# 2024-2027 Graduate Medical Education Planning and Development Grant Funding

#### **Key Dates:**

RFA Response Due: OPEN after May 3, 2024

# **Application Summary**

The Arizona Area Health Education Centers Program (AzAHEC) promotes community and educational partnerships to enhance access to quality health care with an emphasis on the needs of rural and urban underserved communities and populations. AzAHEC provides educational programs in partnership with academic institutions, communities, health care agencies and providers, and other organizations that promote the health of Arizona residents. In 2023, the Arizona (AZ) Legislature passed legislation supporting the expansion and development of Graduate Medical Education (GME) programs in Arizona with a focus on primary care in specific organizations serving health care disadvantaged populations. The purposes of the new program are as follows:

- Requires Arizona Board of Regents (ABOR) to distribute monies appropriated for primary care residency programs in FY 2024 to AzAHEC to establish a program for qualifying community health centers, rural health clinics, and tribal PL 93-638 health facilities that:
  - a) supports and expands the number of primary care residency positions.
  - b) provides support and technical assistance for starting or expanding primary care residency programs in rural areas and health professional shortage areas.
  - c) facilitates information and resource sharing; and provides training and technical assistance, including preceptor training and development, continuing education, medical library access and other functions, to support the success of qualifying community health center, rural health clinic and tribal health facility primary care residency programs.
- Authorizes AzAHEC to use up to \$500,000 of the monies distributed for primary care residency programs in FY 2024 to support a statewide collaborative working group of experienced GME development professionals, and interested parties from qualifying community health centers, rural health clinics, critical access hospitals, and tribal health facilities in Arizona.
- 3. Defines *primary care* as family medicine, internal medicine, pediatrics, pediatric/internal medicine, psychiatry, obstetrics and gynecology, geriatrics or general surgery.
- 4. Defines *tribal health facility* as an outpatient health facility that is operated by an Indian tribe and that is authorized to provide services according to the federal Indian Self-Determination and Education Assistance Act.

The total amount of funds awarded for these purposes is \$5,000,000 of which approximately \$3,700,000 will be distributed to eligible organizations for planning and development of new and/or expanded residency positions as detailed in the application guidelines below.

# I) APPLICATION GENERAL OVERVIEW

- **A. Purpose:** The purposes of this grant program are:
  - 1) To provide Federally Qualified Health Centers, Rural Health Clinics, and Tribal-Operated Health Entities with resources to support the planning and development of accredited GME programs to conduct:
    - Community and/or regional needs assessments for primary care access
    - Internal, community, and regional training capacity assessments
    - Clinical partner analyses
    - Clinical model and space planning and development
    - Financial viability analyses
    - ACGME-accredited Sponsoring Institution and program application development
    - Support resident recruitment, program operations including FTE support for faculty, and faculty development activities prior to initiation of resident training.
  - 2) To create or expand GME training in the following medical specialties; family medicine, internal medicine, pediatrics, internal medicine/pediatrics, psychiatry, obstetrics and gynecology, geriatrics, and general surgery.
  - 3) To address community-based behavioral health integration, social determinants of health, and cultural competency issues pertaining to the local population being served

# **B.** Eligible Applicants:

- Federally Qualified Health Centers (FQHC) including FQHC look-alikes
- Rural Health Clinics (RHC)
- Tribal Health Authorities / Programs (PL 93-638)
- Critical Access Hospitals with an RHC as a part of their organizations

Applications from organizations receiving a grant through the Health Resources Services Administration (HRSA), Rural Residency Planning and Development or Teaching Health Center Planning and Development programs will be considered on a case-by-case basis with sufficient documentation to justify additional resources.

- C. Number of Grants and Funds Available: Projects will be funded in amounts of up to \$300,000 over three years. The total budget may not exceed \$300,000 per site.
- D. Project Funding Period: The funding period for AzAHEC GME grant program is May 15, 2024, to March 1, 2027, pending grant approval from the University of Arizona. The project implementation timeline may extend beyond this period, but the project completion date should be identified clearly in the project proposal. For example, if the GME program development timeline is two years, this should be clearly identified in the project timeline. An initial quarterly status assessment, revised budget and workplan update will be required 90

days after the date of grant award and every 90 days thereafter. Funds will not be provided after the projected resident start date, typically this means June 30, of any calendar year in which the program is expected to start July 1. This is to avoid any perceptions of "double dipping" with Medicare and Medicaid GME payments.

