

TEXAS HIGHER EDUCATION COORDINATING BOARD
STATEWIDE PRECEPTORSHIP PROGRAM
Grant Application for AY 2024

APPLICANT ORGANIZATION:

APPLICATION

CERTIFICATION OF APPLICATION INFORMATION (Form 1)

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 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.

Authorized Institutional Representative Signature _____

Name of Program:

Name of Person Authorized to Submit Application:

Position/Title of Individual Authorized to Submit Application:

Date:

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Funding Period: Upon NOGA Execution or January 1, 2024, whichever comes last – 12/31/2025

Application Deadline: 5:00 p.m. CT, December 13, 2023

Applicants submitting after this date will not be considered for funding. The information provided in this application will serve as the basis for selection of Statewide Preceptorship Program recipients for Appropriated Years (AY) 2024 - 2025. Sections 1 through 6 of this Application must be completed.

Submit completed form and required attachments to:
MedEd@highered.texas.gov

For questions, email: MedEd@highered.texas.gov

PROJECT NARRATIVE (Form 2)

Contact Information

- (a) Applicant's Program Name:
- (b) Contact information of the program director, who will serve as point of contact for all SPP communication within the Grant Period:

Program Director	
Phone	
Email	
Mailing Address	
Other Contact Person:	
Position/Title:	
Phone	
Email	

- (c) Name of Program Partner(s), *if applicable*:
- (d) Is the Applicant a 501c3? Yes or No.
- (e) Requested Grant Funding: Each grantee is anticipated to receive approximately \$1,616,666 in a Grant Award.

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Program Summary

The summary must identify the Program Goal Statement (see RFA Section 8.3.1) and provide a brief description of the overall project plan. *(Do not exceed 1 page in length)*

Description of Applicant (and Partners, if applicable)

Assessment of Need *(Do not exceed ½ page in length)*

PROGRAM WORK PLAN AND TIMELINE (Form 3)

Timeline should include the major objectives and activities that support the operation of the program over the grant period, the target/completion date, and the responsible individual. The Timeline should not exceed one page for each year of the grant funding period. NOTE: Insert a table below customized to your proposed timeline.

Work Plan:

- (a) *Provide a concise description of the preceptorship program, including its objectives, expected outcomes, and assessment measures (see RFA Section 8.4, Evaluation). Include partners, as applicable. Do not exceed 1 page in length.*

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(b) Provide a description of program promotion and student & physician recruitment activities for the program. *(Do not exceed 1 page in length)*

(c) Provide information on how the program addresses, or will address, each Selection Criteria listed below. *(Under each numbered item, provide information to specifically and concisely address the individual criterion)*

1. Clearly documents the number of medical school students projected to participate in each year of the grant period.

2. Matches and coordinates preceptorships in its medical specialty for all eligible Texas medical students, including allopathic and osteopathic medical students, from all Texas medical schools as defined in Section 61.501(1), Texas Education Code, with eligible preceptors in its medical specialty statewide.

3. Coordinates the preceptorship program timeline for application opening and submission deadline with other statewide preceptorship programs in primary care medical specialties.

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4. Develops and maintains a faculty to serve as preceptors, provides faculty development for physicians who serve as preceptors, and provides basic guidelines for the preceptorship curriculum with the input of representatives from all medical schools, as defined in RFA Definitions, Appendix A.

5. Maximizes use of award funds to support medical students participating in, and only for activities related to, the preceptorship program.

6. Provides participating medical students funds upon the completion of a four-week preceptorship experience according to the following schedule:

a. Urban area:	\$3,000.00
b. Rural, health professional shortage area, or medically underserved area:	\$5,000.00

The medical student stipend may be prorated for a rotation having a duration shorter than four weeks. The four-week maximum preceptorship experience may be divided into non-consecutive weeks.

Describe the circumstances under which the program would allow a preceptorship of less than four weeks in length. [Do not exceed 1 page in length](#)

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7. Has a process to verify that students complete the rotation and are paid in a timely fashion.

8. Has a plan to actively seek available local and other support funds for the program and shall use these funds to supplement state funds allocated to the program.

9. Has a plan to track the number of program preceptor matches, including data from participating medical schools, the number of participating medical students, intended specialty training of preceptorship participants, and the number of participating preceptors.

10. Has a plan to track the intended choice of graduate medical education specialty by preceptorship program participants after their graduation from medical school.

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11. Collaborates and coordinates with communities to publicize participation of local-area students.

BUDGET (Form 4)

NOTE: Provide the proposed Budget information as a separate attachment

Submit a customized proposed program budget as an attachment in Microsoft Excel file format. The budget must include a reasonable estimate of Statewide Preceptorship Program expenditures for each annual period and as a total for the Grant Period. The budget spreadsheet must detail/itemize requested allowable funds expenditures within each of the following Budget Categories:

- Personnel Compensation: salaries, wages, and benefits
- Maintenance, Operations and Equipment
- Student Stipends: not less than 40 percent of total annual budget
- Travel: consistent with State of Texas guidelines
- Other Direct Costs: as justified below in the Application
- Any available matching funds by source and amount

THECB shall negotiate a final budget with each Awarded Applicant.

Provide a narrative below to justify requested allowable funds expenditures. *(Do not exceed 1 page in length)*