

***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.

***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 \$25,000.
- Grants are for one year.
- Previous awardees can reapply.
- Awards will be announced on April 10, 2017.

## ***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 30, 2017, and September 5, 2017)
- 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](mailto: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"><li>1. How will the proposed Clinical Care project improve patient outcomes, patient care, or patient access to care?<ul style="list-style-type: none"><li>• Describe the patient population that will be helped.</li><li>• How will patients be identified for inclusion in the program?</li><li>• How will patients be recruited?</li><li>• Where are patients located?</li><li>• How many patients could be helped?</li></ul></li><li>2. What is the scientific or medical idea behind the project?</li><li>3. What are the goals of the project?</li><li>4. How will you measure success?</li></ol>
Page 5	Draft a simple budget showing how much money is requested and how it will be spent.
As needed	Program Director’s CV

