Application Deadline: 11:59 p.m. CT, March 15, 2024

Applications received after the deadline will not be considered for funding. Applications must be submitted to the THECB at <a href="ETEP@highered.texas.gov">ETEP@highered.texas.gov</a>

Refer to the Request for Applications (RFA) to ensure accurate form completion. Headings in the Application Form correspond to Section 8 of the RFA.

Contact for questions: <a href="mailto:ETEP@highered.texas.gov">ETEP@highered.texas.gov</a>

#### RFA SECTION 8.1. CERTIFICATION OF APPLICATION INFORMATION

The submitted Application is binding and valid at the discretion of the Texas Higher Education Coordinating Board (THECB). 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 signing this document, I certify to the following:

- 1) I am authorized to bind the graduate medical education (GME) program and/or the sponsoring institution submitting the Application in an agreement.
- 2) The statements herein are true, complete, and accurate to the best of my knowledge.
- 3) The Application is submitted by an individual authorized to complete the submission on behalf of the GME program and/or the sponsoring institution.
- 4) 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.

Sponsoring Institution:				
GME Program Name:				
Name of Individual Authorized to Sign the	e Application:			
Signature of the above Authorized Individual (with date):				
Title:				
Phone Number:	Email Address:			

#### **RFA SECTION 8.2 PROJECT NARRATIVE**

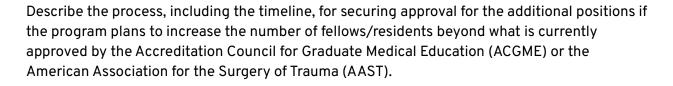
#### **8.2.1 CONTACT INFORMATION**

Name of Sponsoring Instituti	on:		
Name of GME Program:			
GME Program Specialty or S	ubspecialty:		
Is the Applicant a: (Select One)	GME Program	or	Sponsoring Institution
Name of Applicant Contact:			
Applicant Contact Title:			
Applicant Contact Phone:		Applicant Contact Em	nail:
Additional Contact			
Additional Contact Name:			
Additional Contact Title:			
Additional Contact Phone:		Additional Contact Er	nail:

[Applicant should discuss the items listed below. Limit responses to the space provided.]

#### **8.2.2 PROJECT SUMMARY**

Describe how the Emergency and Trauma Care Education Partnership (ETEP) grant will increase, or at a minimum, maintain previously funded increases in the number of physicians (fellows/residents) trained in emergency and trauma care.



Describe how the program or similar activities would continue after the grant period ends and include potential partnership program replication (as applicable).

Describe how the employment of fellows/residents will be tracked after completion of program.
Describe how the collaborative education model provides for program management that offers a centralized decision-making process allowing for inclusion of each entity participating in the partnership (if applicable).
As a required Attachment to the Application, provide the participating graduate medical education program's most recent letter from ACGME or AAST indicating the program's current accreditation status.

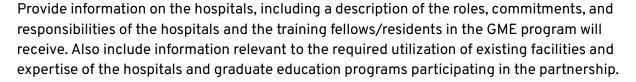
### TEXAS HIGHER EDUCATION COORDINATING BOARD

### EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP) 2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM

#### **8.2.3 DESCRIPTION OF APPLICANT AND PARTNERS**

Program Name:		
Sponsoring Institution:		
Program Specialty/Subspecialty:		
Program Length:		
Accreditor:		
Initial Accreditation Date:		
Initial Program Start Date:		
ACGME/AASTProgram Code:		
Program Address		
Street:		
City:	State: Texas	Zip Code:
County:		
<u>Program Director</u>		
Name:		
Title:		
Phone Number:	Email Address:	
Program Coordinator		
Name:		
Title:		
Phone Number:	Email Address:	
Other Staff		
Name:		
Title:		
Phone Number:	Email Address:	

#### <u>Hospitals</u>



Provide a statement that the Applicant will maintain existing clinical training agreements between hospital(s) and graduate medical education program(s) not participating in the ETEP GME Program partnership.

#### 8.2.4 ASSESSMENT OF NEED

Provide a short statement that describes the total number of fellow/resident program positions requested to be funded, including maintaining previously funded increases (refer to the table on page 9), and any additional permanent increases in program positions.

### RFA SECTION 8.3 PROJECT WORK PLAN OR TIMELINE 8.3.1 PROJECT GOAL STATEMENT

Select the grant period for which the Applicant intends to apply. Select only one.

July 1, 2024 - June 30, 2026 (24 months)

July 1, 2025 - June 30, 2026 (12 months)

#### TEXAS HIGHER EDUCATION COORDINATING BOARD

EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP) 2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM

#### 8.3.2 MAJOR PROJECT OBJECTIVES AND EXPECTED OUTCOMES

#### Program Fellowship/Residency Positions

Include only positions approved by ACGME/AAST. Exclude fellows/residents subsidized by the military, Public Health Service, or other federal agencies.