**Due Date and Submission of Application:** Proposals will be considered on a rolling basis with expediency of funding as a priority. Faxed submissions will not be accepted. The electronic application should be uploaded to the online application at GME Proposals: <a href="https://uarizona.co1.qualtrics.com/jfe/form/SV\_2iwZ06zDZeFSAke">https://uarizona.co1.qualtrics.com/jfe/form/SV\_2iwZ06zDZeFSAke</a>

- **E. Review Criteria:** Applications will be considered with attention to the following criteria:
  - Compliance with program eligibility, budget and workplan guidelines and requirements including an established relationship with one of the six AzAHEC Regional Centers or the University of Arizona AHEC-GME technical assistance program.
  - Organizational-approved statement of the status of residency development, organizational strategic readiness and commitment to pursue residency development.
  - Appropriateness of the proposed budget and work plan which should reflect the current stage of development of the proposed program.
     To avoid competition for residency program development, documentation of the applicant's plans or efforts to engage with community or regional partners will be necessary.
- **F. Notification to Applicants:** All applicants will be notified by electronic mail upon approval of the application by the University of Arizona.
- **G. Reporting Requirements:** Grantees are required to submit quarterly progress and final reports that are a descriptive and quantitative summary of the project. Reports that are incomplete will be returned to the applicant's project director for completion. All reports and invoices are to be submitted to the GME Program Financial and Narrative Report Repository <a href="https://uarizona.co1.qualtrics.com/jfe/form/SV">https://uarizona.co1.qualtrics.com/jfe/form/SV</a> eaDDjdCqzoUKxBc by their respective due dates.

#### The quarterly progress report must include:

- 1. Detailed description of GME program implementation progress
- 2. Progress as related to budget expenditures and workplan timeline.
  - Quarterly and accumulative expenses compared to budget. Refer to GME Invoice Template provided with the grant.
  - Requests for budget adjustments.
- For projects with timelines that extend beyond the initial project period, satisfactory
  progress must be demonstrated for continuation and a progress report not to
  exceed three pages must be submitted and approved two weeks prior to the
  project end date.

# If the Grant period exceeds one year, an annual report is required and must include:

- 1. Detailed description of the actual project as implemented that includes the target audience/population served.
- 2. Project outcomes (include descriptive and quantitative data)
- 3. Annual budget accounting

- 4. Copies of Sponsoring Institution and Program, Program Letters of Agreement (PLA's), Affiliation Agreements, contracts and other relevant documents of program progress. Any abstracts, or posters which explicitly cite support from the Arizona AHEC program with this language: "Funded by a grant from the Arizona Area Health Education Center."
- 5. The Annual report is due 30 days upon award year end.

#### The final report must include:

- 1. Detailed description of the actual project as implemented that includes the target audience/population served.
- 2. Project outcomes (include descriptive and quantitative data)
- 3. Final budget accounting
- 4. Copies of Sponsoring Institution and Program, Program Letters of Agreement (PLA's), Affiliation Agreements, contracts and other relevant documents of program progress. Any abstracts, or posters which explicitly cite support from the Arizona AHEC program with this language: "Funded by a grant from the Arizona Area Health Education Center."
- 5. The final report is due 90 days upon project completion.
- **H. Application Requirements:** Proposals are limited to 10 pages (excluding organizational documentation).

Applicants should use single-spaced, 12-point font such as Times New Roman or Arial. The proposal should include:

- 1. AzAHEC Project Funding Request Summary (form shown on page 8 of this document and available in the online submission system) (Review Score: 5 points)
- 2. One page Abstract (included in the 10-page maximum)
- 3. Six page Proposal Narrative (included in the 10-page maximum) (Review Score: 50 points)
- 4. Workplan (See Attachment of for Workplan Example included in the 10-page maximum)
- AzAHEC Budget Form (included in the 10-page maximum, shown on page 9 of this application and available in the online submission system) (Review Score: 30 points)
  - Budget Narrative (limit to three pages) (Not included in 10-page overall
    page limit) provides justification for all items in the budget and explain
    the relevance of each cost to the overall goals of the project.
- 6. Organizational and Administrative Documentation (Review Score: 15 points) (Not included in 10-page overall page limit)
  - Letter of commitment to plan for a GME program from the CEO
  - Copies of committee and board minutes approving residency development and application submittal
  - Letter of support for the application from a clinical department head or designated departmental authority.
  - Letter of Agreement with Regional AzAHEC, if applicable.
  - Vita for the Residency Program Director if on-board at the time of the application, or other key program-related personnel such as the Chief Medical Officer

Proposal narrative should include the following:

- 1. Introduction & background
- 1. Purpose & Specific Aims of Residency Development including the number and type of primary care physicians prioritized in the application.
- 2. Description of internal and external processes that describe how the applicant determined to pursue residency development and any documentation of internal strategic plan inclusion of other documentation of Board of Directors and Senior Management commitment to pursue a residency program.
- 3. Mission, Vision, Goals and Objective for residency development
- 4. Challenges anticipated during the planning and development process and anticipated technical assistance needs (can be included in workplan)
- 5. Summary of Workplan including a discussion of the stage of development the proposed program is in at the time of grant application and tasks for program development up to the beginning of the first year of training.
- 6. Program Timeline from status at time of application submission to start of training.

