**Request for Applications**

**Graduate Medical Education New and Expanded Program Grants**

**IMPORTANT INFORMATION**

**Purpose:** To increase and fill the number of accreditor-approved first-year residency positions in existing programs, and/or establish new graduate medical education (GME) programs with first-year positions.

**Proposals Due:** April 15, 2016, 5:00 pm PT

**Funding Available:** $10,000,000

**Maximum Award Amount:** Up to $500,000 per year, $1,000,000 total.

**Cost Sharing/Match:** None

**Bidder’s Call:** February 26, 2016 at 10:00 a.m.

Dial in info:

775-687-0999

Access code: 70987#

**Applicant Presentations:** May 15, 2016 at 9:00 a.m. Locations in Carson City and Las Vegas for the presentations will be posted on or before April 15, 2016 at <http://osit.nv.gov>.

**Final Funding Decisions:** On or before June 1, 2016.

**Eligibility:** An eligible applicant is an accreditor-approved GME program or a sponsoring institution that has an eligible program or intends to create an eligible program within the grant term.

**Website:** Updates to the Frequently Asked Questions document will be posted at <http://osit.nv.gov>. Please check the website regularly for updates.

**Contact:** Brian Mitchell

Director, Governor’s Office of Science, Innovation and Technology

[blmitchell@gov.nv.gov](mailto:blmitchell@gov.nv.gov)

775-687-0987

**Request for Applications-**

**Graduate Medical Education New and Expanded Program Grants**

**Introduction:**

Nevada consistently ranks among the most underserved states in most areas of healthcare delivery, both in urban and rural settings due in large part to shortages of physicians. It is well established that physicians are most likely to stay and practice near where they complete their GME training. This is especially true in Nevada, which ranks 6th in the number of trainees staying in-state following GME.

On March 11, 2014, Governor Brian Sandoval issued Executive Order 2014-07 which created a Task Force on Graduate Medical Education (GME) and directed it to make recommendations in a report to the Governor on how to increase the graduate medical workforce in Nevada. The Task Force recommended that the Governor fund additional residency slots and that funding be available to both public and private institutions to either expand or create new GME programs.

As a result of the Task Force’s recommendations, the Governor requested and the Legislature appropriated the sum of $10 million ($5 million in FY2016 and $5 million in FY2017) for the purpose of GME. The primary focus of the additional slots is to be for primary care and mental health. On November 13, 2015, the Governor issued Executive Order 2015-30, reestablishing the GME Task Force to act as an advisory body and provide recommendations to the Governor on how best to distribute the GME funds allocated by the Legislature, and directed the Governor’s Office of Science, Innovation and Technology (OSIT) to manage the grant. The Task Force will review and score responses to this Request for Applications to inform its recommendations to the Governor. The Governor will make final funding decisions.

**Section I: Desired Outcomes**

*Purpose:*

The State, through Graduate Medical Education New and Expanded Program Grants (hereafter GME Grants), seeks to meet its growing healthcare needs and grow its physician workforce by increasing support for training. Given limited resources, the State has chosen to focus this application on increasing the number of physicians with primary care and/or mental health training. In addition to the main focus of primary care and/or mental health, there also could be consideration for some other needed specialties such as general surgery.

**Section II: Award Information**

*Awards*

The State will distribute grants of up to $1,000,000 over the biennium (up to $500,000 in FY2016 and FY2017). The State reserves the right to determine the number of applications awarded based on funds available and projects selected, and may issue subsequent Requests for Applications. Applications should be crafted without expectation of future funding. In order to receive funding, applicants must completely follow application instructions and provide all required information. More information on the award decision process may be found in Section V.

*Submission Timeline and Instructions*

Submit one (1) electronic copy of the application in a single pdf by 5:00 p.m., April 15, 2016 to:

**Brian Mitchell**

**Governor’s Office of Science, Innovation and Technology**

**blmitchell@gov.nv.gov**

Applications must be received by the date above. Applications received after the date above will not be considered.

*Eligible Uses of Funding*

The State will provide initial startup funding to eligible institutions to expand existing GME programs or start new ones. Programs must provide training in the fields or specialties of primary care and/or mental health. Startup costs include:

* costs associated with hiring faculty or administrative support;
* facilities costs associated with education such as classrooms and associated IT;
* salaries and benefits of residents and fellows; and
* professional liability insurance for participating residents.

