2025 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:**
***Age of Program:**
*** Quarter or Semester**
***Degree for Transfer Title:**
***Degree Title, if applicable:**
(*Please list the local degree if it differs from the Degree for Transfer Title***.)**
***Certificate(s) Title, if applicable:**
***New Degree (Y/N)**
***New Certificate (Y/N)**

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:

***Wellness Coach Team Members and/or Positions:**
Community of Practice Sponsor:

Student Ambassador Sponsor:

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

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.

***Estimated Project Start Date:**

Set start date no earlier than May 2025

***Estimated Program Launch Date:**

Curriculum gaps have been met, and students can enroll

***Do you need Board Approval for the executed agreement/contract? (Y/N)**

Please input your next two board meeting dates

Institutional Information

***Student Success Metrics:**

Student success metrics for the institution to be provided from the National Center for Education Statistics. Use the most recent data available.

*Institution Retention Rate (per Full-time students):

*Institution Graduation Rate:

*Institution Transfer Rate:

***Student Demographics:**

For this section, demographics for the institution to be provided from the CCC Data Mart. Use the most recent data available.

***Number of Students Enrolled in Institution:**

***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 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+

Special Populations:

*Percentage by First-Generation College Students:
*Percentage by Foster Youth:
*Percentage by Economically Disadvantaged:
*Other special populations (*examples: incarcerated, seasonal farmworker, Umoja, etc.*) (Y/N)

*List Special Populations and Percentages

For this section, demographics for the institution to be provided from the college's information system. Use the most recent data available.

Number of Students at Institution by Sexual Orientation:

Straight/Heterosexual
Gay or Lesibian/Homosexual
Bisexual
Other
Decline to State
Unknown/Uncollected

***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?

***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 all zip codes from service area that are in HPSA

***Does the college have a student health center?**Yes No
Skip logic: If yes, does the health center offer jobs and/or internships? Yes No

***Does the college have a student wellness center?**Yes No
Skip logic: If yes, does the health center offer jobs and/or internships? Yes No

Additional Comments: Please provide any additional information about the data you provided, especially if it does not capture the full story of your campus or is limited.

Program Information

Demographics for the program is obtainable from the Demographics from the CCC Data Mart. Use the most recent data available from Fall 2024. For program-specific data, internal (departmental) data can suffice.

***Number of Students Enrolled in Program Spring 2024:**
***Program Retention Rate (per Credit):**
***Program Success Rate (per Credit):**
***Number of Program Graduates in 2022-2023 (if available):**
***Number of Program Transfers for 2022-2023 (if available):**

***If applicable, do the certificate(s) you identified on your application stack into the degree program? Yes No**
***Include any comments/context regarding certificate stacking below:**

***Does your program have any curriculum or faculty gaps? Yes No**
Skip logic: If yes, list gaps and provide a plan to meet the requirements of the program.

Additional Comments: Please provide any additional information about the data you provided, especially if it does not capture the full story of your campus or is limited.

Proposal Narrative

*** Equity Statement:** Describe your college's commitment to diversity, equity, and inclusion and explain how this program will be implemented with equity in mind. Describe the student population(s) that you are prioritizing and how they will be incorporated in the program's design. Explain in detail how the proposed project aligns with the grant program's purpose.

***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).

***Capacity:** Explain the role(s) of the applicant, lead organization, and how capacity gaps will be addressed if awarded funding. *Demonstrate relevant experience and the capacity of each entity to successfully implement a project of similar scope and size. Include relevant staff qualifications.*

***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.*

***Administrative Process:** Explain your college's administrative and approval process as it pertains to curriculum changes and updates, and its impact on anticipated program launch and implementation.

Is there any other information not covered in the application questions that you would like us to consider?

***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)*

***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.*

***Approved Form 1:** Upload the Form 1 document approved by Irene Ornelas.

Program Map: Upload the college Program Map that was reviewed and approved by Irene Ornelas.

Additional Comments: Please use this section to provide any information about your college that may have not been addressed elsewhere in the application.