find the PCSA score for your primary training site. geo.hcai.ca.gov/hpsa-search Note, PCSA only apply to primary care specialties. If you are a specialty or fellowship program, this will be skipped.

Please see the guide below:

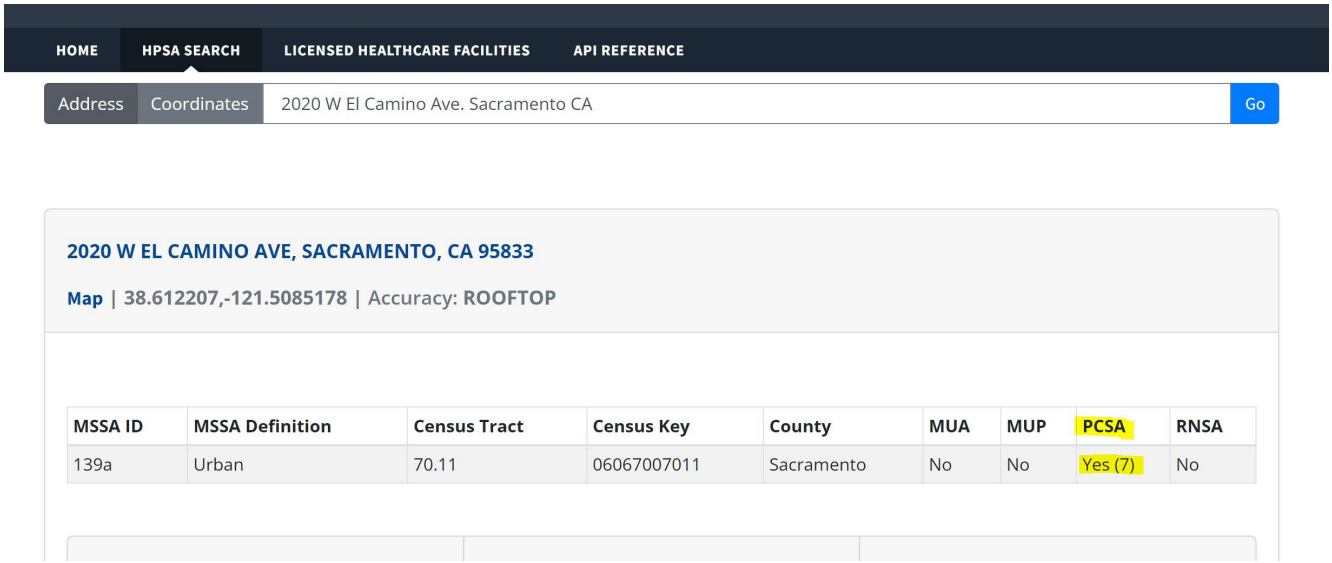
Step 1

Once you arrive to the website through the link above, please type in the search bar the address of your primary training site and click "Go" as indicated by the red arrow below.



Step 2

Your PCSA score will be visible on the right side of the search bar pictured in yellow highlight below. It will either display "No" if you have no score or display "Yes" followed by your score in parentheses.



MSSA ID	MSSA Definition	Census Tract	Census Key	County	MUA	MUP	PCSA	RNSA
139a	Urban	70.11	06067007011	Sacramento	No	No	Yes (7)	No

Step 6 – Program Description

All programs must have ACGME accreditation for both the sponsoring institution and residency program at the time of contract execution. Per the authorizing statutes, CalMedForce and CalMedForce+'s goal is to sustain, retain, and expand graduate medical education in California, with the goal of increasing the number of physicians to address the physician shortage. Residency and fellowship programs may apply for new, existing, and/or expanding positions.

New Program

Residency or fellowship program that has received ACGME accreditation (both for the sponsoring institution and residency or fellowship program) or will have accreditation at the time of contract execution, has not yet graduated its first cohort of residents or fellows, and will enroll at least one class by July 1, 2026. In addition, this includes newly established residencies or fellowships in GME naïve hospitals or health system (i.e., sponsoring institutions) that are still expanding to meet their five-year Medi-Care cap (must be expanding in 2026-27 academic year). (5 points will be awarded)

If program is a newly established residency or fellowship program in a GME naïve hospital or health system, upload the sponsoring institution letter of initial accreditation.

