

Program Info

Please provide the following information for the program.

| | |
|---------------|--|
| Program Name: | Arrowhead Regional Medical Center Psychiatry Program |
| Address: | 400 N. Pepper Ave. |
| City: | Colton |
| State: | CA |
| ZIP Code: | 92324-1819 |

Please provide contact information for the program director.

| | |
|----------------|--|
| First Name: | Kedar |
| Last Name: | Challakere |
| Title: | Program Director |
| Phone Number: | 9095803806 |
| Email Address: | ChallakerK@armc.sbcounty.gov |

Are you the program director for this program?

| | |
|-----|---|
| Yes | |
| No | X |

Please provide your contact information.

| | |
|----------------|--|
| First Name: | Gregory |
| Last Name: | Young |
| Title: | Staff Analyst II |
| Phone Number: | 9095806133 |
| Email Address: | Younggr@armc.sbcounty.gov |

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

| | |
|-----|---|
| Yes | X |
| No | |

Project Representative: Grant Agreement Inquiries

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

| | |
|------------|--------------------|
| Full Name: | Gregory Young |
| Title: | Staff Analyst II |
| Address: | 400 N. Pepper Ave. |
| City: | Colton |

| | |
|----------------|--|
| State | CA |
| ZIP Code | 92324-1819 |
| Phone Number: | 9095806133 |
| Email Address: | Younggr@armc.sbcounty.gov |

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

| | |
|-----|---|
| Yes | X |
| No | |

Project Representative: Administrative Inquiries

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

| | |
|----------------|--|
| Full Name: | Gregory Young |
| Title: | Staff Analyst II |
| Address: | 400 N. Pepper Ave. |
| City: | Colton |
| State: | CA |
| ZIP Code: | 92324-1819 |
| Phone Number: | 9095806133 |
| Email Address: | Younggr@armc.sbcounty.gov |

Type of Program

On behalf of which type of program are you applying?

| | |
|---|------------------------------|
| X | Psychiatry Residency Program |
| | PMHNP Program |

Is your program new or already established?

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

Funding Requested

Please indicate the total funding amount you are requesting.

| | | |
|--------------------|----|--------------|
| Funding Requested: | \$ | 1,905,712.00 |
|--------------------|----|--------------|

Psych Residency Expansion

Do you dedicate a portion of your current psychiatry residency slots to Child and Adolescent Psychiatry fellowships?

| | |
|---|-----|
| | Yes |
| X | No |

If funded, do you plan to create Child and Adolescent Psychiatry fellowship slots within your program?

| | |
|---|-----|
| | Yes |
| X | No |

Current Residency and Fellowship Positions

What is the current number of ACGME approved first-year residents for your organization?

| | |
|---|---|
| 6 | Total First-Year Residents |
| | First-Year Resident Positions Dedicated to Child and Adolescent Fellows |

Proposed Residency and Fellowship Positions

What is the proposed number of ACGME approved first-year residents you plan to add if you receive PECE funding?

| | |
|---|---|
| 2 | First-Year Residents Added |
| | First-Year Resident Positions Dedicated to Child and Adolescent Fellows |

Rotation Sites

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

Psychiatry Residency Rotation Site Template

Note: This data should align with the data you report to ACGME.

Does your psychiatry residency training program have a history of training residents in PMHS settings (i.e., settings that serve adults with serious mental illness and/or children with serious emotional disturbance) within the past two years?

| | |
|---|-----|
| X | Yes |
| | No |

Letter of Sustainability

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

Please attach a letter from your sponsoring institution that endorses your residency program and speaks to the sustainability of your program beyond MHSA WET funds awarded. This letter must indicate the number of new resident slots that will be permanently added as a result of receiving this grant. See the Grant Guide for a sample sustainability letter.

ACGME Accreditation Letter

Please upload the most recent Accreditation Council for Graduate Medical Education accreditation letter.

Proposed Budget

| | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 |
|--|---------|---------------|---------------|---------------|---------------|
| Program Personnel Faculty | | | | | |
| Program Incentives: Faculty Loan Repayment | | | | | |
| Program Incentives: Subsidized Faculty Housing | | | | | |
| Program Incentives: Faculty Bonus | | | | | |
| Program Incentives: Other* | | | | | |
| Resident Salaries | | \$ 164,680.00 | \$ 385,108.00 | \$ 563,307.00 | \$ 749,225.00 |
| Fellow Salaries | | | | | |
| Other Costs (including administrative costs)** | | \$ 4,339.00 | \$ 8,678.00 | \$ 13,018.00 | \$ 17,357.00 |
| Total | | \$ 169,019.00 | \$ 393,786.00 | \$ 576,325.00 | \$ 766,582.00 |

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

**Please describe any other costs, including administrative costs (maximum 250 words). Word count: 0

Other costs include average costs for accreditation fees, office supplies, education and training materials, computer access costs, board prep materials, and in training exams required to support the added positions for each position.

Payee Data Record

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

Contractor Certification Clauses

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

Confirmations

Please confirm the following statement to complete your application.

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

End

Thank you for completing the PECE Grant Program application.

Please click the forward arrow below to submit your application.

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year.

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