Request for Applications (RFA)

Graduate Medical Education New and Expanded Program Grants Round VII

IMPORTANT INFORMATION

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

Proposals Due: May 9, 2022, 11:59 pm PT

Funding Available: $8,530,000.00

Cost Sharing/Match: None

Final Funding Decisions: Expected on or before June 30, 2022.

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: http://osit.nv.gov. Please check the website regularly for updates.

Contact: Brian Mitchell
Director, Governor's Office of Science, Innovation and Technology
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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.

Funding for Graduate Medical Education (GME) has been a priority of the Governor and Legislature in Nevada since 2015. To date, over $20 million has been awarded to create or expand graduate medical residency or fellowship slots. In the current biennium, $8.5 million has been allocated to continue the program. The Governor's Office of Science, Innovation and Technology (OSIT) manages the GME grant program.

SECTION I: DESIRED OUTCOMES

Purpose
OSIT, 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 prioritize funding from this application on increasing the number of physicians with primary care and/or mental health training. Primary care and mental health training are defined in Section II, under the eligible uses of funding section. However, applications may be made for GME programs in any specialty or subspecialty that meets eligibility criteria outlined below.

SECTION II: AWARD INFORMATION

Awards
OSIT intends to solicit applications for funding over several rounds of grants during this biennium. OSIT will distribute up to $8,530,000. OSIT reserves the right to determine the number of applications awarded based on funds available and projects selected and may issue subsequent Requests for Applications (RFAs). Applications should be crafted without expectation of future funding. To receive funding, applicants must completely follow application instructions, including formatting, and provide all required information. More information on the award decision process may be found in Section VI.

Submission Timeline and Instructions

Submit one (1) electronic copy of the application in a single pdf by 11:59 p.m., May 9, 2022:

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 for costs not already incurred that are associated with starting new GME programs or expanding existing GME residency or fellowship programs. Programs must provide training in fields or specialties where the number of licensed physicians per 100,000 population in the region where the GME program is located falls below the U.S. average. Added weight in scoring, described below in Attachment A, will be given to programs that provide training in primary care and/or mental health. Primary care is defined as: family medicine, internal medicine, pediatrics, internal medicine/pediatrics, geriatrics, and OB/GYN. Mental health care is defined as: psych and psych fellowships. Please see Attachment B for the list of licensed physicians per 100,000 in Nevada by specialty,

broken down by region, compared to the national average. For ease of reference, specialties in counties with green numbers are above the national average and are not eligible for funding.

The focus of this funding is on training in specialties where the number of licensed physicians in the region is below the U.S. average. Applications for programs that provide training in subspecialties or fellowships are welcome, provided the applicable rate of licensed physicians in the region also falls below the U.S average. Applications will need to provide a strong articulation of need, backed by local data.

Examples of startup costs include:
- costs associated with hiring a program director, faculty or administrative support;
- facilities costs associated with education such as classrooms and associated IT;
- curriculum or curriculum development costs;
- costs associated with the accreditation process;
- salaries, benefits, and professional liability insurance for participating residents and fellows. Funding requested for salaries, benefits, and insurance will require special justification in terms of impact, return on investment, and sustainability.

Ineligible Uses of Funding
Grant funds may not be used for:
- research or feasibility studies including travel for the purpose of research;
- 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 or parking;
- equipment costs not directly related to education;
- salary expenses, such as bonuses, vehicle, and cell phone allowances, beyond base salaries and standard benefits;
- food or beverage;
- an indirect cost allocation; 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 reporting period is 10 years from the grant award date. More information on the award process is contained in Section VI. Awardees have four years from the date their grant agreements are signed to spend state funds. 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 VI.

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.

SECTION IV: NEW APPLICATION REQUIREMENTS

The information required by applicants has changed from past solicitations. Please read the requirements below carefully.

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) Coversheet;
> 2) Project Abstract;
> 3) Budget Narrative and Detailed Plan;
> 4) Project Narrative;
> 5) Letters of Commitment.

Incomplete applications or applications that did 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. **Coversheet (Pass/Fail)**

Format: Please use the template on the following page to complete the Coversheet. The Coversheet should be page one of your application. An editable version of the Coversheet can be found on the Grants page of the OSIT website.