Expanding Program

Expanding programs are defined as having received ACGME accreditation and have graduated one or more cohort(s) of residents or fellows, and have received ACGME approval for additional categorical residency or fellowship positions as evidenced by documentation from ACGME approving a permanent or temporary increase in the number of categorical residency or fellowship positions, or have approved residency or fellowship positions that are unfilled, and plan to fill all/or some of the categorical residency or fellowship positions in the 2026-27 academic year (4 points will be awarded)

Existing Program

Residency program that has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the 2025-2026 academic year. (3 points will be awarded)

EXHIBIT A

Check the following boxes that best describe your program:

NEW:

☐ Has received ACGME accreditation, or will have accreditation by contract execution, has not yet graduated its first cohort of residents or fellows, and will enroll at least one class by July 1, 2026.

Is the program a newly established residency or fellowship program in GME naïve hospital or health system (i.e., sponsoring institution) that is still expanding to meet their five-year Medi-Care cap (must be expanding in 2026-27 academic year)?

- ☐ Yes
- ☐ No

If yes,

- ☐ If program is a newly established residency or fellowship program in a GME naïve hospital or health system, upload the sponsoring institution letter of initial accreditation.

EXPANDING:

☐ Expanding programs are defined as having received ACGME accreditation and have graduated one or more cohort(s) of residents or fellows, and have received ACGME approval for additional categorical residency or fellowship positions as evidenced by documentation from ACGME approving a permanent or temporary increase in the number of categorical residency or fellowship positions, or have approved residency or fellowship positions that are unfilled, and plan to fill all/or some of the categorical residency or fellowship positions in the 2026-27 academic year

EXISTING:

☐ Has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the previous academic years. Neither option above apply to my residency program.

EXHIBIT A

Approval for Expansion Letter Sample

Accreditation Council for Graduate Medical Education

401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

ACGME

[redacted]

[redacted]
Program Director
[redacted]

Dear [redacted]

The Review Committee for Internal Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

[redacted]

Program [redacted]

OTHER COMMENTS

The Committee approved your request for a permanent increase from [redacted] positions effective [redacted]

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Step 7 – Requested Amount & Positions

Funding is divided up among existing, expanding, and new programs—with increased funding allocated towards new and expanding programs. Please see *Step 6- Program Description* for definitions of existing, expanding, and new programs.

Funding is allocated per resident or fellow position and is dependent on the type of program.

- Existing programs shall receive $85,000 per resident per year
- Expanding programs shall receive $95,000 per resident per year
- New programs shall receive $105,000 per resident per year

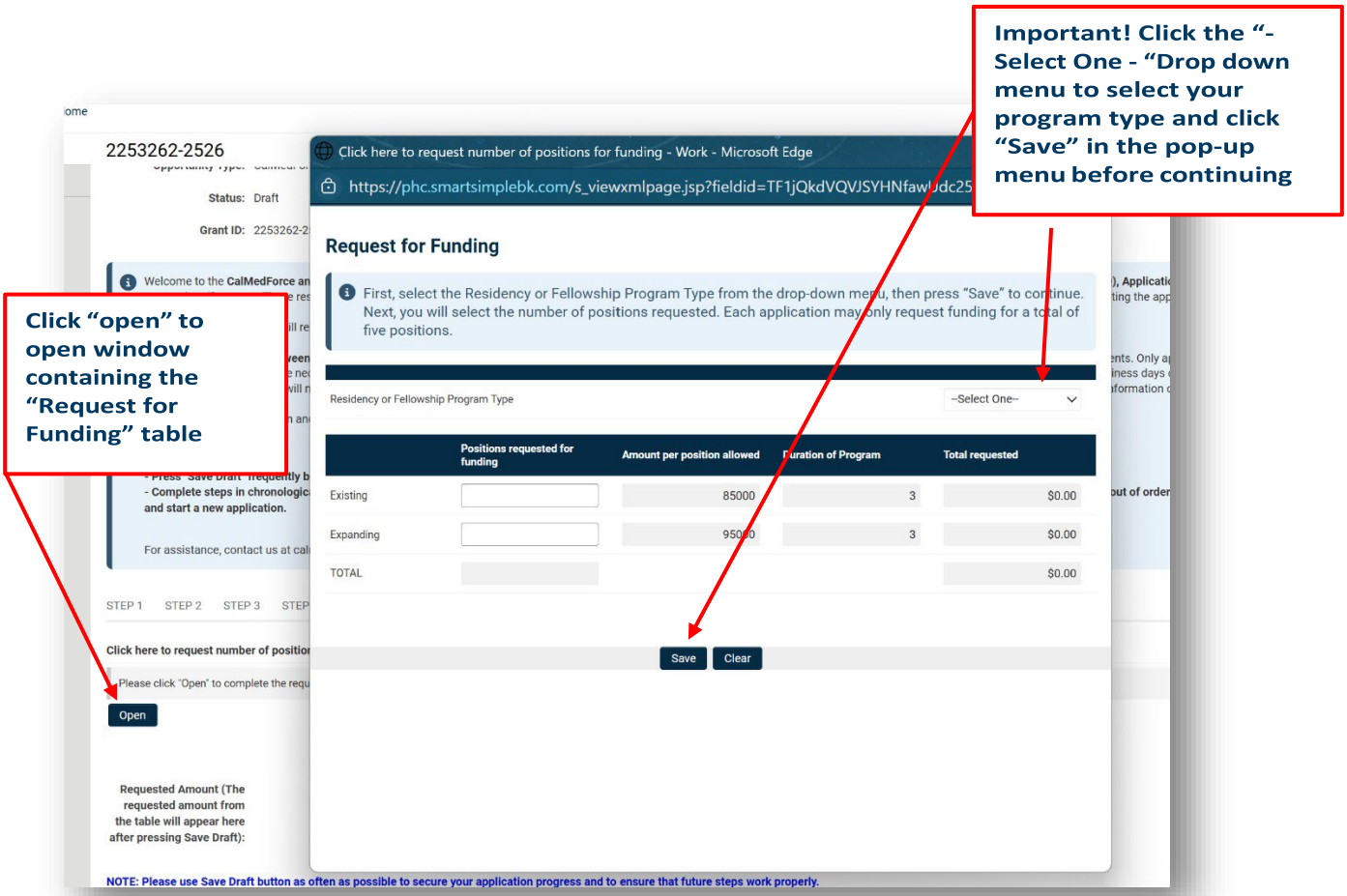
For example, a new three-year residency or fellowship program, if requesting funding for five residents or fellows, may request a total award amount of $1,575,000 to be disbursed over three years ($105,000 x 5 residents/fellows x 3 years).

