

Wisconsin Rural Physician Residency Assistance Program

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RFP COVER SHEET

Rural GME Grant Application

Section A – GRANT REQUEST

Category	<input type="checkbox"/> Operational: Supports quality improvement and continuation of current rural GME programs. Activities may include rural rotations, curriculum development, technical assistance for rural residency programs, and more. <input type="checkbox"/> Transformational: Finances initiatives to develop and evaluate innovative rural GME programs, to determine and validate appropriate GME performance measures and to award new WRPRAP-funded GME training positions in eligible disciplines.
Type	<input type="checkbox"/> New <input type="checkbox"/> Renewal: Year
Fiscal Year	July 1, 20 - June 30, 20
Purpose Summary	

Section B – APPLICANT INFORMATION

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

Section C – BUDGET SUMMARY

The standard grant term is 12 months; when all reporting requirements are met, grant funding may be applied for again. In the case of multi-year projects, please indicate whether you intend to apply for additional funding in future 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 this grant application	\$		
Proposed funding start date			
Anticipated requests for multi-year projects	\$	\$	\$
	Year 1	Year 2	Year 3
Utilizing funding from an additional source?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what source(s) and in what amount? (for corresponding fiscal year of current grant application)	Source(s):		Total Amount: \$

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Section D -STATUTE REQUIRED 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	

* Please see next page for data collection request.

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

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Information Request					
Please provide the following information for data collection purposes only. Responses will not be factored in funding decision.					
Please only include residents for the current academic year who are part of your rural program.					
Resident Identifier	Residency Year (PGY)	Medical School Attended	Wisconsin Undergraduate? Y/N	From Wisconsin? Y/N	Other Wisconsin Ties? Y/N
Resident A					
Resident B					
Resident C					
Resident D					
Resident E					
Resident F					
Resident G					
Resident H					
Resident I					
Resident J					
Resident K					
Resident L					

Please use additional pages if needed.