COVERSHEET TEMPLATE

Primary Applicant Name:	**Project Manager Name:**
Project Location (City, County):	**Project Manager Address, Phone Number, Email Address:**
Grant Manager Name:	**Grant Manager Address, Phone Number, Email Address:**
Partner (If Any) Name:	**Partner Contact Address, Phone Number, Email Address:**
Amount of Grant Funds Requested:	**State Vendor Identification Number:**
Specialty or Subspecialty:	**Number of Proposed Slots:**
New or Existing Program:	**Planned Start Date of First Cohort of Residents/Fellows:**

Certification: I certify that all of the information contained in this application is true to the best of my knowledge, that the application was prepared by the applicant and its employees and agents without consultation or collusion with any other applicant, and that, if awarded, the applicant will abide by the terms and conditions of the grant.

Printed Name of Authorized Representative: Title:

Signature of Authorized Representative: Date:

2. **Project Abstract (Pass/Fail)**

Format: The Project Abstract should succinctly summarize the project's objectives, plans, and benefits. Please use the template below to complete the Project Abstract. The Project Abstract should be page two of the application. An editable Word version of the Project Abstract template can be found on the OSIT website.

PROJECT ABSTRACT TEMPLATE

Provide a brief summary of the project, the plan, and the benefits
Describe specific, measurable objectives and/or goals
Outline the contributions of partners
Give an explanation of how the proposal advances the State's physician workforce goals

3. **Budget Narrative and Plan** (15 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. There is no page limit on the budget plan (table).

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 the table locate in Attachment C. An editable version can be found on the OSIT website. 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.

4. **Project Narrative** (80 points possible)

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 entire narrative, including attachments, tables, graphs, and charts must conform to the twenty (20) page limit.

The following information must be contained within the Project Narrative:

A. **Needs Assessment** (20 points possible)- Please respond to each question individually and number your responses.
   1) Provide a clear and concise overview of the need for increased specialty or subspecialty training in the chosen field.
      i. Discuss gaps or deficiencies in the current workforce, illustrated with local labor data.
      ii. Describe the community where this training program will take place including health disparities and unmet needs, how those challenges will be addressed through this program, and why it is critical to care for this unmet need.
   2) Outline other efforts or resources, if any, currently being undertaken to remedy this need in the community.
   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.

B. **Feasibility Assessment** (5 points possible)- Please respond to each question individually and number your responses.
   1) Current and Projected Resident Capacity Assessment:
      i. Existing Programs- Provide by postgraduate year (PGY) as of July 1:
         1. The number of actual accreditor-approved residency positions for 2020 and 2021 and the expected number of accreditor-approved residency positions in 2022.
         2. The number of filled and unfilled residency positions in 2020 and 2021.
         3. The number of new residency positions specific to this program.
         4. The estimated total number of residents trained per year at the institution.
      ii. New programs- Provide by postgraduate year (PGY) as of July 1:
         1. The number of new residency positions specific to this program.
         2. The estimated total number of residents trained per year.
   2) Include a description of the payer mix at the institution applying for funding.

C. **Work Plan and Impact Analysis** (35 points possible)- Please respond to each question individually and number your responses.

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-
   a. A description of the specialty or subspecialty for which the program will provide training.
   b. The learning outcomes of residents.
   c. 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.
   d. Describe how competence will be assessed.
   e. Describe the didactic activities that form part of the program.
2) Estimate the following:
   a. The average number of hours per week residents of this program will see patients.
   b. The average number of patient visits by residents of this program per year.
   c. The cost to train each resident of this program.
   d. The time to train first and subsequent cohorts of residents of this program.
3) List the proposed faculty and support staff positions that will oversee this program. Include an organizational chart.
   a. Provide a brief bio for all faculty or instructors with information such a CV, relevant credentials, or prior teaching experience. If faculty will be hired after the grant is awarded, provide a plan and timeline for hiring instructors and the minimum qualifications required.
   b. What percentage of time will the GME program director spend on this program?
   c. Will a full-time residency coordinator be provided?
4) Provide a detailed description of the project phases or steps needed to successfully start or expand the program from award of funds to the hiring of faculty and staff to accreditation to the match process to the completion of the first cohort of trainees. Include an estimated timeline. Identify the staff responsible for achieving each step in the timeline, including support from and the roles of any outside partners.
5) List the stakeholders consulted and how their comments influenced the design of the training program.
6) Describe the program's philosophy in ranking residents in the matching process. What efforts does the program make to recruit and "sell" the program to potential participants that interview?
7) Provide a list of hospital partners and clinical training resources that will be used in this program.
8) Discuss in detail the steps needed to achieve accreditation and the probability of success in the timeline indicated above. Indicate whether proposed staff have successfully completed an accreditation process prior and whether any outside assistance will be required to achieve accreditation. Programs with existing accreditation should include a certificate of accreditation as an attachment.
9) Does the applicant currently have or propose any efforts, such as job placement assistance, to encourage GME program participants to remain in Nevada following the completion of their graduate medical education?
10) Building on the information provided in "A. Needs Assessment," articulate how the proposed program will meet the needs identified.

