

Who can apply?

Applicants should be providing education through public/private schools, colleges, universities, or summer programs in Minnesota.

What kinds of education programs are being funded?

Regenerative Medicine Minnesota (RMM) is requesting proposals for programs that:

1. Improve student knowledge in the foundations of regenerative medicine (animal cell biology and/or regeneration, stem cell biology, laboratory medicine, bioengineering, etc.).
2. Interest, train, or retain students in careers related to regenerative medicine and science, especially from underrepresented, rural, or returning veteran populations.

What criteria are used to evaluate the applications?

1. Goals
 - a. Are the goals of the program clear and realistic?
 - b. Does the program have a detailed plan for achieving these goals?
 - c. How will achievement of the goals be measured?
2. Impact
 - a. How will the program recruit participants?
 - b. How many students/individuals from Minnesota is this this program expected to reach?
 - c. How will the impact on the students/individuals be measured?
 - d. How does this program impact regenerative medicine in Minnesota?
3. Adequacy of resources to support the program's goals
 - a. Does the program have the resources to achieve its goals?
 - b. What other support (financial/material) is provided to this program?
 - c. What relevant experience do the program director and other key staff have in education and/or regenerative medicine?

What else should applicants know?

- Maximum request is \$20,000 for grades K-12 and \$100,000 for post-secondary education programs.
- Grants are for one year. Previous awardees may reapply.
- Awards must be made to an existing institution and not directly to the program director.
- Indirect costs are required.
- Awards will be announced April 10, 2017.

How do I apply? (Two steps)

STEP 1: Begin an application by answering the following questions via the Education Program grant application form found online at <http://www.regenmedmn.org/apply-grant>

- 1. Applicant Information** (*Program Director and Responsible Party*)
 - a. Name
 - b. Position at Institution
 - c. Email
 - d. Phone number
 - e. Mailing address
- 2. Institution Information** (*responsible for receiving and disbursing grant funds*)
 - a. Name
 - b. County(ies) (in which funded program operates)
 - c. Financial Contact Name (usually an accountant)
 - d. Financial Contact Email
 - e. Financial Contact Phone number
- 3. Grant Information**
 - a. Title
 - b. Direct costs requested
 - c. Indirect costs requested (should be included in the budget at the established NIH-negotiated rate or, in the absence of a federally-negotiated rate, at 10%)
 - d. Total costs requested (combined direct and indirect costs)
 - e. Start date requested (between May 30, 2017, and September 5, 2017)
 - f. Names of key staff on project
 - g. Goals (three sentences or less describing the goals of the project in lay language).

STEP 2: Email grant proposal to RegenMedMN@gmail.com

*Proposals must use 1” margins on all sides, 12 pt Arial font, and a minimum of single line spacing. Please include program director’s name and page number in footer. **Submit as a single pdf file covering these points in the following order:***

Pages 1-6	<ul style="list-style-type: none"> • Describe the program and who it reaches. • List the goals of the program, and how they will be achieved. • Define how program success will be measured. • Explain how the program plans to recruit participants. • Estimate how many participants will be in the program and describe how the program’s impact on them will be measured. • Detail how this program impacts regenerative medicine in Minnesota. • Describe where the program will take place and what resources are available there. • List any support (financial/material) this program receives from other sources. • Briefly describe the role(s) of the Program Director and any key staff. If applicable, describe the relevant experience key staff bring to the program.
Page 7	Budget outline, please use format given on page 4.
As needed	Program Director’s CV

Budget Template

Program Name:		
Personnel	Year 1	
Name	Effort	Salary & Fringe
Other Direct Costs		
Supplies		
Services		
Travel		
Total Direct Costs		
Indirect Costs (% by institution)		
TOTAL COSTS		

Justifications for budget items:

Explanation of overlap (if applicable):



REGENERATIVE MEDICINE
MINNESOTA