

Who can apply?

Applicants should be based and operating in the state of Minnesota. Applicants may include, but are not limited to, healthcare providers, community-based healthcare organizations, veteran's organizations, social workers, and patient advocacy groups.

What kind of clinical care is being funded?

Projects that benefit multiple patients by creating or updating access to regenerative medicine.

Examples include:

- Purchase of cell-sorting equipment for cancer therapies.
- Training personnel in clinical trial management so site can participate in regenerative medicine clinical trials.
- Purchase of cell culture equipment or contract for services to produce epidermal grafts for diabetic leg and foot ulcers.
- Build-out of regenerative medicine service line.
- Enhanced infrastructure for regenerative clinical care delivery.

What criteria are used to evaluate the applications?

- a. Which patient population is the project intended to serve (children, women, diabetics, etc.)?
 - b. What is the plan to identify patients to be helped?
- 2) What are the goals of the project?
- a. Is the idea behind the project scientifically sound and safe?
 - b. How does this improve patient outcomes, patient care, or access to care?
 - c. How will success be measured?

What else should applicants know?

- Maximum request is \$50,000.
- Grants are for one year.
- Previous awardees can reapply.
- Awards will be announced on April 10, 2018.

How do I apply? (Two steps)

STEP 1: Begin an application by answering the following questions via the Clinical Care 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. Site location where funds will be used
- c. Amount requested (no indirect costs)
- d. Start date requested (between May 1, 2018, and September 1, 2018)
- e. Names of key staff on project
- f. 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 1-4	<ol style="list-style-type: none">1. How will the proposed Clinical Care project improve patient outcomes, patient care, or patient access to care?<ul style="list-style-type: none">• Describe the patient population that will be helped.• How will patients be identified for inclusion in the program?• How will patients be recruited?• Where are patients located?• How many patients could be helped?2. What is the scientific or medical idea behind the project?3. What are the goals of the project?4. How will you measure success?
Page 5	Draft a simple budget showing how much money is requested and how it will be spent.
As needed	Program Director’s CV or resume

