

Deadline for submission is January 17, 2025, by 11:59 PM CT

Complete all required fields. For any questions, please contact ruralphysician@highered.texas.gov.

APPLICANT INFORMATION

Name of the Institution	
Mailing Address	
State	
Zip Code	
Taxpayer Identification Number (TIN)	

AUTHORIZED INSTITUTION REPRESENTATIVES

The Authorized Signatory and Key Personnel: Project Director are required. It is optional to include any additional staff you would like to receive future grant updates.

Authorized Signatory Legally authorized to sign on behalf of the institution	Name	
	Title	
	Email	
	Phone	
Key Personnel: Project Director Primary contact for grant activities	Name	
	Title	
	Email	
	Phone	
Grant Staff 1 Additional support for grant activities	Name	
	Title	
	Email	
	Phone	
Grant Staff 2 Additional support for grant activities	Name	
	Title	
	Email	
	Phone	

DESCRIPTION OF APPLICANT

Provide comprehensive and clear information to facilitate understanding of your institution involvement in the project.

Current Rural Resident Program

Does your institution currently operate a rural resident physician program?	
How long has the program been in place?	
How many residents are currently in the program?	

Provide relevant accreditation information for the current residency program and any requirements that must be met if new residency positions are to be created or existing ones maintained.

Project Commitment

Level/Percent of Commitment to Project	
Description of Applicant's Role in the Project	

DESCRIPTION OF PARTNER(S)

If applicable, provide information on Partners expected to participate in the project, including expected detailed information on their roles and contributions.

Partner 1

Organization Name	
Will the Applicant delegate authority or responsibilities to Partner?	
Level/Percent of Commitment to Project	
Roles & Contributions to Project	

Partner 2

Organization Name	
Will the Applicant delegate authority or responsibilities to Partner?	
Level/Percent of Commitment to Project	
Roles & Contributions to Project	

PERFORMANCE SITE LOCATION(S)

Provide a description of the facilities and service areas that will be utilized during the project period. Include the following information:

- Description of the facilities, infrastructure, and resources available at this site for training resident physicians.
- Details of how the site(s) meet the definition of a rural or nonmetropolitan area, as defined by the Federal Office of Rural Health Policy (FORHP).
- Evidence or documentation supporting this classification (e.g., census data, county classification, etc.).

Project Site 1

Organization Name	
Street	
City	
County	
State	
Postal Code	
Site Description	

Project Site 2

Organization Name	
Street	
City	
County	
State	
Postal Code	
Site Description	

PROJECT NARRATIVE GUIDANCE

Completely fill out each section of this application. Use the following information from the Request for Application (RFA) for guidance on allowable projects.

RFA Section 3.2 Eligible Projects:

Applications submitted under this RFA must develop or expand and administer physician residency programs at teaching hospitals or other health care entities in a rural or nonmetropolitan area.

RFA Section 6.1 Funding Restrictions:

Funding may only be used on necessary and reasonable costs exclusively related to:

- Salaries and benefits for resident physicians.
- Other direct costs that are necessary and reasonable to create or maintain the residency position as stated in grantee's budget.