*Ineligible Uses of Funding*

Grant funds may not be used for:

* any costs associated with GME programs that train residents in specialties other than primary care and mental health;
* research or feasibility studies;
* the training of undergraduate medical students;
* compensation for residents subsidized by any other funding sources;
* compensation which is higher than the normal rate for a similar position at the institution;
* construction costs not directly related to education, such as facilities that are strictly clinical in nature;
* equipment costs not directly related to education;
* salary expenses, such as bonuses, beyond base salaries and standard benefits;
* indirect costs; and
* any costs associated with applying for, administering, or complying with the requirements of this grant.

*Cost Sharing*

No cost sharing or matching is required.

*Grant Period*

The grant period is 5 years from the grant award date. The Legislature appropriated $5,000,000 in FY2016 and $5,000,000 in FY2017. All FY2016 funding must be obligated by the State by June 30, 2016. FY2017 funding must be obligated by June 30, 2017. More information on the award process is contained in Section V. Awardees are required to submit quarterly reports to OSIT until all grant funding has been spent and annual reports thereafter until the conclusion of the grant period. More information on the reporting process can be found in Section V.

**Section III: Eligibility Information**

*Eligible Applicants*

An eligible applicant is an accreditor-approved GME program or a sponsoring institution located in Nevada that has an eligible program or intends to create an eligible program within the grant term. Institutions may be public or private, allopathic or osteopathic. Awards may be granted to individual institutions, including universities, hospitals, community health centers or other healthcare entities, or to consortia where two or more institutions share resources including facilities, administration, faculty and costs. Institutions may submit more than one application for different programs.

**Section IV: Application and Submission Information**

A comprehensive, well-written application provides all the information necessary for a complete evaluation. The review committee will use the rubric located in Attachment A to evaluate applications. A complete application will include the following five (5) components listed below and described later in greater detail. Each section inside the grant should include headings and subheadings.

1) Cover Sheet

2) Project Abstract;

3) Project Narrative;

4) Budget Plan;

5) Letters of Commitment.

**Incomplete applications or applications that do not follow the submission requirements, including the formatting requirements described in detail below, as of the filing deadline, will be disqualified and will not be scored.**

1. **Cover Sheet** (1 point possible)

Format: The cover sheet must not exceed one (1) page, is not included in the 20-page narrative limitation and must contain the following information:

* **Applicant Information**

Organization name, full mailing and physical addresses, phone number, fax number, federal tax ID number, DUNS number, and website (if applicable)

* **Project Information**

Title, county location, type of award requested (expanded or new), program specialty and length, original accreditation date (existing programs) or accreditation application date and expected start date (new programs), and proposed dollar amount

* **Project Director Information** (overall project responsibility)

Full name, title, mailing and physical address, day-time & evening phone, email address

* **Project Contact** (daily project contact – if different than director)

Full name, title, mailing and physical address, day-time & evening phone, email address

* **Signature**

The Cover Sheet must be signed by an individual who is legally authorized to submit the application on behalf of the applicant. Include printed name and title.

1. **Project Abstract**

Format: The Project Abstract must not exceed one (1) page, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper.

The project abstract must succinctly summarize the proposed project and should include:

1. A brief summary of the project;
2. Specific, measurable objectives and/or goals;
3. Collaboration and partnerships; and
4. Expected results and/or outcomes.
5. **Project Narrative**

Format: The Project Narrative must not exceed twenty (20) pages, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper. Tables, graphs, charts, and other visuals may be used and do not have to be double-spaced.