Impact Analysis- Provide detailed estimates <u>in a table format</u> on the impact of the training program. Include a justification for how each estimate was determined. Please address the following:

1) The length of the program.
2) The number of residents who will complete training annually.
3) The total number of residents in training when the program is at full capacity. If the proposed program is an expansion, include both the number of existing residents and the expanded number to be funded by this grant separately.
4) The estimated number of trainees from underrepresented minorities, rural areas, disadvantaged backgrounds, or veterans projected to receive training each year.
5) The estimated number of trainees practicing in Nevada one year after program completion.

6) The estimated number of trainees practicing in an underserved or rural area in Nevada one year after program completion.

D. **Sustainability Plan** (15 points possible)- Please respond to each question individually and number your responses.

    1) Project the annual, ongoing training program costs after grant funds are exhausted.
    2) The total annual ongoing cost of the training per resident.
    3) Indicate how the applicant will fund ongoing costs associated with the program. Provide a detailed plan for obtaining replacement/sustainment funds.
    4) Provide an articulation of long-term institutional commitment to the program and the applicant's ability to support ongoing program costs following startup phase.

E. **Data Collection and Evaluation** (5 points possible)- Please respond to each question individually and number your responses.

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. Please describe:
    1) What data will be collected to measure the success of the program.
    2) How the program will know if it is successful.
    3) How the program will improve health outcomes for Nevadans.

5. **Letters of Commitment** (5 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 including contributions to the sustaining of the program. Form letters will not be accepted. Letters of commitment do not count towards the 20-page limit of the Project Narrative.

Grant Review and Selection Process
Applications that meet the minimum standards laid out above will be reviewed, evaluated, and competitively scored using the scoring matrix located in Attachment A. OSIT 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 OSIT 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", OSIT 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.

Awardees have up to four years to spend awarded funding from the award date. Any awarded funds that remain unspent after four years will be forfeited. 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.

Award Process
All grant funding will be paid to Awardees on a reimbursement basis. Awardees are required to spend grant funds in accordance with approved budgets and submit reports as detailed below. Any changes to budgets must be approved in advance prior to the expenditure of funds. The State reserves the right deny reimbursement requests for expenditures not made in accordance with approved budgets.

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 ten years after the grant is awarded. All recipients of funding are required to submit to OSIT quarterly fiscal reports and quarterly progress reports until all grant funds have been expended; annual fiscal and progress reports for the entire reporting period, 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. Awardees are also required to administer annual surveys of residents as directed by OSIT and provide the results of the surveys to OSIT.

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 OSIT 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.

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 and Project Abstract	**Pass/Fail**	**Comments/Recommendations**
Budget Plan	**Maximum Points: 15 Reviewer Score**	**Comments/Recommendations**
1. Budget Narrative (1 page) is detailed and aligned with work plan 2. Budget Plan (Table) is specific and includes line-item details		
Needs Assessment	**Maximum Points: 20 Reviewer Score**	**Comments/Recommendations**
1. Provide clear overview of need, using data 2. Describe community including health disparities and unmet needs. Why is it critical to care for this need? 3. Other efforts to remedy this need? 4. Student demand for the program. What undergraduate medical schools do students come from?		
Feasibility Assessment	**Maximum Points: 5 Review Score**	**Comments/Recommendations**
1. Current and projected resident capacity assessment 2. Description of payer mix		
Work Plan & Impact Analysis	**Maximum Points: 35 Reviewer Score**	**Comments/Recommendations**
Work Plan 1. Program description (specialty, learning outcomes, settings and activities, assessment, didactic activities) 2. Estimates (hours seeing patients, number of patient visits, cost to train each resident, length of time to train cohort) 3. Faculty description 4. Project phases/timeline		