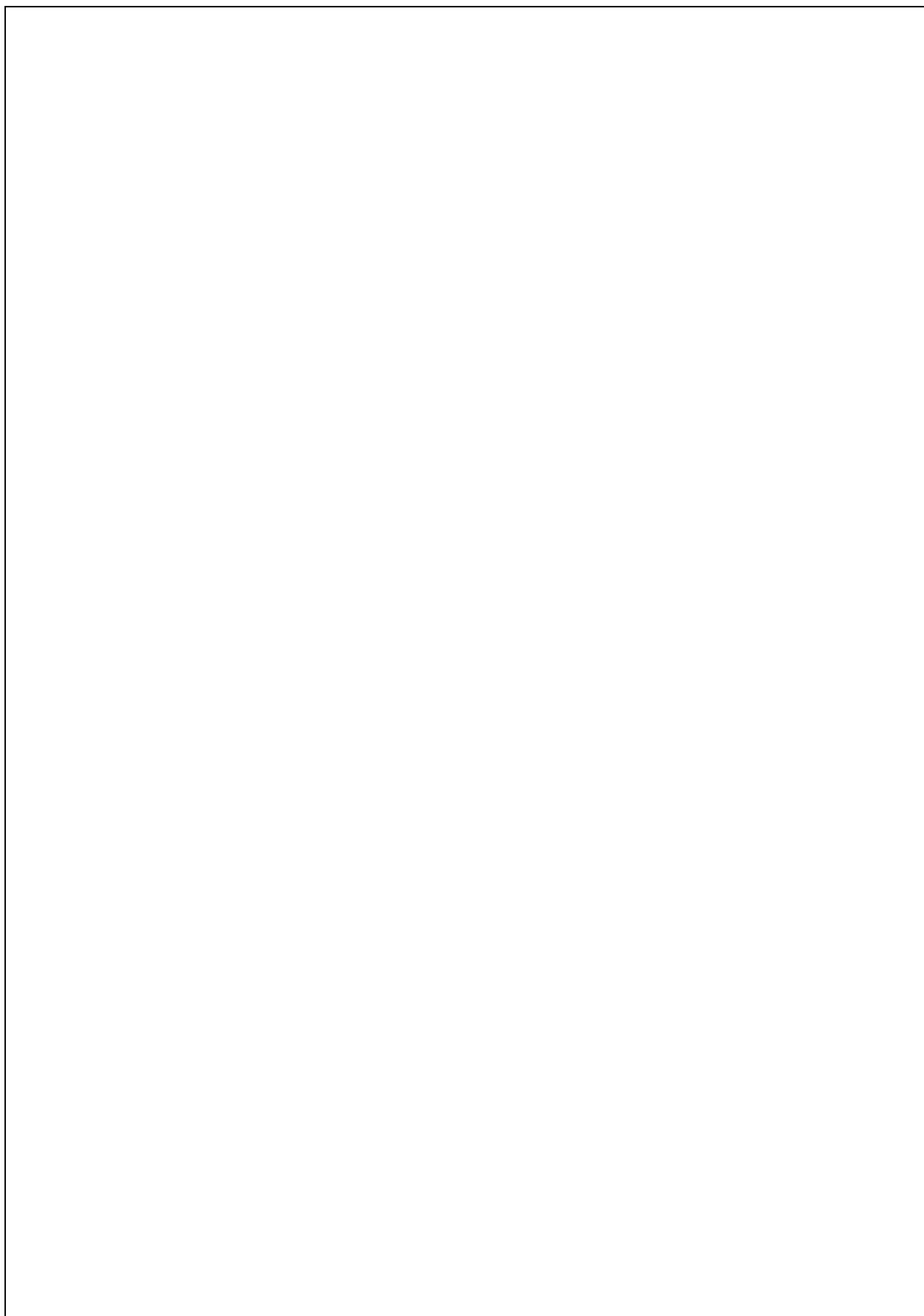
PROJECT GOAL STATEMENT

Clearly define the ultimate outcome of the project, identify the ultimate outcome of the project and specify the project's phases as (1) Development, (2) Expansion, or (3) Maintenance.

ASSESSMENT OF NEED

Provide a brief overview of the needs assessment for the proposed project, addressing the following questions:

- *What are the key challenges related to the implementation or expansion of Rural Resident Physician Programs in Texas? How do these challenges relate to the healthcare demands in rural or nonmetropolitan areas of the state?*
- *What are the key characteristics of the proposed program's community and service area?*
- *How will the program impact the local economy, particularly in terms of healthcare delivery?*
- *What is the current availability of medical providers in the area, and what are the recruitment challenges you anticipate? Are there any other relevant issues that should be considered in terms of program planning and implementation?*
- *Are there any existing relationships between the proposed project and other related programs or projects managed by your institution's faculty and staff?*
- *How will the proposed Rural Resident Physician Program ensure that resources are not expended on overlapping or duplicated efforts with other ongoing projects or initiatives within your institution?*



PROJECT SUMMARY

Provide a brief overview of the project, outlining key activities and strategies that will be implemented to achieve the project goal, addressing the following questions:

- How will the overall project plan contribute to the development, expansion, or maintenance of the Rural Resident Physician Program.*
- If the plan includes the creation of rural training tracks within an existing residency program, what is the plan for establishing those new training tracks?*
- How does your existing staffing and infrastructure support the addition or continuation of rural residency positions, and how will it ensure that all applicable accreditation requirements are met?*
- What plans are in place to ensure that the new or maintained residency positions will produce physicians who are specifically prepared to practice in rural areas, and how will the proposed training sites provide a diverse range of clinical experiences and mentorship opportunities to support the education and professional growth of residents?*

PROJECT WORK PLAN

Applicants are required to include at least three (3) project objectives that should measure progress towards the overall project goal. Each objective should be specific and measurable.

For each objective, list at least three (3) benchmark targets and dates to monitor progress toward reaching the goal set. Include any research or evidence that demonstrates the likelihood of the objectives being met.

Objective 1 is **required** to focus on the number of residency positions that will be created or maintained if grant funds are awarded. State the current number of residency positions, the number of additional residency positions to be created or maintained, and how the program intends to produce physicians who are specifically prepared to practice in rural areas.

Project Objective 1

Objective Description	
Expected Outcome(s)	
Measurement Method(s)	

Benchmark Target Activities	Anticipated Start Date	Anticipated End Date

Project Objective 2

Objective Description	
Expected Outcome(s)	
Measurement Method(s)	

Benchmark Target Activities	Anticipated Start Date	Anticipated End Date

Project Objective 3

Objective Description	
Expected Outcome(s)	
Measurement Method(s)	

Benchmark Target Activities	Anticipated Start Date	Anticipated End Date

GRANT APPLICATION SUBMISSION CERTIFICATION

By submitting this application and supporting materials, and by signing below, you acknowledge your agreement to the following:

- You are an authorized representative of the institution with the authority to legally bind the applicant institution.
- All required questions in the application have been answered, the Detailed Budget & Budget Narrative, and the Commitment of Support letter are included in the application packet.
- The proposed resident physician site(s) are in a rural or nonmetropolitan area as defined by the [Federal Office of Rural Health Policy](#).
- You have thoroughly read and understand the grant program guidelines, application questions, and RRPP requirements.
- All information provided in this application is accurate and complete to the best of your knowledge.
- Any discrepancies or omissions may result in the rejection of this application or the forfeiture of grant funding.
- You acknowledge your commitment to submit all required reports in a timely manner as outlined in the application.
- You confirm that any data submitted is accurate and that there are no known conflicts of interest related to this grant application.

Authorized Institution Representative Signature

Name	
Title	
Institution	
Signature	
Date	