	FELLOW/RESIDENT POST GRADUATE YEAR (							R (PGY)
Number of Program	PGY	PGY	PGY	PGY	PGY	PGY	PGY	TOTAL
Positions	1	2	3	4	5	6	7	
Currently approved by ACGME/AAST								
Projected to be filled on 7-1-2025								
Projected to be filled on 7-1-2024								
Positions filled as of 7-1-2023								
Positions filled as of 7-1-2022								
Positions filled as of 7-1-2021								
Positions filled as of 7-1-2020								
Positions filled as of 7-1-2019								
Positions filled as of 7-1-2018								
Positions filled as of 7-1-2017								
Positions filled as of 7-1-2016								
Positions filled as of 7-1-2015								
Positions filled as of 7-1-2014								
Positions filled as of 7-1-2013								
Positions filled as of 7-1-2012								
Positions filled as of 7-1-2011								
Previously Funded by ETEP			Total #	of Pos	itions	Funded	<u>t</u>	
ETEP funded positions for July 2023		ļ	per Aca	ademic	Year			
ETEP funded positions for July 2022								
ETEP funded positions for July 2021								
ETEP funded positions for July 2020								
ETEP funded positions for July 2019								
ETEP funded positions for July 2018								
ETEP funded positions for July 2017								
ETEP funded positions for July 2016								
ETEP funded positions for July 2015								
ETEP funded positions for July 2014								
ETEP funded positions for July 2013								
ETEP funded positions for July 2012								

#### **RFA SECTION 8.4 PROJECT EVALUATION**

Project evaluation will be completed through submission of grant reports. RFA section 10 provides details on grant reporting requirements.

#### **RFA SECTION 8.5 BUDGET**

A proposed budget is not required at the time of Application.

#### Negotiated Budget

The THECB shall negotiate an award budget with each Awarded Applicant on the methodology described in Section 7. The negotiated award budget details must include a reasonable estimate of funding expenditure amounts in the allowed budget categories (See RFA Section 6.2):

- A. Fellow and Resident Compensation
- B. Professional Liability Insurance
- C. Other Direct Fellow/Resident Costs

Briefly summarize the planned use of ETEP funds to increase graduate medical education opportunities in emergency and trauma care. Are there funds and/or in-kind contributions made available by the partnership to match a portion of the grant funds? Note that there is no matching fund requirement for Applications submitted under this RFA, but matching funds or in-kind services are a priority criteria consideration as set forth in RFA Section 7.2.

#### TEXAS HIGHER EDUCATION COORDINATING BOARD

### EMERGENCY AND TRAUMA CARE EDUCATION PARTNERSHIP PROGRAM (ETEP) 2024-2025 GRADUATE MEDICAL EDUCATION GRANT APPLICATION FORM

#### **RFA SECTION 8.6 FINANCIAL VIABILITY**

Complete the table with financial statement data for the Applicant GME Program's most recently ended fiscal year. In the revenue section, include grant funding and all other sources of income that supported the program. In the expenditure section, include all expenditures related to operation of the program, regardless of funding source.

#### **Statement Period:**

Revenue Amount (\$)

Net Professional Service Revenue

Non-Reimbursable Indigent Care

Affiliated Hospital Support

**Affiliated Medical School Support** 

Local/Community Payments and Philanthropic Contributions

Federal Funds

Other Funds

**TOTAL REVENUE** (All Sources of Funds)

Expenditures Amount (\$)

Resident Compensation (Including Fringe)

Faculty Compensation (Including Fringe)

Other Staff Compensation (Including Fringe)

**Equipment and Supplies** 

Administrative Overhead and Academic/Office Support Expenses

Professional Liability Insurance

Clinical/Medical Support Expenses

Professional Development and Travel

Fees

Other

#### TOTAL EXPENDITURES

#### RFA SECTION 8.7 EVIDENCE OF LEADERSHIP COMMITMENT

A separate document is not required under this RFA.

The signature in the Certification section by the representative authorized to bind the sponsoring institution or GME program certifies that the entity receiving the ETEP GME grant is fully committed to fulfill the requirements and the work to be performed under the ETEP GME Program.

The Program Director of the eligible GME program, should an award be made, is required to keep his/her leadership apprised of the program's performance and fulfillment of grant requirements during the grant period.

#### **RFA SECTION 8.8 ATTACHMENTS**

Attachments as required in RFA Section 8.8 should be submitted as separate files from the completed Application form. (See Appendix D for a checklist).

#### <u>Documentation of current program accreditation</u>

Provide the Applicant GME program's most recent accreditation letter from the associated accrediting body (ACGME or AAST).

#### Documentation of accreditor approval of additional program positions

- Provide evidence of Applicant's approval from ACGME or AAST for the increase in number of fellowship or residency positions. If the request and approval are for a temporary increase, provide a plan, including a timetable, for obtaining national accreditor approval for a permanent increase in the number positions.
- If a request for approval of an increase in positions has not been submitted to the ACGME or AAST at the time of this Application, Applicant must submit a draft request letter that Applicant intends to submit to the accrediting body and specify the planned date of submission and the expected date of national accreditor approval.

To qualify for a grant award, accreditation approval for the increase in positions must be in effect no later than July 1 of the academic year in which the new position(s) begin.

#### SUBMISSION INSTRUCTIONS

Save the completed Application form as a PDF file and send by email, along with required attachments, to: <a href="https://example.com/exa