The maximum number of residency or fellowship positions that may be requested for funding is five per program, including combinations of existing, new and expanding positions. Funding will be disbursed over a three- or four-year or five year (for some specialty, fellowship and combined programs) period, depending on the length of the residency or fellowship program and the maximum length of funding, which is five years. CalMedForce and CalMedForce+ may award programs the full or partial amount requested or may not be awarded at all.

Each application may only request funding for a maximum of five positions for a maximum of five years of funding. New programs may only request funding for new residency or fellowship positions. However, expanding programs may also apply for existing positions if applicable, but the total amount of residency or fellowship positions requested must not exceed five (image below). Please note, cells in gray cannot be modified.

The table below is contingent on the applicant's response from Step 6. To request the number of resident or fellowship positions for funding click on the "open" button. This will open a new window containing resident and fellow positions requested for funding, amount per position allowed, duration of residency or fellowship program and total requested.

EXHIBIT A



Step 8 – Program Budget & Use of Funds Requested

The following financial information is required from all applicants for an application to be considered complete. Please ensure the information provided is accurate and follows the guidelines below.

Program Budget

Provide program budget information using the table below. Program costs should reflect the estimated cost of the residency or fellowship program for the academic year 2025-26. The "Other Costs" table should reflect other GME costs that do not fall under the line items listed in the budget tables such as administrative costs, match participation, and in-training examination fees.

In the "Other Costs" table an applicant can add more line items if needed. If an applicant accidentally adds line items, remove them by clicking on the "x" button.

EXHIBIT A

Program Budget Table

The following financial information is required from all applicants for an application to be considered complete. Program costs estimated should reflect the cost of your residency or fellowship program for the academic year 2025-26.

Program Budget

	Program Cost
Contractual and Consultant Costs	
Educational Materials	
Educational Workshops, Conferences or Retreat	
Faculty Development	
Graduation	
Insurance	
Licensing Fees	
Meals	
Medical Equipment	
Memberships, Subscriptions, and Professional Activity Costs	
Resident Well-Being	
Recruitment	
Scholarship	
Salaries, Benefits and Wages	
Travel	
TOTAL	