The following information must be contained within the Project Narrative:

1. **Needs Assessment** (10 points possible)
   1. Provide a clear and concise overview of the need for the proposed training program, including gaps in the current workforce, illustrated with local labor data. Describe the community where this training program will take place including health disparities and unmet needs, and how those challenges will be addressed through this program.
   2. Outline other efforts or resources, if any, currently being undertaken to remedy this need.
   3. Discuss student demand for the program. Use institutional and statewide data. Include an analysis of where students completed or will complete their undergraduate medical education.
2. **Feasibility Assessment** (9 points possible)
   1. Current and Projected Resident Capacity Assessment:
      1. Existing Programs- Provide by postgraduate year (PGY) as of July 1:
         1. The number of actual accreditor-approved residency positions for 2015 and 2016 and the expected number of accreditor-approved residency positions in 2017.
         2. The number of filled and unfilled residency positions in 2015 and 2016.
         3. The number of new residency positions specific to this program.
         4. The estimated total number of residents trained per year.
      2. New programs- Provide by postgraduate year (PGY) as of July 1:
         1. The number of expected accreditor-approved residency positions for 2017.
         2. The number of new residency positions specific to this program.
         3. The estimated total number of residents trained per year.
   2. Clinical Experience and Patient Volume Assessment:
      1. Report patient visit volume data by gender and age. The following table may be used.

|  |  |  |  |
| --- | --- | --- | --- |
| **Age of Patient** | **# Females** | **# Males** | **# Total** |
| Under 2 |  |  |  |
| 2-9 |  |  |  |
| 10-19 |  |  |  |
| 20-29 |  |  |  |
| 30-39 |  |  |  |
| 40-49 |  |  |  |
| 50-59 |  |  |  |
| 60-69 |  |  |  |
| 70 and over |  |  |  |

* + 1. Report the 10 most frequently performed procedures for which a trained preceptor is available to instruct residents.
    2. Report the 10 most frequently performed diagnostics for which a trained preceptor is available to instruct residents.

1. **Work Plan and Impact Analysis** (30 points possible)

Provide a detailed **work plan** with specific data and information that addresses each of the following and ties back to the needs identified above:

1. Program Description-
   1. A description of the specialty for which the program will provide training.
   2. The learning outcomes of residents.
   3. Describe in detail the settings and activities in which residents will demonstrate competence to perform all medical, diagnostic, evaluative and surgical procedures and treatments considered essential.
   4. Describe how competence will be assessed.
   5. Describe the didactic activities that form part of the program.
2. Estimate the following:
   1. The average number of hours per week residents of this program will see patients.
   2. The average number of patient visits by residents of this program per year.
   3. The cost to train each resident of this program.
   4. The time to train first cohort of residents of this program.
3. List the proposed faculty and support staff positions that will oversee this program. Include an organizational chart.
   1. What percentage of time will the GME program director spend on this program?
   2. Will a full-time residency coordinator be provided?
4. A detailed timeline of project phases from award of funds to the completion of the first cohort of trainees, include measurable goals for each project phase. Identify the staff responsible for achieving each step in the timeline, including support from and the roles of any outside partners.
5. The stakeholders consulted and how their comments influenced the design of the training program.
6. A description of how the grant applicant will reach out to and recruit possible trainees to participate in the training program.
7. A list of hospital partners and clinical training resources that will be used in this program.
8. An articulation of the plan to achieve accreditation and the probability of success.
9. An analysis of the economic impact of the graduates anticipated from the expanded/new program.

**Impact Analysis**- Provide detailed estimates on the impact of the training program including addressing the following:

1. The estimated yearly program completion rate.
2. The estimated number of trainees from underrepresented minorities, rural areas, disadvantaged backgrounds, or veterans projected to receive training each year.
3. The estimated number of trainees practicing in Nevada one year after program completion.
4. The estimated number of trainees practicing in an underserved or rural area in Nevada one year after program completion.
5. The estimated number of trainees practicing in primary care or mental health one year after program completion.
6. **Sustainability Plan** (15 points possible)
   1. Projected annual training program costs after grant funds are exhausted.
   2. Detailed plan for obtaining replacement/sustainment funds.
   3. Articulation of long-term institutional commitment to the program and ability to support ongoing program costs following startup phase.
   4. Description of any changes in the roles of the partners.
7. **Data Collection and Evaluation** (14 points possible)

This section should include performance evaluation measures. At a minimum, the measures indicated in the impact analysis should be a part of the overall program evaluation. As a reminder, data collection is not a performance measure but used in developing and evaluating the measure. Please describe:

* 1. The goals of the program.
  2. What data will be collected to measure the success of the program.
  3. How the success of the training program will be evaluated.