Budget and Budget Narrative: Complete the Budget Form sample shown on page eight (8) of this application.

In the "Item" column, provide an itemized description of budget items using the categories provided. List the funds requested for each itemized line item in the "Amount Requested" column. In the "Rationale/Detail" column, include the rationale for the requested project funds.

Not all budget categories will necessarily apply to every application. Use those categories that are applicable to this project. Funding for standard office equipment will not be approved. Computer equipment and other high-cost equipment items need strong justification of need. Student stipends will not be funded; however, student related travel costs, including meals and housing, are acceptable.

**Budget Narrative Guidelines:** Applicants must provide justification for all items in the budget and explain the relevance of each cost to the overall goals of the project.

<u>Personnel</u>: Each position should be itemized, and compensation shown for each position.

Fringe benefits: describe how fringe benefits are calculated for the proposed personnel.

Consultant costs: Explain the need for all proposed consultants and how they relate to the project.

<u>Contractual costs</u>: Explain the need for all proposed contractual arrangements and how they relate to the project

<u>Equipment</u>: Equipment is defined as durable items that cost over \$500 per unit and have a life expectancy of at least one year. List every item of equipment and describe its purpose in relation to the project.

<u>Supplies</u>: Please itemize and explain the expendable items required for the project.

<u>Travel</u>: Explain the need for all requested travel, including numbers of people involved, duration of trips, destinations, importance to project, etc. International travel is not allowed.

Other: Itemize and explain any other expenses not captured in any other budget category.

**Prior approval from AzAHEC is required for budgetary** changes if 1) re-budgeting between categories in excess of 15% is necessary due to changes in expenditure plans or 2) scope of stated category changes (e.g., changes in consultant or equipment, and travel destination.) Request for re-budgeting approval should include a revised budget and narrative justification explaining the need for budgetary changes.

# Additional Forms or Documents to Include

ARIZONA AHEC PROJECT FUNDING REQUEST SUMMARY (page 8)

**ABSTRACT** (One page)

PROPOSAL NARRATIVE (6 page maximum)

ARIZONA AHEC BUDGET FORM (page 9) AND BUDGET NARRATIVE - See also Attached Budget format sample.

Sample WORKPLAN (page 10) - See attached recommended Excel Workplan with Guideline

**Organizational and administrative Documentation** 

Thank you.

Questions should be directed to AzAHEC GME Specialists:

EdPaul@arizona.edu

Calfero@arizona.edu

Proposals may be submitted to:

https://uarizona.co1.gualtrics.com/jfe/form/SV 2iwZ06zDZeFSAke

These templates are available for download:

https://uarizona.co1.qualtrics.com/jfe/form/SV 2iwZ06zDZeFSAke

**GME Funding Request Form Template** 

**GME Financial Support Budget Template** 

GME Development Work Plan Template

# ARIZONA AHEC GME PROJECT FUNDING REQUEST SUMMARY

| Title of Proposed Project                                   |   |
|---|---|
| Title of Froposed Froject                                   |   |
|   |   |
| Type of GME Training Proposed                               | Proposed Project Dates                                  |
|   | Start date:   |
|   | End date:   |
| Applicant Organization (Name and address)                   | Location(s) at which project activities will take place |
|   |   |
|   |   |
| Tuna: Drivata Monnrofit                                     |   |
| Type:Private NonprofitPublic                                |   |
| Amount Requested  | CEO Name & Email  |
|   |   |
| Project Director  |   |
| Name:   |   |
|   |   |
| Address: Other key individuals                              |   |
| Other key individuals                                       | Vitae or Bio Sketches)                                  |
|   |   |
| Summary of Goals of the Project                             |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Project Director Assurance                                  |   |
| I agree to accept responsibility for the conduct of the pro |   |
| reports and final outcomes data if this project is approve  | ed for funding.   |
| Signature of Project Director                               | Date Submitted  |
|   |   |
|   |   |

| Arizona AHE  Area Health Education Centers | GME PROJECT BUDGET FORM TEMPLATE |
|--|----------------------------------|
| PROJECT NAME:                              |                                  |
| PROJECT DATES:                             |                                  |
| DROJECT DIRECTOR                           |                                  |

