

TEXAS HIGHER EDUCATION COORDINATING BOARD

**FY 2024-25 Graduate Medical Education Expansion Program**

**APPLICATION FORM**

**Application Deadline: 11:59 p.m. CT, January 16, 2024**

Applications received after the deadline will not be considered for funding. Applications must be submitted to the THECB at [GME-Expansion@highered.texas.gov](mailto:GME-Expansion@highered.texas.gov)

**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: [GME-Expansion@highered.texas.gov](mailto:GME-Expansion@highered.texas.gov)

**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. 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 GME program and 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 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.

Applicant(*Sponsoring Institution*) :

GME Program Name:

Name of Individual Authorized to Sign the Application:

Signature of the above Authorized Individual:

Title:

Phone Number:

Email Address:

Date:

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

### **8.2.1. CONTACT INFORMATION**

Name of Sponsoring Institution:

Name of GME Program:

Name of Applicant Contact:

Applicant Contact Phone:

Applicant Contact Position/Title:

Applicant Contact Email:

Additional Applicant Contact Person:

Additional Contact Position:

Additional Contact Email:

Additional Contact Phone:

### **8.2.2. PROJECT SUMMARY**

Check the appropriate project category for the GME program applicant. Applicant should check all that apply.

1. Eligible GME programs that have: (a) received GME Expansion grants for positions during prior grant periods under Unfilled Position, New and Expanded, Resident Physician Expansion, or GME Expansion programs, and (b) have at a minimum maintained the number of previously funded positions.
2. Primary Care or Psychiatry Residency Programs: Expand an eligible existing or establish an eligible new program located in the state. Primary care specialties are defined as Family Medicine, Internal Medicine, Obstetrics and Gynecology, and Pediatrics.
3. Other GME Specialty Programs: Expand an eligible existing or establish an eligible new program in a medical specialty that is not primary care nor Psychiatry . This category is further prioritized by the probability that the resident filling the funded position will remain in state to practice (adapted from Appendix B., Table B.1, of the Physician Supply and Demand Projections 2021-2032 report released May 2022 by the Texas Department of State Health Services). A revised list that includes only programs with PGY 1 positions is included in Appendix C. Prioritization will follow numerical order as listed.
4. Other eligible GME specialty programs not specified in criteria 2 or 3.

### 8.2.3. DESCRIPTION OF APPLICANT AND PARTNERS

Program Name: \_\_\_\_\_

Sponsoring Institution: \_\_\_\_\_

Program Specialty:

Program Length:

Accreditor:

Original Accreditation Date:

ACGME/CPME Program Code:

Major Participating Site:

#### Program Address

Street

City

County

State

Texas

Zip Code

#### Program Director

Name

Email Address

Phone

#### Program Coordinator

Name

Email Address

Phone

#### Other Staff

Name

Position

Email Address

Phone

## 8.2.4. ASSESSMENT OF NEED

### PROGRAM NAME:

Enter the number of positions as indicated. Include preliminary PGY 1 positions, as applicable.

### RESIDENCY POST GRADUATE YEAR

PGY-1	PGY-2	PGY-3	PGY-4	PGY-5	PGY-6	TOTAL
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1. Program positions currently approved by ACGME or CPME						
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2. Program positions filled as of July 1, 2013						
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3. Program positions filled as of July 1, 2014						
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4. Program positions filled as of July 1, 2015						
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5. Program positions filled as of July 1, 2016						
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6. Program positions filled as of July 1, 2017						
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7. Program positions filled as of July 1, 2018						
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8. Program positions filled as of July 1, 2019						
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9. Program positions filled as of July 1, 2020						
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10. Program positions filled as of July 1, 2021						
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11. Program positions filled as of July 1, 2022						
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12. Program positions filled as of July 1, 2023						
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13. Program positions projected to be filled on July 1, 2024						
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14. Program positions projected to be filled on July 1, 2025						
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15. Program positions funded by THECB for July 2014						
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16. Program positions funded by THECB for July 2015						
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17. Program positions funded by THECB for July 2016						
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18. Program positions funded by THECB for July 2017						
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19. Program positions funded by THECB for July 2018						
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20. Program positions funded by THECB for July 2019						
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21. Program positions funded by THECB for July 2020						
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22. Program positions funded by THECB for July 2021						
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23. Program positions funded by THECB for July 2022						
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24. Program positions funded by THECB for July 2023						
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25. Program positions requested for funding for July 2024						
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26. Program positions requested for funding for July 2025						
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**PROGRAM NAME:** \_\_\_\_\_

## **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)

Provide a short statement that describes the total number of residency positions requested to be funded, including previously supported positions, and any additional increases in first-year residency positions. The response length is restricted to box provided below.

### **8.3.2. Major Project Objectives and Expected Outcomes**

Select the project objective(s) the applicant intends to accomplish during the grant period. Select all that apply.

Support positions funded by the THECB during previous grant periods under Unfilled Position, Resident Physician Expansion, New and Expanded, or GME Expansion programs.

Increase number of filled accreditor-approved first-year residency positions in existing programs (create new PGY 1 positions).

Establish new GME programs with accreditor-approved first-year residency positions that will be filled during the grant period (create new PGY 1 positions).

