

TEXAS HIGHER EDUCATION COORDINATING BOARD
Graduate Medical Education Expansion Grant Application
Certification of Application Information

Application Deadline: November 6, 2018

Applications received after this date will not be considered for funding.

Each application must include three completed forms and required attachments:

Application Form 1 - Certification of Application Information:	One (1) form per Applicant
Application Form 2 - General Applicant Information:	One (1) form per Applicant
Application Form 3 - GME Program Information:	One (1) form for each eligible GME program

Submit completed forms to: GME-Expansion@THECB.state.tx.us

Certification of Information Contained in this Application

The submitted Application is binding and valid at the discretion of the Texas Higher Education Coordinating Board. Any terms and conditions attached to an Application will not be considered unless specifically referred to in this Request for Applications and Applicant's attachment of such terms and conditions to an Application may disqualify the Application.

By submitting this document I certify to the following:

1. I am legally authorized to submit this application on behalf of the program(s) and the sponsoring institution.
2. The statements herein are true, complete, and accurate to the best of my knowledge.
3. If funds are awarded, this organization fully accepts the terms and conditions described in this Request for Applications and accepts the obligation to comply with terms and conditions set by the Texas Higher Education Coordinating Board.

Applicant:

Name of Individual Authorized by the Applicant to Submit Application:

Position of Individual Authorized by the Applicant to Submit Application:

Phone: _____

Email: _____

Date: _____