Other Costs Table

Other Costs

Expenditure Types	Costs
Other Expenditure Total:	$0.00

+

Use of Funds Requested Table

The following financial information is required from all applicants for an application to be considered complete. Please detail below how the funds would be used, if awarded, to support the applicant's residency or fellowship program. Award disbursement will be the duration of your residency program, either three, four or five years. If your residency or fellowship program is six or seven years, funding will only be awarded for a maximum of five years. The information entered below can include expenditure types that are not listed in the program budget table. The total reported in this table must equal the dollar amount requested in Step 7. If an expense does not fit into one of the expense types listed, enter it in the "Other Costs" section of the table. Please refer to the CalMedForce and CalMedForce+ Allowable Costs document to ensure that expenses will be permissible. A link for the Allowable Costs document is also provided within the application. **Please note: if awarded, you may use grant funds on expenses outside of items listed in this table and being awarded does not constitute approval of expenses listed.**

Use of Funds Requested

Please enter how the funds requested in Step 7 would be used to support the residency program. The total reported in this table must equal the dollar amount requested in Step 7. If an expense does not fit into one of the expense types listed, enter it in the "Other Costs" section of the table. Please refer to CalMedForce's Allowable Costs document to ensure that expenses will be permissible. NOTE: The table will not save until expenses total the amount requested in Step 7. (Tip: You can enter false expenditures as a placeholder if you want to save your work and return later to edit the table.)

	Funds Requested ($)	Justification
Contractual and Consultant Costs		
Educational Materials		
Educational Workshops, Conferences or Retreat		
Faculty Development		
Graduation		
Insurance		
Licensing Fees		
Meals		
Medical Equipment		
Memberships, Subscriptions, and Professional Activity Costs		
Resident Well-Being		
Recruitment		
Scholarship		
Salaries, Benefits and Wages		
Travel		
TOTAL		

NOTE: The table will not save until expenses total the amount requested in Step 7. (Tip: You can enter false expenditures as a placeholder if you want to save your work and return later to edit the table.)

Other Costs Table

Expenditure Types	Justification	Funds Requested	
			×
			×
			×
Total Other Costs:		$0.00	

+

Step 9 – Status of Residency/Fellowship Positions

Number of Positions Available and Filled

Include the number of ACGME approved categorical resident or fellow positions approved and filled for academic years 2020-21 to 2025-26. For example, a residency or fellowship program could have five positions approved for post-graduate year 1 (PGY-1) 2020-21 but only have three positions filled for that year. Note that zeros must be entered into the fields if appropriate. New programs are required to complete this step, please enter zeros where appropriate.

	PGY 1 Positions Approved	PGY 1 Positions Filled	PGY 2 Positions Approved	PGY 2 Positions Filled	PGY 3 Positions Approved	PGY 3 Positions Filled	PGY 4 Positions Approved	PGY 4 Positions Filled	PGY 5 Positions Approved	PGY 5 Positions Filled
FY 2025-26										
FY 2024-25										
FY 2023-24										
FY 2022-23										
FY 2021-22										
FY 2020-21										
TOTAL										

If an applicant has a different number of ACGME approved categorical residency or fellowship positions than filled positions, please provide a detailed explanation (500 word limit) in the text box provided. Enter information into the text box only if there is a difference between the approved and filled positions. Examples of appropriate explanations may include:

- Lack of funding
- Insufficient recruitment

- Resident taking a leave of absence
- Resident dismissed or left program
- Accepted transfer resident(s)

If an applicant does not have any differences between the approved and filled positions, select "Save & Continue" after the table above has been filled out.

Step 10 – Graduate Data for 2020-21 through 2024-25

For the table in Step 10, enter graduate first and last name, National Provider Index (NPI) numbers (10-digit number), medical license number, Does the graduate practice more than 50% of the time in California (Depending on the discipline, applicants will say Yes/No to different language listed below) NOTE: New programs do not need to fill out this step.

Family Medicine, Internal Medicine, and Pediatrics: Does this graduate provide outpatient primary care in California, including clinical teaching time for residents and other learners, more than 50% of the time?

Obstetrics and Gynecology: Does this graduate provide outpatient gynecologic care or provide perinatal care, including clinical teaching time for residents and other learners, more than 50% of the time in California?

Emergency Medicine: Does this graduate practice in an emergency department, including clinical teaching time for residents and other learners, more than 50% of the time in California?

Combined Program: Does this graduate from a combined program, provide outpatient primary care including clinical teaching time for residents and other learners, for more than 50% of their time in California?

Specialty and Fellowship Programs: Does this graduate practice in their specialty of training in California, including clinical teaching time for residents and other learners, more than 50% of the time?

Step 10 will also ask for the practice setting, zip code, state and county. An applicant may add as many lines as necessary for the number of graduates each year.

