

FY 2022-23 Graduate Medical Education Expansion Program

APPLICATION FORM

Application Deadline: 11:59 p.m. CT, January 7, 2022

Applications received after the deadline will not be considered for funding. Applications must be submitted to the THECB at 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

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 legally authorized to bind the GME program and the sponsoring institution submitting the Application in a contract.
- 2) The statements herein are true, complete, and accurate to the best of my knowledge.
- 3) The application is submitted by an individual legally 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 Legally 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. Maintain Previous Expansion.** Eligible GME programs that have: (a) received GME Expansion grants for new First-Year Residency Positions created during prior grant periods under Unfilled Position Grant, Grants for New and Expanded Program, Resident Physician Expansion Program, or GME Expansion Program, and (b) maintained the program expansion.
- 2. Create New Primary Care or Psychiatry Residency Programs.** Expand an eligible existing or establish an eligible new program located in a Texas Higher Education Region with a low ratio of Primary Care physicians per 100,000 population. Higher Education Regions #5 (Southeast) or #10 (Upper Rio Grande) as defined by the THECB in Appendix A are the regions identified as meeting the priority criteria for award selection.
- 3. Primary Care or Psychiatry Programs.** Expand an eligible existing or establish an eligible new Primary Care or Psychiatry program located in the state.
- 4. Other GME Programs.** Expand an existing or establish a new program located in a medical specialty and region not specified in categories 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. Do not include preliminary PGY 1 positions.

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 | | | | | | |
| (2) Program positions filled as of July 1, 2013 | | | | | | |
| (3) Program positions filled as of July 1, 2014 | | | | | | |
| (4) Program positions filled as of July 1, 2015 | | | | | | |
| (5) Program positions filled as of July 1, 2016 | | | | | | |
| (6) Program positions filled as of July 1, 2017 | | | | | | |
| (7) Program positions filled as of July 1, 2018 | | | | | | |
| (8) Program positions filled as of July 1, 2019 | | | | | | |
| (9) Program positions filled as of July 1, 2020 | | | | | | |
| (10) Program positions filled as of July 1, 2021 | | | | | | |
| (11) Program positions projected to be filled on July 1, 2022 | | | | | | |
| (12) Program positions projected to be filled on July 1, 2023 | | | | | | |
| (13) Program positions funded by THECB for July 2014 | | | | | | |
| (14) Program positions funded by THECB for July 2015 | | | | | | |
| (15) Program positions funded by THECB for July 2016 | | | | | | |
| (16) Program positions funded by THECB for July 2017 | | | | | | |
| (17) Program positions funded by THECB for July 2018 | | | | | | |
| (18) Program positions funded by THECB for July 2019 | | | | | | |
| (19) Program positions funded by THECB for July 2020 | | | | | | |
| (20) Program positions funded by THECB for July 2021 | | | | | | |
| (21) Program positions requested for funding for July 2022 | | | | | | |
| (22) Program positions requested for funding for July 2023 | | | | | | |

For positions funded by the THECB, include awards received 2014-2021 under all grant programs related to residency position expansion: Unfilled Position Grants, Grants for New/Expanded Programs, Resident Physician Expansion Grants, and GME Expansion Program.

If data submitted in the table do not align with program data submitted to the THECB in CBM00R reports, the THECB may request justification of discrepancies, as it deems necessary.

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, 2022 - June 30, 2024 (24 months)

July 1, 2023 - June 30, 2024 (12 months)

Provide a short statement that describes the total number of residency positions requested to be funded, including maintaining 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 objectives the Applicant intends to accomplish during the Grant Period. Select all that apply.

Maintain new First-Year Residency Positions created during previous grant periods under Unfilled Position Grants, Grants for New and Expanded Programs, or GME Expansion Program (maintain previous PGY 1 position expansion).

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, 2022 – June 30, 2024 (24-Month Grant Period) July 1, 2023 – June 30, 2024 (12-Month Grant Period)		
	Requested Award Funds	Support from Other Sources	Estimated Total Costs
Resident Compensation <i>Includes salaries, stipends, and fringe benefits</i>			
Professional Liability Insurance			
Other Direct Resident Costs <i>Justification must be provided in the box below</i>			
TOTAL COSTS FOR THE BUDGET PERIOD			

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.

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 awarded for maintained, expanded, or new First-Year Residency positions; however, expenditures are not restricted to the actual residents who fill the awarded positions. GME Expansion Program funds may be expended on approved direct resident costs for any of the residents (in all PGY levels) training in the GME program that receives the award.

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: _____

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

Existing GME Program: Enter financial statement data for the program's most recently ended fiscal year. Under revenue, include grant funding and all other sources of income that supported the program. Under expenditures, include all expenditures related to operation of the program, regardless of funding source.

New GME Program with Start Date of July 1, 2022 or July 1, 2023: Enter one year projected financial statement data for the program for either the 2022-2023 (24-month grant period) or 2023-2024 (12-month grant period) GME Academic Year, July 1 through June 30. The statement must 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 on the Certification Page 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.

1. Documentation of Program Accreditation and Request for Accreditor Approval of Additional First-Year Residency Positions

a. Existing Programs Maintaining 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 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 years for this RFA are July 1, 2022 and July 1, 2023.

2. Audited Financial Statement (THIS ATTACHMENT DOES NOT APPLY TO STATE AGENCIES)

An audited financial statement for the Applicant's most recently ended fiscal year must be submitted with the Application.

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