5. Stakeholders 6. Recruitment plan 7. Hospital partners/clinical training resources 8. Accreditation plan 9. Retention in Nevada 10. How does the program meet needs identified in Needs Assessment? Impact Analysis 1. Length of the program 2. Number of residents who complete annually 3. Total number of residents in the program when at full capacity 4. Estimated completion rate 5. Trainees from underrepresented groups 6. Estimated number practicing in Nevada upon completion 7. Estimated number practicing in underserved geographic area 8. Total cost of training per resident		
Sustainment	**Maximum Points: 15** **Reviewer Score**	**Comments/Recommendations**
1. Annual program costs 2. Detailed plan to fund those costs 3. Statement of long-term commitment 4. Describe changes of partners in the future		
Evaluation and Data Collection	**Maximum Points: 5** **Reviewer Score**	**Comments/Recommendations**
1. Program goals 2. What data will be collected to measure success 3. How will success be evaluated		
Letters of Commitment	**Maximum Points: 5** **Reviewer Score**	**Comments/Recommendations**

Type of Program	Primary Care or Mental Health: +5	
Programs that meet the definition of primary care or mental health are awarded 5 additional points.		
Total Score		

ATTACHMENT B: Licensed Physicians per 100,000 Population in Nevada – 2021

Specialty	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine	Nevada	U.S.
Allergy and Immunology	-	-	0.5	-	-	-	-	-	-	-	-	-	-	-	-	1.7	-	0.6	1.3
Anesthesiology	14.2	-	18.3	12.0	-	-	-	-	-	-	-	-	-	-	-	28.4	9.3	18.3	14.7
Cardiovascular Diseases	8.9	-	5.7	2.0	5.4	-	-	-	-	-	-	-	2.0	-	-	7.9	-	5.7	7.3
Child & Adolescent Psych	-	-	0.5	2.0	-	-	-	-	-	-	-	-	-	-	-	2.1	-	0.7	2.8
Colon/Rectal Surgery	-	-	0.2	-	-	-	-	-	-	-	-	-	-	-	-	0.2	-	0.2	0.6
Dermatology	12.4	-	2.1	10.0	-	-	-	-	-	-	-	-	2.0	-	-	5.8	-	2.8	4.4
Diagnostic Radiology	8.9	3.9	6.8	10.0	1.8	-	-	5.9	-	-	-	-	2.0	-	-	8.3	-	6.7	7.9
Emergency Medicine	24.8	7.7	14.9	54.2	5.4	-	-	5.9	16.5	-	5.2	-	6.1	-	-	30.3	27.9	17.4	15.3
Family Medicine	39.0	34.7	27.3	36.1	19.8	-	-	52.7	65.8	57.3	20.8	21.4	12.3	57.3	-	51.5	65.0	31.3	31.9
FM – Subspecialties	1.8	-	0.5	2.0	-	-	-	-	-	-	-	-	-	-	-	1.3	9.3	0.6	1.0
Gastroenterology	8.9	-	2.7	-	1.8	-	-	-	-	-	-	-	-	-	-	5.6	-	3.0	4.7
General Practice	-	-	1.2	2.0	1.8	-	-	-	16.5	-	1.7	-	-	-	-	1.0	-	1.2	1.7
General Surgery	14.2	15.4	8.7	4.0	9.0	-	-	5.9	-	-	-	-	-	-	-	10.2	18.6	8.7	12.3
Internal Medicine	56.8	15.4	47.3	28.1	10.8	101.7	-	17.6	-	-	3.5	21.4	6.1	-	22.9	58.9	27.9	46.0	35.1
IM – Subspecialties	12.4	-	10.1	6.0	5.4	-	-	-	-	-	-	-	2.0	-	-	16.3	9.3	10.4	19.4
Medical Genetics	-	-	0.0	2.0	-	-	-	-	-	-	-	-	-	-	-	0.2	-	0.1	0.2
Neurology	7.1	-	8.4	4.0	3.6	-	-	-	-	-	-	-	-	-	-	11.3	-	8.2	6.0
Nuclear Medicine	1.8	-	0.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.1	0.3
Neurological Surgery	-	-	0.9	-	-	-	-	-	-	-	-	-	-	-	-	2.9	-	1.1	2.1
Obstetrics/Gynecology	24.8	15.4	10.9	4.0	9.0	-	-	-	-	-	-	-	2.0	-	-	13.6	9.3	10.9	13.3
OB/GYN – Subspecialties	-	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-	1.7	-	0.8	0.7
Occupational Medicine	7.1	-	0.5	2.0	-	-	-	-	-	-	-	-	2.0	-	-	1.5	-	0.8	0.4
Ophthalmology	7.1	-	4.1	-	1.8	-	-	-	-	-	-	-	-	-	-	6.7	-	4.2	5.8
Orthopedics	7.1	3.9	5.8	46.2	3.6	-	-	-	-	-	-	-	-	-	-	12.3	-	7.1	8.8
Otolaryngology	12.4	-	1.8	-	1.8	-	-	-	-	-	-	-	-	-	-	4.2	-	2.2	3.4
Pathology, Anatomic	5.3	-	3.3	4.0	3.6	-	-	-	-	-	-	-	-	-	-	7.3	-	3.8	4.4
Pathology, Forensic	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0	0.2
Pediatrics	95.1	31.5	49.0	46.9	42.8	-	-	22.8	-	-	-	-	12.1	-	-	61.4	-	49.3	81.7
PD – Subspecialties	-	-	3.5	-	-	-	-	-	-	-	-	-	-	-	-	4.8	-	3.3	8.0
Pediatric Cardiology	-	-	0.4	-	-	-	-	-	-	-	-	-	-	-	-	0.6	-	0.4	0.9
Physical Med and Rehab	5.3	-	2.2	10.0	3.6	-	-	-	-	-	-	-	-	-	-	6.3	-	2.9	4.7
Plastic Surgery	-	-	1.7	-	-	-	-	-	-	-	-	-	-	-	-	2.3	-	1.6	2.5
Psychiatry	7.1	-	8.3	2.0	-	-	-	-	-	-	1.7	-	-	-	-	16.1	-	8.8	11.8
Pub Health & Gen Prev Med	-	-	0.5	-	-	-	-	-	-	-	-	-	-	-	-	0.8	-	0.5	0.8
Pulmonary Diseases	5.3	-	1.9	-	-	-	-	-	-	-	-	-	-	-	-	3.5	-	2.0	4.2
Radiology	5.3	-	2.6	2.0	-	-	-	-	-	-	-	-	-	-	-	4.0	-	2.7	3.4
Radiation Oncology	5.3	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-	1.5	-	0.9	1.6
Thoracic Surgery	1.8	-	0.7	-	-	-	-	-	-	-	-	-	-	-	-	1.0	-	0.7	1.3
Urology	10.6	-	1.7	-	1.8	-	-	-	-	-	-	-	-	-	-	3.1	9.3	2.0	6.9
Other Specialties	3.5	3.9	1.9	-	1.8	-	-	-	-	-	-	-	-	-	-	3.5	-	2.1	14.1
Total Physicians	340.6	108.1	223.2	252.9	102.8	101.7	0.0	93.6	98.7	57.3	33.0	42.8	38.8	57.3	22.9	353.5	185.7	233.7	284.6

