

Wisconsin Rural Physician Residency Assistance Program

www.wrprap.org



RFP COVER SHEET

Rural GME Transformation Grant Application

Section A – APPLICANT INFORMATION

| | | | | | |
|------------------------|--|-------|--|-------|--|
| Organization | | | | | |
| Street | | | | | |
| City | | State | | Zip | |
| Primary Contact | | | | Title | |
| Email | | | | Phone | |
| Other Contact | | | | Title | |
| Email | | | | Phone | |
| Fiscal Agent | | | | | |
| Email | | | | Phone | |

Section B – BUDGET SUMMARY

The official grant term is 12 months; major projects may be proposed for terms up to three years.
For a three-year project, the maximum request for Year 1 is \$150,000; Year 2 is \$125,000; and Year 3 is \$100,000.

| | | | | |
|---|---|--------|------------------|--|
| Total funds requested for CURRENT term | \$ | | | |
| Anticipated requests for multi-year projects | \$ | \$ | \$ | |
| | Year 1 | Year 2 | Year 3 | |
| Is the applicant planning to use funding from an additional source? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, what source(s) and in what amount (CURRENT year only)? | Source(s): | | Total Amount: \$ | |

Section C - ATTESTATIONS

| | |
|--|---|
| 1. Program actively recruits UW-SMPH & MCW graduates: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Program complies with ACGME or AOA accreditation requirements: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Supervising physicians will adhere to CMS guidelines: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If funding is granted, no other funding will be used to reimburse the same items, unless GME caps have been exceeded: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|---|--|------|--|
| If you responded No to any of the above attestations, please explain: | | | |
| | | | |
| NAME, TITLE AND CONTACT INFORMATION OF OFFICIAL AUTHORIZED TO COMMIT THE APPLYING ORGANIZATION TO THIS PROPOSAL | | | |
| Name of Official | | | |
| Title | | | |
| Phone | | | |
| Email | | | |
| Signature (e-signature accepted) | | Date | |

Abbreviations

| | |
|---------|--|
| ACGME | Accreditation Council for Graduate Medical Education |
| AOA | America Osteopathic Association |
| CMS | Centers for Medicare & Medicaid Services |
| GME | Graduate Medical Education |
| MCW | Medical College of Wisconsin |
| RFP | Request for Proposals |
| UW-SMPH | University of Wisconsin School of Medicine & Public Health |
| WRPRAP | Wisconsin Rural Physician Residency Assistance Program |