1. **Certification of Accreditation** (5 points possible) (Does not count toward Project Narrative page limit)

Existing programs must provide a copy of the most recent accreditation letter from the Accreditation Council for Graduate Medical Education. New programs must provide a plan for achieving accreditation or documentation relating to an application in process for program accreditation. To qualify for an award, the new program must be in effect no later than July 1, 2017.

1. **Budget Narrative and Plan** (10 points possible)

Format: The budget narrative must not exceed one (1) page, it must be double-spaced, Times New Roman 12-point font with 1-inch margins on all sides of 8½ by 11 size (letter size) paper. For the budget plan, use the template located in Attachment B.

Applicant is required to submit a 1) budget narrative and a 2) budget plan.

1. The budget narrative must demonstrate a clear and strong relationship between the program’s expenses and the program’s goals and activities. The budget narrative should be detailed, reasonable and adequate, cost efficient, and should align with the proposed work plan. From the budget narrative, the reviewer should be able to assess how the budget expenditures relate directly to the goals of the program. The budget narrative does not count towards the page limit of the Project Narrative.
2. The budget plan should be completed in in the template provided in Attachment B. Costs should be broken down into individual line items.
3. **Letters of Commitment** (6 points possible)

Format: Letterhead with signature.

Applicant is required to submit letters of commitment from each partner. Letters should be on letterhead and signed. Letters should outline how the partner will contribute to the project and what commitments they will make. Letters of commitment do not count towards the 10 page limit of the Project Narrative.

**Section V: Award Administration Information**

**Grant Review and Selection Process**

Applications that meet the minimum standards laid out above will be reviewed, evaluated, and competitively scored by the Governor’s GME Task Force using the scoring matrix located in Attachment A. Applicants have the opportunity, but are not required, to present their applications in person and answer questions from the Task Force. Selected applications along with the Task Force’s recommendations will be forwarded to the Governor for a final funding decision. The Governor may award all or part of an applicant’s request and may require modifications to an application prior to funding. Applications selected to receive a grant award will enter into a contract with the State of Nevada in compliance with the State of Nevada regulations. The State reserves the right to award all, part or none of available grant funding during this grant round. In cases where the ranked applications may “tie”, the State reserves the right to consider “Work Plan and Impact Analysis” scoring independently to determine placement. To avoid disqualification, all application areas must be concise and complete; the application cover sheet must be signed and dated; objectives must be measurable. Denial letters will be sent to applicants that are not funded.

**Grant Commencement and Duration**

Project implementation must be initiated within thirty days (30) after funding is awarded. Requests for an exception to this rule must be justified and submitted in writing within thirty days of award. At the discretion of OSIT, the grantee risks losing the award if the project does not commence as required.

All grant funding in FY2016 must be obligated by the state by June 30, 2016. All grant funding in FY2017 must be spent by June 30, 2017. Projects must demonstrate sustainability beyond the initial reporting period. By submission of the grant application and acceptance of the award, the grantee is certifying its intention to continue and sustain the program beyond the initial grant implementation award. There is no expectation of funding beyond awarded grant funds.

**Reimbursement Notice**

The GME Grant is a reimbursement grant.   Grantees are expected to pay for expenses upfront from their budgets and will be reimbursed for eligible expenses listed on the approved award budget after a review of the expense request form and appropriate backup.  To qualify for reimbursement, the grantee must submit verification to OSIT that the funded residency positions have been filled. Under certain circumstances, an advance of funds for specific, approved start-up costs may be requested by the grantee.

**Fiscal Responsibilities**

All recipients of funding are required to identify a fiscal agent if the grantee is not its own fiscal agent. All recipients of funding are required to establish and maintain accounting systems and financial records to accurately account for awarded funds. Accounting systems for all projects must ensure the following:

* Funds are not commingled with funds from other grant sources.
* Funds specifically budgeted and/or received for one project cannot be used to support another.
* All grant awards are subject to audits during and within three years after the grant award reporting period has concluded.
* The accounting system presents and classifies historical cost of the grant as required for budgetary and auditing purposes.
* If, after the application is approved, either costs are lower than expected or CMS later provides funding for activities contemplated by the proposal, previously approved funding must be returned to the State.