| Category                  | ltem                    | TOTAL<br>BUDGETED |        | YEAR 1 |        | YEAR 2 |        | YEAR 3 |        | Rationale/Detail                   |  |  |  |  |
|---------------------------|-------------------------|-------------------|--------|--------|--------|--------|--------|--------|--------|------------------------------------|--|--|--|--|
|                           |                         | Α                 | MOUNT  |        |        |        |        |        |        |                                    |  |  |  |  |
| Personnel                 |                         |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
| John Doe                  | Admin Support           | \$                | 56,250 | \$     | 18,750 | \$     | 18,750 | \$     | 18,750 | John Doe Salary \$75k @0.75FTE     |  |  |  |  |
| Jane Doe                  | Faculty Support         | \$                | 15,000 | \$     | 5,000  | \$     | 5,000  | \$     | 000    | Jane Doe Salary \$100k @0.15 FTE   |  |  |  |  |
| Category Name #1 SUBTOTAL |                         | \$                | 71,250 | \$     | 23,750 | \$     | 23,750 | \$     | ∠3,750 |                                    |  |  |  |  |
| Fringe Benefits           |                         |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
|                           | ERE                     | \$                | 19,950 | \$     | 6,650  | \$     | 6,650  | \$     |        |                                    |  |  |  |  |
|                           |                         |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
| Category Name #2 SUBTOTAL |                         | \$                | 19,950 | \$     | 6,650  | \$     | 6,650  | ,      | 6,650  |                                    |  |  |  |  |
| Consultatn Services       | Lab Consultant @\$20/hr | \$                | 100    | \$     | 40     | \$     | 40     | \$     | 21     | Consultant with required expertise |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        |        | 1      |        |                                    |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        |        | Π,     |        |                                    |  |  |  |  |
| Category Name #3 SUBTOTAL |                         | \$                | 100    | \$     | 40     | \$     |        | 7      | 20     |                                    |  |  |  |  |
| Other Contractural Costs  | Sub-Category Name       |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        | 1      |        |        |                                    |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
| Category Name #4 SUBTOTAL |                         | \$                | -      | \$     |        | 4      |        | \$     | -      |                                    |  |  |  |  |
| Category Name #5          | Sub-Category Name       |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
| Category Name #5 SUBTOTAL |                         | \$                | -      | \$     |        |        |        | \$     | -      |                                    |  |  |  |  |
| quipment                  | Computer monitor        |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
| Category Name #6 SUBTOTAL |                         | \$                |        | ~      |        | \$     |        | \$     |        |                                    |  |  |  |  |
| Supplies                  | Evaluation kits @5 ea.  | \$                | 200    | \$     | -      | \$     | 100    | \$     | 100    | Specialized evaluation kits        |  |  |  |  |
|                           | Project office supplies | \$                | 50     | \$     | 25     | \$     | 25     | \$     | -      |                                    |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
| Category Name #7 SUBTOTAL |                         | \$                | 250    | \$     | 25     | \$     | 125    | \$     | 100    |                                    |  |  |  |  |
| ravel                     | In-State                |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
|                           | Out-State               |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
|                           | Sub-Category Name       |                   |        |        |        |        |        |        |        |                                    |  |  |  |  |
| Category Name #8 SUBTOTAL |                         | \$                |        |        |        |        |        |        |        |                                    |  |  |  |  |
|                           | Total Costs             | \$                | 91,550 | \$     | 30,465 | \$     | 30,565 | \$     | 30,520 |                                    |  |  |  |  |

| Project Title:                                       |     | U of A    | AH | EC -<br>In | GME<br>dicate | Planni<br>e Prop | ing a | ınd [<br>d Co | Devel<br>mple | opme<br>tion: ) | ent W | orkpl | lan - |
|--|-----|-----------|----|------------|---------------|------------------|-------|---------------|---------------|-----------------|-------|-------|-------|
| Organization   |     | Year<br>1 |    |            | Year<br>2     |                  |       |               | Year<br>3     |                 |       |       |       |
| Grant Funding Period                                 |     | Q1        | Q2 | Q3         | Q4            | Q1               | Q2    | Q3            | Q4            | Q1              | Q2    | Q3    | Q4    |
| Goal 1: Community Needs Assessment                   | Who |           |    |            |               |                  |       |               |               |                 |       |       |       |
| Indicate Steps or Objectives Here                    |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
| Goal 2: Organizational Capacity and<br>Program Needs |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
| Goal 3 : Training Partner Analysis                   |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
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|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
| Goal 4: Clincal Model Planning                       |     |           |    |            |               |                  | >     |               |               |                 |       |       |       |
| Godi 4. Cilifedi Model Flatifillig                   |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
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|  |     | >         |    |            |               |                  |       |               |               |                 |       |       |       |
| Goal 5: Financial Anlysis                            |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
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|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
| Goal 6: ACGME SI Application Plan                    |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
| Goal 7: ACGME Program(s) Application Plan            |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
| Goal 8: Pre-Operational Development                  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
| Plan   |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
| Goal 9: Other  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |
|  |     |           |    |            |               |                  |       |               |               |                 |       |       |       |