Please note, a graduate's time spent as a hospitalist does not count as primary care.

If there is a discrepancy between the number of graduating residents listed in Step 10 and the number of filled PGY-3 positions (PGY-4 or PGY-5 if applicable) listed in Step 9, please provided a detailed explanation (100 word limit) in the text box provided. A total of ten points are awarded for this section as follows:

Up to 5 points will be awarded based on the percentage of graduates who practice in their specialty of training in California more than 50% of the time.

> 0 points = 0-10%
> 1 point = 11-20%
> 2 points = 21-40%
> 3 points = 41-60%
> 4 points = 61-80%
> 5 points = 81-100%

EXHIBIT A

Up to 5 points will be awarded based on the number of graduates who practice in their specialty of training more than 50% of the time in California.

0 points = 0 graduates
1 point = 1-5
2 points = 6-10
3 points = 11-20
4 points = 21-30
5 points = 31+

Up to two (2) extra credit points will be awarded to programs with 50% or more graduates practicing in their specialty of training more than 50% of the time in the following counties with a Healthy Places Index (HPI) score below the median:

Tulare, Kern, Del Norte, Trinity, Kings, Fresno, San Bernardino, Sutter, Shasta, San Benito, Ventura, Napa, Imperial, Modoc, Merced, Madera, Lake, Glenn, Tehama, Yuba, Mariposa, Lassen, Stanislaus, Sierra, Siskiyou, Colusa, Riverside, San Joaquin, Mendocino, Butte, Monterey, Los Angeles

New programs will receive the average score for their respective discipline once the application cycle closes.

Please include information on your graduates for academic year 2024-25

- Graduate Last Name
- Graduate First Name
- National Provider Index (NPI) Number
- (See language based on discipline listed above)
- Practice Setting
- Zip Code
- State
- County
- Medical License Number

Please include information on your graduates for academic year 2023-24

- Graduate Last Name
- Graduate First Name
- National Provider Index (NPI) Number
- (See language based on discipline listed above)
- Practice Setting
- Zip Code
- State
- County

- Medical License Number

Please include information on your graduates for academic year 2022-23

- Graduate Last Name
- Graduate First Name
- National Provider Index (NPI) Number
- (See language based on discipline listed above)
- Practice Setting
- Zip Code
- State
- County
- Medical License Number

Please include information on your graduates for academic year 2021-22

- Graduate Last Name
- Graduate First Name
- National Provider Index (NPI) Number
- (See language based on discipline listed above)
- Practice Setting
- Zip Code
- State
- County
- Medical License Number

Please include information on your graduates for academic year 2020-21

- Graduate Last Name
- Graduate First Name
- National Provider Index (NPI) Number
- (See language based on discipline listed above)
- Practice Setting
- Zip Code
- State
- County
- Medical License Number

Step 11 – Demographics

Please provide the following demographic information on your residency or fellowships program's residents/fellows, faculty and patients. The responses in this section are not scored and are not considered when determining awards. The data will only be used for analytic purposes to describe the workforce and patient population impacted by the CalMedForce and CalMedForce+ grant.

Resident, Fellow and Patient Population

Add the demographic percentages for your program's residents/fellows and patient population (for the residents'/fellows' primary training site). If the data is not available, please indicate this by checking the box in the table provided.

Please check all that apply and check off all that is applicable for each selection.

☐ Residency (or fellowship) program uses curriculum with a special focus on structural competency training.

☐ The program's curriculum includes training on providing more effective care for in the following groups:

- LGBTQIA+
- People who speak a language other than English
- People who are experiencing housing insecurities
- Immigrants or refugees
- People with disabilities
- Other (fill in the blank)

☐ Residency (or fellowship) program has rotations in lower socio-economic locations

☐ Residency (or fellowship) program has residents (or fellows) who participate in community outreach activities in areas of unmet need (e.g., outreach at local high schools)

☐ Residency (or fellowship) program has developed a formal strategy to recruit residents (or fellows) who are committed to living and working in providing care to medically underserved communities.

First Generation and Rural High School

Please list the total number of residents or fellows in your program's PGY 1 cohort; followed by the number of those PGY 1s who are first-generation college students and the number of those attended a rural high school.

+ Please use the link below to determine if a high school's location is considered rural: nces.ed.gov/programs/maped/LocaleLookup

Centers for Medicare & Medicaid Services (CMS) Cap

Please indicate whether your residency (or fellowship) program/sponsoring institution has reached the Centers for Medicare & Medicaid Services (CMS) funding cap and specify the calendar year (Before 1997, 1998-2025) in which this threshold was achieved for Direct Graduate Medical Education (DGME) or Indirect Medical Education (IME) funding.