## RFA SECTION 8.5. BUDGET

### PROGRAM:

PROPOSED AWARD BUDGET	BUDGET PERIOD:		
	July 1, 2024 – June 30, 2026 (24-Month grant period) July 1, 2025 – June 30, 2026 (12-Month grant period)		
ALLOWABLE COST CATEGORIES	Requested Award Funds Year 1	Requested Award Funds Year 2	Estimated Award Budget
<b>Resident Compensation</b> <i>Includes salaries, stipends, and fringe benefits</i>			
<b>Professional Liability Insurance</b>			
<b>Other Direct Resident Costs</b> <i>Justification must be provided in the box below</i>			
<b>TOTAL COSTS FOR THE BUDGET PERIOD</b>			

**Note:** Requested award funds for the budget period should be estimated at \$75,000 per requested residency position for each year of the grant period. *For 12-Month grant period - use only Year 2 column.*

### Detail and justification for Other Direct Resident Costs (if included in the budget above)

**Allowable Cost Categories.** Reasonable costs in the budget categories below are allowable.

- **Resident Compensation:** Salaries/stipends and benefits for residents participating in the awarded program
- **Professional Liability Insurance:** For residents participating in the awarded program
- **Other Direct Resident Costs:** Approval of expenditures for Other Direct Resident Costs is at the sole discretion of the THECB. These costs must be specifically identified and justified in the application budget and the negotiated final award budget.

Funding is provided based on awarded verified positions. GME Expansion Program funds may be expended on reasonable and necessary costs for expansion of the applicant's GME program.

**Prohibited Costs.** The following types of costs shall **not** be included in the proposed budget or be paid with GME Expansion Program funds.

- Costs incurred prior to the appropriate grant period
- Salaries/stipends and benefit payments for resident positions subsidized by the military, Public Health Service, or other federal agencies
- Salaries/stipends and benefits that are calculated at a higher pay rate than that which an individual (or similar position) normally receives at the sponsoring institution or participating site
- Professional liability insurance for professional activities outside residency program training
- Food and beverages not considered as per diem for travel
- Alcohol
- Foreign travel
- Travel not consistent with State of Texas guidelines relating to type (transportation, lodging, meals) funding basis (as actual costs, per diem, mileage), reasonableness, and cost-effectiveness
- Tips or gratuity
- Indirect costs

## RFA SECTION 8.6. FINANCIAL VIABILITY

PROGRAM: \_\_\_\_\_

<b>Statement Period:</b>	
<b>Revenue</b>	<b>Amount (\$)</b>
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	
<b>TOTAL REVENUE</b> <i>(All Sources of Funds)</i>	
<b>Expenditures</b>	<b>Amount (\$)</b>
Resident Compensation <i>(Including Fringe)</i>	
Faculty Compensation <i>(Including Fringe)</i>	
Other Staff Compensation <i>(Including Fringe)</i>	
Equipment and Supplies	
Administrative Overhead and Academic/Office Support Expenses	
Professional Liability Insurance	
Clinical/Medical Support Expenses	
Professional Development and Travel	
Fees	
Other	
<b>TOTAL EXPENDITURES</b>	

**Existing GME Program:** Enter financial 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.

**New GME Program with Start Date of July 1, 2024 or July 1, 2025:** Enter projected financial statement data for the 2024-2025 and/or 2025-2026 GME academic year, July 1 through June 30. Include amounts and sources of all income and amounts and categories of all expenditures related to operation of the program.

## **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 GME Expansion Program funds is fully committed to fulfill the requirements and the work to be performed under the GME Expansion Program.

The applicant contact of the sponsoring institution or 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.

### **Documentation of Program Accreditation and Request for Accreditor Approval of Additional First-Year Residency Positions**

a. **Existing Programs with Previously Funded Positions**

Documentation of current program accreditation - provide each applicant GME program's most recent accreditation letter from the associated accrediting body (ACGME or CPME).

b. **Expanding Existing Programs**

Documentation of request for and accreditor approval of additional first-year residency positions - provide evidence of applicant's request to and approval from ACGME or CPME for the increase in number of first-year residency positions. If the request and approval are for a temporary increase, provide a plan, including timetable, for obtaining national accreditor approval for a permanent increase in the number of first-year residency positions.

If a request for approval of first-year residency position expansion has not been submitted to the ACGME or CPME at the time of this application, applicant must submit a draft of the letter of request that applicant intends to submit to the accrediting body and specify the planned date of submission. Applicant must specify the expected date of national accreditor approval for expansion.

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

c. **Establishing New GME Programs**

Provide a plan and include a timetable, for establishing a new GME program and achieving accreditation from applicant's accrediting body. Applicant must also provide documentation relating to an application in process for program accreditation by the ACGME or CPME.

To qualify for a grant award, accreditation for the new program must be in effect no later than July 1 of the eligible academic year in which the program begins. Eligible academic year start dates for this RFA are July 1, 2024 and July 1, 2025.

## **SUBMISSION INSTRUCTIONS**

Save the completed application form as a PDF file and send by email, along with required attachments, to: [GME-Expansion@highered.texas.gov](mailto:GME-Expansion@highered.texas.gov)