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2024 California Department of Health Care Access and Information  
Wellness Coach Designated Education Program

*Application Cover Page*

**\*Name of Community College**

**\*Physical Address**

**\*County**

**\*Website URL**

**\*Program Name:**

**\*Degree for Transfer Title:**

**\*Degree Title, if applicable:**

*(Please list the local degree if differs from the Degree for Transfer Title.)*

**\*Certificate(s) Title, if applicable:**

**\*If applicable, do the certificate(s) you identified on your application stack into the degree program? Yes No**

**You may include any comments/context regarding certificate stacking below:**

**Primary Grant Contact First Name:**

**Primary Grant Contact Last Name:**

**Primary Grant Contact Title:**

**Primary Grant Contact Entity:**

**Primary Grant Contact Email:**

**Primary Grant Contact Phone:**

**Fiscal/Grant Contact First Name:**

**Fiscal/Grant Contact Last Name:**

**Fiscal/Grant Contact Title:**

**Fiscal/Grant Contact Entity:**

**Fiscal/Grant Contact Email:**

**Fiscal/Grant Contact Phone:**

**\*Request Amount** *We anticipate awarding individual grants of up to \$200,000. The requested amount should be a whole number (\$XXX, XXX).*

**\*Estimated Project Start Date:**

*Set start date no earlier than Septeber 1, 2024.*

**\*Estimated Project End Date (Up to 2 years):**

*Please indicate the projected date by which your requirements to be an HCAI-Designated Wellness Coach Education Program will be fully developed and implemented. A duration of up to two years can be requested.*

## *Institutional Information*

### **\*Student Demographics:**

*Demographics for the institution to be provided from the [CCC Data Mart](#). For program-specific data, internal (departmental) data can suffice.*

\*Institution Graduation Rate:

\*Institution Retention Rate:

\*Number of Graduate for 2022-2023:

\*Number of Transfers for 2022-2023:

Program Graduation Rate:

Program Retention Rate:

Number of Students Enrolled in Program in 2023-2024:

Number of Program Graduates in 2022-2023:

Number of Program Transfers for 2022-2023:

\*Number of Students at Institution by Ethnicity:

African-American

American Indian/Alaskan Native

Asian

Filipino

Hispanic

Multi-Ethnicity

Pacific Islander

Unknown

White Non-Hispanic

\*Number of Students at Institution by Gender:

Female

Male

Non-Binary

Transgender

Unknown

\*Number of Students at Institution by Sexual Orientation:

Straight/Heterosexual

Gay or Lesbian/Homosexual

Bisexual

Other

Decline to State

Unknown/Uncollected

\*Percentage by First-Generation:

\*Percentage by Foster Youth:

\*Percentage by Economically Disadvantaged:

**\*Is the College a designated Hispanic Serving Institution (HSI):** Yes No

*Skip Logic Question: If no, where in the process of being designated an HIS is your institution in?*

**\*Number of Student at Institution by Age Group:**

19 or less

20 to 24

25 to 29

30 to 34

35 to 39

40 to 49

45 to 49

50+

**\*College Setting (select one):**

Rural

Urban

Suburban

**\*Does the College have a basic needs center as required by the state?** Yes No

**\*Do any students in your service area come from Health Professional Shortage Area (HPSA) as defined by [Health Resources & Services Administration](#)?** Yes No

Skip logic: If yes, enter at least one zip code from service area that is in HPSA

**\*Do you need Board approval for the executed agreement/contract?** Y/N

Skip logic: If yes, please input your next two board meeting dates:

*Enter dates in the following format: MM/DD/YYYY. Example: 09/01/2024*

## ***Proposal Narrative***

**\*Funding Purpose:** Explain in detail how the proposed project aligns with the grant program's purpose. Describe the student population(s) that you are prioritizing. Explain why your college has selected these student population(s). (1,000 characters)

**\*Work Plan:** Download, complete, and upload the Work Plan template provided. *Work Plan template found on Wellness Coach Designated Education Program website [here](#). (allowable file types .doc, .docx, .pdf)*

**\*Capacity:** Explain the role(s) of the applicant, lead organization, and any key partners collaborating on this proposal and performing work. *Demonstrate relevant experience and the capacity of each entity to successfully implement a project of similar scope and size. Include relevant staff qualifications. (2,500 characters)*

**\*Collaborative Partnerships:** Describe how collaboration (internal or external) is important to the project. Clearly state whether these partnerships are to be developed during the project, or whether they are already active. Describe how partner commitment will be formalized, if applicable (e.g. memorandum of understanding). *Securing new partnerships is not required but may help to demonstrate additional capacity and strength of the proposed project. Applicants should describe any existing partnerships, internal or external, that will support the proposed project. (2,000 characters)*

**\*Evaluation:** Explain the methods that will be used to determine the project's success in achieving the intended outcomes and impact (e.g. what data will be collected and processes used for data collection). Data shall include, but not be limited to: *(2,000 characters)*

- 1) Program enrollment and completion/graduation rate
- 2) Demonstration that students attained specific competencies as outlined by HCAI's education standards

**Sustainability and Scalability:** Explain how the project will be sustained after the grant term. If applicable, describe how the project has the potential for replication or scaling across institutions, communities, regions, or systems. *(1,500 characters)*

**\*Budget and Budget Narrative:** Download, complete, and upload the budget and budget narrative template provided. *Budget template found [here](#). Instructions are provided in the first tab of the template.*