Step 12 – Attestation

Check the box to attest that the statements herein are true and complete to the best of the applicant's knowledge. The applicant must also attest they understand that knowingly submitting false information will void this application and be considered breach of contract. Please also provide us with the applicant's name, title, and residency program.

Please note, that upon completing an application, the date of completion will be auto populated in this format: [Date], [Time] (for example, 8/31/2025, 2:38:06 PM).

Subject to Audit

Check the box to acknowledge that these funds are subject to an audit pursuant to Article 2.5 (commencing with Section 30130.50), Chapter 2 of Division 2 of the Revenue and Taxation Code.

Non-Supplanting

Check to attest that these funds are not intended to supplant state or federal funding intended to also fund residency or fellowship positions.

California False Claims Act

Check to attest that the applicant understands that knowingly submitting or benefitting from false information will void this application and that doing so may subject the applicant to civil and/or criminal penalties under the California False Claims Act and any other relevant state or federal regulations.

Submitting an Application

Ensure that the application is complete and accurate. After Step 12, click "Save & Finish." This is not the final submission button. The applicant will have one final opportunity to review their application before final submission. After final review of the application hit the submit final button.

The deadline to apply is October 8, 2025 at 7:00 p.m. (PST). Late applications will not be accepted. Please note, applications received by the deadline of October 8, 2025, 7:00 PM (PST), will receive one review by PHC within a week of submission to verify completeness and accuracy of documents. PHC staff will notify both the primary contact and program director if any supplemental information needs to be submitted, and the information must be returned to PHC within three business days.

Following the close of the CalMedForce and CalMedForce+ FY 2025-26 grant cycle, a final score will be sent to the primary contact as indicated in the application. Applicants may request a breakdown of their score by step by emailing CalMedForce staff at CalMedForce@phcdocs.org.

GLOSSARY

Accreditation Council for Graduate Medical Education (ACGME)

ACGME is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.

Advancing Innovation in Residency Education (AIRE):

Family Medicine programs participating in the AIRE program are eligible to apply as a four-year program. More information regarding AIRE can be found here: www.acgme.org/globalassets/pfassets/programresources/aire-proposal-12.13.21.final.pdf

Areas of Unmet Need (AUN):

Areas where there is a shortage of health care providers and residency programs to provide access to primary care services (Health Care Access and Information, 2024) Examples of areas of unmet needs include site locations in a federally defined Primary Care Health Professional Shortage Area (HPSA), Primary Care Shortage Area (PCSA), or is categorized as one of the following: Government Owned Facility, County Primary Care Clinic, Indian Health Services Clinic, Federally Qualified Health Center (FQHC) or FQHC Look-a-Like, Community Health Center, Student Run Clinic, Free Clinic, Disproportionate Share Hospital, Rural Hospital, or Teaching Hospital.

Automatic Facility HPSA

Automatically designated as a HPSA by statute or through regulations without having to apply for designation. Examples include, but are not limited to: FQHCs, Indian Health Facilities, Dual-funded Community Health Centers/Tribal Clinics. data.hrsa.gov/data/fact-sheets

Combined Programs

Combined residency programs train residents in two specialties and prepare individuals for board certification in both specialties upon completion of the program. Typically, combined programs will also allow completion of the program in both specialties in less time than would be required if residents enrolled in each program serially. ama-assn.org/residents-students/residency/how-combined-residency-program-can-shape-your-career

Community Health Center/Clinic

All Federally Qualified Health Centers (FQHCs) (including Tribal FQHCs and FQHC look-alikes), free clinics, Indian health clinics, intermittent clinics, community clinics, and rural health centers (RHCs).

Dual Eligible (Medi-Cal/Medicare)

A payor category that includes individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medi-Cal benefit. cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/downloads/Buy-InDefinitions.pdf

Emergency Medicine

Emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury. The practice of emergency medicine includes the initial evaluation, diagnosis, resuscitation, critical care treatment, coordination of care among multiple providers, and disposition of any patient requiring expeditious medical, surgical, or psychiatric care. abem.org/public/become-certified/subspecialties

Existing Program

Residency program that has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the 2024-25 academic year.

