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APPLICATION FORM

Minority Health Research and Education Grant Program (MHGP)

**2022-2023**

**24472**

**NOTICE OF INTENT DEADLINE: 11:59 p.m. CDT, June 10, 2021**

**THECB INVITATION TO SUBMIT APPLICATION: July 1, 2021**

**INQUIRY DEADLINE: 11:59 p.m. CDT, July 21, 2021**

**APPLICATION DEADLINE: 11:59 p.m. CDT, July 28, 2021**

**Application Form**

**Refer to the Request for Applications (RFA) on** <http://www.highered.texas.gov/MHGP> **to ensure full compliance with grant requirements and accurate form completion.** Headings in the Application Form correspond to Section 8 of the RFA. Do not alter the Application Form. Any such alterations may result in the disqualification of the Applicant.

|  |
| --- |
| **Applicant Institution:**  |
| **Project Title:**  |
| **Total MHGP Funding Requested for 24-Month Period Ending 12/31/2023:****$**  |
| **Year 1 Funding Request (1/1/2022 - 12/31/2022):****$**  | **Year 2 Funding Request (1/1/2023 - 12/31/2023):****$**  |
|

**1. CERTIFICATION OF APPLICATION INFORMATION**

*The information provided in this Application, which includes Attachments designated as required or as required to receive credit during application evaluation in Section 8.8 of the RFA, will serve as the basis for selection of the 2022-2023 MHGP grant awards. The submitted Application is binding and valid at the discretion of the Texas Higher Education Coordinating Board (THECB).*

*By signing this document, I certify to the following:*

1. *I am legally authorized to bind the primary degree program and the institution in a contract.*
2. *The statements herein are true, complete, and accurate to the best of my knowledge.*
3. *The Application and applicable Attachments are submitted by an individual legally authorized to complete the submission on behalf of the primary degree program and the institution.*
4. *If MHGP funds are awarded, this institution accepts the obligation to comply with the terms and conditions set by the Texas Higher Education Coordinating Board and agrees to return to the THECB any funds not expended in compliance with those terms and conditions.*

**Name of Individual Legally Authorized by the Institution to Sign the Application:**

|  |
| --- |
|  |
| **Position**:  |
| **Email Address**:  |
| **Phone**:  |

**Signature of the above Authorized Individual:**

|  |  |
| --- | --- |
|  | **Date of Signature**: Use dropdown to enter a date. |

**2. PROJECT NARRATIVE**

**2.1 Contact Information**

|  |  |
| --- | --- |
| **Project/Institutional Contacts** | **Required Information** |
| **Name of Project Director:** |  |
| Position: |  |
| Phone: |  |
| Email Address: |  |
| **Name of Co-Project Director:** |  |
| Position: |  |
| Phone: |  |
| Email Address: |  |
| **Name of Sponsored Projects Office Contact:** |  |
| Position: |  |
| Phone: |  |
| Email Address: |  |
| Mailing Address: |  |
| **Primary Degree Program of Project:** |  |
| CIP Code: |  |
| Degree Level: |  |
| Accreditation Status and Period: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*IPE Degree Program, CIP** | **iNSTITUTION** | **dEGREE lEVEL** | **aCCREDITATION sTATUS / pERIOD** |
|  |  |  |  |
|  |  |  |  |

\*As needed, insert rows to list additional IPE degree program partners.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Name of Clinical Partner Site\*** | **New or Existing\*\*** | **Physical Address, City, ZIP Code** | **Cumulative Number of Primary Degree Program Students in Clinical Training (Spring 2021 - Fall 2021)** | **50-word Description about Health Disparities in Community** | **Minority Populations in Community: Numbers and Percentages by Race/ Ethnicity** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

\* As needed, insert rows to list additional clinical sites for academic-clinical partnerships.

\*\* The designation of a clinical partner as new or existing is based on the definitions in Appendix A of the RFA as they pertain to the primary degree program.

