Capacity Building: LPHA Sign-On/Loyalty and Retention Bonus (1A and 1B) (Same form for use for both Sign-On/Loyalty and Retention Payment activities)

Agency Name:		SAPC USE ONLY				
Submitted by:		Dalinavahla Dasad Sira Onli analis				
Email Address:		Deliverable-Based Sign-On/Loyalty Bonus (1-A) SAPC Reviewer: Due: 3/31/2025				
Date:						
Sign-On/Loyalty Bonus Payment (1-A): Total number (FTE) of eligible LPHAs/LE-LPHAs hired by agency (new and current) (Employee verifications submitted by agency) Note: Please refer to Capacity Building package for full requirements	1.0 FTE: \$5,000pp 0.5 FTE: \$2,500pp Sign-On: hired on or after 7/1/24 Loyalty: hired before 7/1/24	Number of LPHAs Sign-On/ Loyalty Bonus Confirmed (Column F)	No. of Staff Confirmed:	Eligible Payment		
Retention Bonus Payment (1-B): Total number of eligible LPHAs/LE-LPHAs who received sign-on/loyalty bonus and are still employed at the agency as an LPHA/LE-LPHA by 3/31/2026 (Employee	1.0 FTE: \$5,000pp 0.5 FTE: \$2,500pp	Deliverable-Based LPHA Retention Bonus (1-B) SAPC Reviewer Due: 3/31/2026				
retention verifications submitted by agency) Note: Please refer to Capacity Building package for full requirements		Number of LPHAs Retention Bonus Confirmed (Column G)	No. of Staff Confirmed:	Eligible Payment		

LPHA Sign-On/Loyalty and Retention Bonus (1A and 1B) Deliverable-Based						SAPC Use Only	SAPC Use Only		
	Α	В	С	D	E	F	G	Н	I
No	Employee Name (Deliver Direct Services)	Date of Hire as a Licensed or Licensed Eligible LPHA providing Direct Services and/or Clinical Supervision	License Type	License Number	SAGE User Number	Proof of Required Documentation Submitted	Proof of full sign- on/ loyalty and/or retention payment Submitted	Sign-On /Loyalty Bonus (1-A) 1.0 FTE: \$5,000pp 0.5 FTE: \$2,500pp Due 3/31/2025 SAPC Validated (Y/N)	Retention Bonus (1-B) 1.0 FTE: \$5,000pp 0.5 FTE: \$2,500pp Due 3/31/2026 SAPC Validated (Y/N)
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Capacity Building: LPHA Sign-On/Loyalty and Retention Bonus (1A and 1B) (Same form for use for both Sign-On/Loyalty and Retention Payment activities)

	LPHA Sign-On/Loyalty and Retention Bonus (1A and 1B)							SAPC Use Only	SAPC Use Only
Deliverable-Based							ora o osc omy		
No	Employee Name (Deliver Direct Services)	Date of Hire as a Licensed or Licensed Eligible LPHA providing Direct Services and/or Clinical Supervision	C License Type	License Number	SAGE User Number	Proof of Required Documentation Submitted	Proof of full sign- on/ loyalty and/or retention payment Submitted	Sign-On /Loyalty Bonus (1-A) 1.0 FTE: \$5,000pp 0.5 FTE: \$2,500pp Due 3/31/2025 SAPC Validated (Y/N)	Retention Bonus (1-B) 1.0 FTE: \$5,000pp 0.5 FTE: \$2,500pp Due 3/31/2026 SAPC Validated (Y/N)
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