

## 2021 Primary Care Residency Grant Program GRANT APPLICATION FORM

**1. Applicant Program** (this information will be used in drafting the grant contract)

Legal Name

Address

City

State

Zip

**Department/Program Name:** (Eligible specialties include: Family Medicine, General Internal Medicine, General Pediatrics, Psychiatry – including child psychiatry fellowships, general surgery, or geriatric fellowship)

SWIFT Vendor ID No.

Location Code

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**2. Primary Contact for Project Administration**

Name

Title

Address

City/State/Zip

Phone

Email address

**3. Primary Contact Person for Further Information on the Application (if different from above)**

Name

Title

Phone  Email address

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**4. What type of grant is your agency applying for?**

Planning Grant:

Funding request: \$

Training Grant:

Funding request - Year 1: \$

Funding request - Year 2: \$

Funding request - Year 3: \$

Funding request -Year 4: \$ (For residency programs longer then 3 years)

Total funding request for Planning & Training Grant: \$

**5. What is your current residency program baseline training slots?**

**6. How many new residency slot(s) will you be applying for?**

I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant organization.

Signature of Authorized Official	Print Name	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Questions regarding grant application guidelines should be directed to Paia Vang at [paia.vang@state.mn.us](mailto:paia.vang@state.mn.us) or 651-201-3856.