**2.2 Project Summary**

*(Maximum 6 pages; typing space will expand. Refer to RFA Section 8.2.2 to address all required content.)*

|  |
| --- |
| **a. Project Scope and Description**  |
|  |
| **b. Sustainability**  |
|  |

|  |
| --- |
| **2.3 Description of Applicant and Partners** *(Maximum 3 pages; typing space will expand. Refer to RFA Section 8.2.3 to address all required content.)* |
|  |

|  |
| --- |
| **2.4 Assessment of Need** *(Maximum 2 pages; typing space will expand. Refer to RFA Section 8.2.4 to address all required content.)* |
|  |

|  |  |
| --- | --- |
| **Additional state Funds for Project** | **Required Information** |
| **State Agency Awarding Funding to Project:** |  |
| Current, Pending, or Previous Funding: |  |
| Amount Awarded and Funding Period: |  |

**3. PROJECT WORK PLAN OR TIMELINE**

|  |
| --- |
| **3.1 Project Goal Statement** *(Maximum 600 characters with spaces.)* |
|  |

**3.2 Major Project Objectives and Expected Outcomes**

|  |
| --- |
| **a. Project Objectives and Outcomes** *(Typing space will expand; do not exceed the space available on this page. Refer to RFA Section 8.3.2 to address all required content.)* |
|  |

|  |
| --- |
| **b. Implementation Methodology** *(Maximum 7 pages; typing space will expand. Refer to RFA Section 8.3.2 to address all required content.)* |
|  |

**c. Detailed Timeline**

*(Maximum 5 pages. Insert rows as needed; typing space will expand. Refer to RFA Section 8.3.2 to address all required content.)*

|  |  |  |
| --- | --- | --- |
| **Dates** | **Activity and Method of Delivery (Person Responsible)** | **Result(s)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**4. PROJECT EVALUATION**

|  |
| --- |
| **a. Evaluation Methodology** *(Maximum 3 pages; typing space will expand. Refer to RFA Section 8.4 to address all required content.)* |
|  |

**b. Performance Measures and Outcomes**

*(Refer to RFA Section 8.4 to ensure all required content is addressed. Provide appropriate information where indicated in <BRACKETS> for objectives, performance measures, baselines, and outcomes. Typing space will expand. Rows can be deleted, if not needed.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** | **Baseline** | **Year 1** ***Proposed* Outcomes** | **Year 2** ***Proposed* Outcomes** |
| **Objective 1:** <ENTER TEXT FOR OBJECTIVE 1> |
| <PERFORMANCE MEASURE 1> | <BASELINE 1> | <YEAR 1 OUTCOME 1> | <YEAR 2 OUTCOME 1> |
| <PERFORMANCE MEASURE 2> | <BASELINE 2> | <YEAR 1 OUTCOME 2> | <YEAR 2 OUTCOME 2> |
| <PERFORMANCE MEASURE 3> | <BASELINE 3> | <YEAR 1 OUTCOME 3> | <YEAR 2 OUTCOME 3> |
| <PERFORMANCE MEASURE 4> | <BASELINE 4> | <YEAR 1 OUTCOME 4> | <YEAR 2 OUTCOME 4> |
| **Objective 2:** <ENTER TEXT FOR OBJECTIVE 2> |
| <PERFORMANCE MEASURE 1> | <BASELINE 1> | <YEAR 1 OUTCOME 1> | <YEAR 2 OUTCOME 1> |
| <PERFORMANCE MEASURE 2> | <BASELINE 2> | <YEAR 1 OUTCOME 2> | <YEAR 2 OUTCOME 2> |
| <PERFORMANCE MEASURE 3> | <BASELINE 3> | <YEAR 1 OUTCOME 3> | <YEAR 2 OUTCOME 3> |
| <PERFORMANCE MEASURE 4> | <BASELINE 4> | <YEAR 1 OUTCOME 4> | <YEAR 2 OUTCOME 4> |
| **Objective 3:** <ENTER TEXT FOR OBJECTIVE 3> |
| <PERFORMANCE MEASURE 1> | <BASELINE 1> | <YEAR 1 OUTCOME 1> | <YEAR 2 OUTCOME 1> |
| <PERFORMANCE MEASURE 2> | <BASELINE 2> | <YEAR 1 OUTCOME 2> | <YEAR 2 OUTCOME 2> |
| <PERFORMANCE MEASURE 3> | <BASELINE 3> | <YEAR 1 OUTCOME 3> | <YEAR 2 OUTCOME 3> |
| <PERFORMANCE MEASURE 4> | <BASELINE 4> | <YEAR 1 OUTCOME 4> | <YEAR 2 OUTCOME 4> |
| **Objective 4:** <ENTER TEXT FOR OBJECTIVE 4> |
| <PERFORMANCE MEASURE 1> | <BASELINE 1> | <YEAR 1 OUTCOME 1> | <YEAR 2 OUTCOME 1> |
| <PERFORMANCE MEASURE 2> | <BASELINE 2> | <YEAR 1 OUTCOME 2> | <YEAR 2 OUTCOME 2> |
| <PERFORMANCE MEASURE 3> | <BASELINE 3> | <YEAR 1 OUTCOME 3> | <YEAR 2 OUTCOME 3> |
| <PERFORMANCE MEASURE 4> | <BASELINE 4> | <YEAR 1 OUTCOME 4> | <YEAR 2 OUTCOME 4> |

