

**Graduate Medical Education
Planning and Partnership Grants FY 2023**

APPLICATION FORM 1 – CERTIFICATION

APPLICATION DEADLINE: **July 7, 2023 11:59 pm CST**

Applications received after the above date will not be considered for funding.

Submit as PDF file to: GME-Expansion@highered.texas.gov

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 Applicant organization.
- (2) The statements herein are true, complete, and accurate to the best of my knowledge

Name of Applicant Organization:	
Name of Individual Authorized to Submit Application:	
Signature <i>(click signature box to add electronic signature):</i>	
Position of Individual Authorized to Submit Application:	
Phone:	
Email:	
Date:	

If this Application receives a grant award, the 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.

Name of Individual Authorized to Accept Request for Applications Terms and Conditions and Sign Contract on Behalf of Applicant Organization:	
Signature <i>(click signature box to add electronic signature):</i>	
Position of Individual Authorized to Accept Request for Applications Terms and Conditions and Sign Contract on Behalf of Applicant Organization:	
Date:	