EXHIBIT A

Expanding Program

Expanding programs are defined as having received ACGME accreditation and have graduated one or more cohort(s) of residents, and have received ACGME approval for additional categorical residency positions as evidenced by documentation from ACGME approving a permanent or temporary increase in the number of categorical residency positions, or have approved residency positions that are unfilled, and plan to fill all/or some of the categorical residency positions in the 2026-27 academic year

Fellow

An individual enrolled in an ACGME-accredited fellowship (subspecialty or sub-subspecialty) program who has completed a residency program in a related specialty and/or a fellowship program in a related subspecialty

Fellowship program

A program that provides advanced education and training in progressive levels of subspecialization following completion of education and training in a primary specialty and, if applicable, a related subspecialty. It is a structured educational activity comprising a series of clinical and/or other learning experiences designed to prepare physicians to enter the unsupervised practice of medicine in a subspecialty or sub-subspecialty. acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf

First Generation Students

Defined as the first-generation college students as individuals whose parents or legal guardians have not completed a four-year bachelor's degree. (University of California, 2024)

Full Time Equivalent (FTE)

The percentage of time a staff member works represented as a decimal. A full-time position is 1.00, a half-time position is .50 and a quarter-time position is .25

Geographic HPSA

Shortage of primary care providers for the entire population within a defined geographic area. bhw.hrsa.gov/shortage-designation/hpsas

Graduate Medical Education (GME)

The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education, and which prepares physicians for the independent practice of medicine in that specialty or subspecialty. acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf

Family Medicine

Family physicians deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, they also provide preventive care, including routine checkups, health-risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle. Family physicians also manage chronic illness, often coordinating care provided by other subspecialists. abms.org/member-boards/contact-an-abms-member-board/american-board-of-family-medicine

Health Professional Shortage Area (HPSA)

Areas designated by the Health Resources and Services Administration as having shortages of primary medical care, dental, or mental health providers. bhw.hrsa.gov/shortage-designation/hpsas

Health Resources and Services Administration (HRSA)

The primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. hrsa.gov

Hospitalist

A hospitalist is a physician who must master the specific skill set and knowledge required to treat and care for patients in the hospital. abpsus.org/hospitalist

Healthy Places Index (HPI)

A data metric developed by the Public Health Alliance of Southern California to compare the health and well-being of communities. healthyplacesindex.org

Indigent

Payor category that includes patients receiving free or discounted medical care due to their inability to pay for it. These patients are typically uninsured, underinsured, and have low or no income, according to Definitive Healthcare.

Initial Accreditation

A status of "Initial Accreditation" is conferred when a Review Committee determines that an application for a new program or sponsoring institution substantially complies with the requirements. Initial accreditation is considered a developmental stage.

Internal Medicine

An internist is a personal physician providing comprehensive, long-term care for individuals of all ages. They diagnose and treat a wide range of illnesses, including cancer, infections, heart diseases, and disorders of various organ systems while emphasizing disease prevention and addressing common health concerns. abms.org/member-boards/contact-an-abms-member-board/american-board-of-internal-medicine

Medi-Cal

California's Medicaid program is a payor category that offers free or low-cost health coverage for California residents who meet the eligibility requirements. Eligibility includes low-income children and adults, pregnant women, and families. dhcs.ca.gov/services/medi-cal/pages/whatismedi-cal.aspx

Medicare

Medicare is the federal health insurance program for individuals who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare

Medically Underserved Area (MUA)

A Medically Underserved Area is a shortage of primary care services for residents within a geographic area. bhw.hrsa.gov/shortage-designation/types

Medically Underserved Population (MUP)

A Medically Underserved Population is a shortage of primary care health services for a specific population subset within an established geographic area. These groups may face economic, cultural or linguistic barriers to health care. bhw.hrsa.gov/shortage-designation/types

National Provider Identifier Number (NPI)

A unique ten-digit identification number for covered health care providers. The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. cms.gov

New Program

Program that has received ACGME accreditation (both for the sponsoring institution and residency program) or will have program accreditation at the at the time of contract execution, has not yet graduated its first cohort of residents, and will enroll at least one class by July 1, 2026. In addition, this includes newly established residencies in GME naïve hospitals or health systems (i.e., sponsoring

institutions) that are still expanding to meet their five-year Medi-Care cap (must be expanding in 2026-27 academic year).

Obstetrics and Gynecology

Obstetrics and Gynecology is a broad and diverse branch of medicine, including surgery, management of the care of pregnant women, gynecologic care, oncology, and primary health care for women. abms.org/member-boards/contact-an-abms-member-board/american-board-of-obstetrics-and-gynecology

Other Costs

Allowable GME costs not otherwise listed such as administrative costs, match participation, and in-training examination fees.