Source: Nevada State Board of Medical Examiners (2021). Nevada State Board of Osteopathic Medicine (2021). American Medical Association (2021).

Note: Red figures denote rates lower than the U.S. average and green figures denote rates at or greater than the U.S. average. Pediatrician rate per 100,000 is based on population aged less than 18. All data refer to allopathic (MD) and osteopathic (DO) physicians with an active license to practice in Nevada during the calendar year 2021.

NEVADA HEALTH
WORKFORCE
RESEARCH CENTER
MEDICINE

ATTACHMENT C: Budget Template

Applicant:							
Specialty/Subspecialty:							
Total Grant Request							

Faculty Salaries							
Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes
Total Cost for Category							

Resident or Fellow Salaries/Fees							
Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes
Total Cost for Category							

Administrative Salaries							
Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes
Total Cost for Category							

Capital/Facilities							
Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes
Total Cost for Category							

Technology/Equipment							
Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes

	Total Cost for Category							

Materials/Supplies

	Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes
Total Cost for Category								

Curriculum/Publications

	Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes
Total Cost for Category								

Accreditation

	Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes
Total Cost for Category								

Travel/Conference

	Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes
Total Cost for Category								

Other

	Expense	Total Cost	Year 1 Cost	Year 2 Cost	Year 3 Cost	Year 4 Cost	Total Ongoing Expenses	Total One-Time Expesnes
Total Cost for Category								