**5. BUDGET**

*(Maximum 6 pages. Insert rows for additional proposed costs as needed; typing space will expand. Refer to RFA Section 8.5 to address all required content.)*

| **Budget Detail by Category** | **Year 1**(1/1/2022 - 12/31/2022) | **Year 2**(1/1/2023 - 12/31/2023) |
| --- | --- | --- |
| **A. Personnel** |
| **1** | <PROVIDE ITEMIZED DETAIL AND JUSTIFICATION FOR EACH PROPOSED COST, INCLUDING WHAT IT WILL SUPPORT AND HOW IT IS CALCULATED.> | $  | $  |
| **2** |  | $  | $  |
| ***Personnel Total per Year*** | **$**  | **$**  |
| ***Personnel Total for Grant Period*** | **$**  |
| **B. Personnel Travel** |
| **1** | <PROVIDE ITEMIZED DETAIL AND JUSTIFICATION FOR EACH PROPOSED COST, INCLUDING WHAT IT WILL SUPPORT AND HOW IT IS CALCULATED.> | $  | $  |
| **2** |  | $  | $  |
| ***Personnel Travel Total per Year*** | **$**  | **$**  |
| ***Personnel Travel Total for Grant Period*** | **$**  |
| **C. Participant Costs** |
| **1** | <PROVIDE ITEMIZED DETAIL AND JUSTIFICATION FOR EACH PROPOSED COST, INCLUDING WHAT IT WILL SUPPORT AND HOW IT IS CALCULATED.> | $  | $  |
| **2** |  | $  | $  |
| ***Participant Costs Total per Year*** | **$**  | **$**  |
| ***Participant Costs Total for Grant Period*** | **$**  |
| **D. Other Direct Costs** |
| **1** | <PROVIDE ITEMIZED DETAIL AND JUSTIFICATION FOR EACH PROPOSED COST, INCLUDING WHAT IT WILL SUPPORT AND HOW IT IS CALCULATED.> | $  | $  |
| **2** |  | $  | $  |
| ***Other Direct Costs Total per Year*** | **$**  | **$**  |
| ***Other Direct Costs Total for Grant Period*** | **$**  |
| **Total ANNUAL MHGP FUNDING REQUEST** | **$**  | **$**  |
| **Total MHgp Funding FOR 2-year GRANT period** | **$**  |
| **E. Matching Funds** |
| **1** |  | $  | $  |
| ***Matching Funds Total per Year*** | **$**  | **$**  |
| ***Matching Funds Total for Grant Period*** | **$**  |

**6. Financial Viability**

No document is required under this Request for Applications.

**7. Evidence of Leadership Commitment**

As required Attachment, submit evidence of leadership commitment to the project from Applicant's senior management on official letterhead addressed to the project director of the proposed project.