Other Payors

Payor category that includes all patients who do not belong in the other four categories, such as those designated as self-pay, Covered California, private insurance and commercial.

Payor

A payor category is a third-party or individual responsible for the predominant portion of a patient's bill.

Payor Mix

Payor mix is the proportion of patient population coming from private insurance, government insurance, or self-paying individuals.

Pediatrics

Pediatrics is the specialty of medical science concerned with the physical, mental, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases. abp.org/content/subspecialty-certifications-admission-requirements

Post-Graduate Year (PGY)

The denotation of a post-graduate resident or fellow's progress in their training. acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf

Practice Setting

The setting where one provides patient care.

Primary Care

Primary care refers to Family Medicine, Internal Medicine, Obstetrics and Gynecology, and Pediatric specialties as defined in Revenue and Taxation Code, California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Section 30130.57-30130.58)

Primary Care Shortage Area (PCSA)

PCSA is a geographic area with a shortage of primary care providers, as designated by the Department of Health Care Access and Information (HCAI). hcai.ca.gov/wp-content/uploads/2020/10/PCSA-Report-1.pdf

Primary Care Track

An ACGME accredited residency program within a CalMedForce eligible discipline and offers a primary care track program, or similar track focused on serving underserved communities, may apply. However, the primary care track program and the larger residency program cannot both apply for funding. Additionally, the primary care track program must have their own unique National Resident Matching Program (NRMP) number.

EXHIBIT A

Primary Contact

The primary contact is an individual who works closely with the grant. They will receive CalMedForce communications regarding award announcements, monitoring reports and payments.

Primary Training Site

Primary training site is where the residents or fellows spend the majority of their time performing patient care (inpatient and outpatient).

Private Insurance

Private insurance refers to health insurance coverage provided by private companies or employers that provide payments to health care providers.

Program Director

The individual designated with authority and accountability for the operation of a residency/fellowship program. acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf.

Private Insurance

The distribution or composition of patients covered by private insurance plans within a health care provider's patient population. It represents the proportion of individuals who have private insurance as their primary method of paying for medical services received from the provider.

Residency Program

A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty. There are two types of residency programs: (a) residency programs available for physician admission immediately upon graduation from medical school as described in the Institutional Requirements; and (b) residency programs available for physician admission after completion of prerequisite clinical training as described in the relevant specialty-specific Program Requirements. acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf

Resident

An individual enrolled in an ACGME accredited residency program.

Rural High School

Refers to a secondary school located in a rural area, characterized by a low population density and situated outside urban or suburban regions. (HRSA, 2024)

Sponsoring Institution

The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation). Clarification: When the sponsoring institution is not a rotation site for the program, the major associated hospital for the program is the primary clinical site (see primary clinical site). acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Socioeconomically Disadvantaged Groups

Populations that suffer health, economic, and environmental burdens. Examples include unhoused people, individuals with disabilities; people identifying as lesbian, gay, bisexual, transgender, or queer (LGBTQIA+), individuals with limited English proficiency, and communities with inadequate access to clean air and safe drinking water. Other groups may include immigrants and those

seeking asylum, and those whose median household income is at or below the threshold of the poverty line.

Structural Competency Training

Structural competency describes the ability of health care providers and trainees to identify how symptoms, clinical problems, diseases and attitudes toward patients, populations and health systems are influenced by 'upstream' social determinants of health, which may lead to poor health and social inequity (American Medical Association, 2024). In the context of California's health care system, "structural competency training" is defined as education that helps health care practitioners understand how social, economic, and institutional factors influence health disparities and impact patient care, equipping them to address systemic inequities in health care.

Training Site

An organization providing educational experiences or educational assignments/rotations for residents/fellows. These can be primary or continuity clinics. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a free clinic, a public health agency, or other community clinic (see definition for community health center/clinic).
acgme.org/globalassets/PDFs/ab_ACGMEglossary.pdf

Uninsured

Payor category that encompasses individuals who have no health insurance or other source of third-party coverage.

CONTACT INFORMATION

PHONE: 916-551-2899

EMAIL: CalMedForce@phcdocs.org

CalMedForce is a publicly funded program through voter-approved tobacco tax revenues (Proposition 56 in 2016) and administered by PHC.

CalMedForce+ is a publicly funded program through voter-approved tax revenues (Proposition 35 in 2024) and administered by PHC.