**Reporting Requirements**

The reporting period is defined as the period of time from the day the grant is awarded until five years after the grant is awarded. All recipients of funding are required to submit to OSIT quarterly fiscal reports and quarterly progress reports until June 30, 2017; annual fiscal and progress reports until 2021, and a final evaluation. Recipients have the option of submitting monthly reports in lieu of quarterly reports. The final evaluation is due within thirty (30) days after the conclusion of the reporting period. Grantees must continue to submit annual reports and a final evaluation even after all state funding has been spent. All reports must include the performance measures proposed in 3(e) of the application, satisfaction of partners, and sustainability. The annual reports must also include an annual roster of residents. OSIT maintains the right to withhold payments if reporting requirements are not met in a timely and efficient manner.

**Additional Information**

Financial obligations of the State are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available. In the event funds are not appropriated, any resulting contracts (grant awards) will become null and void, without penalty to the state of Nevada.

All materials submitted regarding this application for OSIT funds becomes the property of the state of Nevada. Upon the funding of the project, the contents of the application will become contractual obligations.

**Reconsiderations**

Funding decisions made by the Governor are final. There is no appeals process.

**Bidding Process**

The grantee must follow all applicable local, state and/or federal laws pertaining to the expenditure of funds. Proof of Invitation to Bid, contracts, and any other pertinent documentation must be retained by the grantee. Likewise, all local, state, and federal permits required for construction projects must be acquired by the grantee within 90 days after the contract is entered into.

**Access for Persons with Disabilities**

The grantee shall assure that persons with disabilities are not precluded from using GME grant funded facilities. Projects must meet requirements as set by the Americans with Disabilities Act.

**Maintenance and Operation**

The grantee is responsible to see that GME grant funded projects are maintained and operated in a condition equal to what existed when the project was completed; normal wear and tear is accepted. Maintenance and operations standards should be adopted upon completion of the project.

**Nondiscrimination**

Projects funded with GME grant funds shall be available for public use, regardless of race, religion, gender, sexual orientation, age, disability, or national origin. In any instance that the grant notice, award, rules, regulations and procedures are silent – prior written approval is required.

**Attachment A: Application Review Information**

Each proposed project will be evaluated for inclusiveness and succinctness of their application using the scoring matrix below.

|  |  |  |
| --- | --- | --- |
| **Evaluation Criteria** | **Maximum Points &**  **Reviewer Score** | **Comments/**  **Recommendations** |
| **Cover Sheet** | **Maximum Points: 1**  **Reviewer Score** | **Comments/Recommendations** |
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| **Needs Assessment** | **Maximum Points: 14**  **Reviewer Score** | **Comments/Recommendations** |
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| **Feasibility Assessment** | **Maximum Points: 9**  **Review Score** | **Comments/Recommendations** |
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| **Work Plan & Impact Analysis** | **Maximum Points: 30**  **Reviewer Score** | **Comments/Recommendations** |
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| **Sustainment** | **Maximum Points: 15**  **Reviewer Score** | **Comments/Recommendations** |
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| **Evaluation and Data Collection** | **Maximum Points: 14**  **Reviewer Score** | **Comments/Recommendations** |
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| **Certification of Accreditation** | **Maximum Points: 5**  **Reviewer Score** | **Comments/Recommendations** |
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| **Letters of Commitment** | **Maximum Points: 6**  **Reviewer Score** | **Comments/Recommendations** |
|  |  |  |
| **Budget Plan** | **Maximum Points: 10**  **Reviewer Score** | **Comments/Recommendations** |
|  |  |  |

**Attachment B: Budget Template**

Please be specific and include as much line-item detail as is reasonably possible. Use this space to provide more specific justification for expenditures mentioned in the Budget Narrative. Break down cost categories such as “Faculty,” “Facilities,” “Salaries,” and “Insurance” to individual components so that it is clearly understood how funding will be spent. For example, for travel, list costs for flights, hotel, per diem, and transportation. All program expenses should be accounted for.

**Expenses**

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| --- | --- | --- | --- |
| Item | Quantity | Amount | Description/Justification |
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