

Who can apply?

Applicants should be based and operating in the state of Minnesota. Applicants may include, but are not limited to: hospitals, clinics, 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.

Are there restrictions on the awards?

Yes:

- Funding must remain primarily in Minnesota.
- Program must help residents in Minnesota.
- If the Program Director of the grant leaves the institution where the award is funded, funds must be returned to RMM.

What criteria are used to evaluate the applications?

- 1) Who does this project help?
 - a. Which patient population is the project intended to serve (children, women, diabetics, etc.)?
 - b. How many people will it serve?
 - c. What is the plan to identify patients to be helped?
- 2) How does this project help?
 - 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 for one year.
- Awards will be announced on April 15, 2019.

How do I apply?

The application form can be found online at www.RegenMedMN.org, “Apply for a Grant”. Please review the questions below. Before starting the online application form, have the answers and a **single pdf file** of the proposal ready.

1. Applicant Information (Program Director and Responsible Party)

- a. Applicant’s name
- b. Applicant’s position at institution
- c. Applicant’s email
- d. Applicant’s phone number
- e. Applicant’s mailing address

2. Institution Information (responsible for receiving and disbursing grant funds)

- a. Institution name
- b. County or counties in which funded program operates (Hennepin, Blue Earth, etc.)
- c. Financial contact name (usually an accountant)
- d. Financial contact email
- e. Financial contact phone number

3. Grant Information

- a. Title
- b. Site or sites where funds will be used
- c. Names of key staff on project
- d. Goals (three sentences or less describing the goals of the project in lay language).

4. Budget Information

- a. **Amount** requested (combined direct and indirect costs)
- b. Start date requested (between May 27, 2019, and September 3, 2019)

5. Proposal

Proposals must use 1” margins on all sides, 12 pt Arial font, and a minimum of single line spacing. Please include Program Director name and page number in footer. In order to make the grants easier to review, please follow the format given below and upload as a single pdf file in the following order:

Pages 1-4	<ol style="list-style-type: none">1. Describe the project<ul style="list-style-type: none">• How will it improve patient outcomes, patient care, or patient access to care?• Describe the patient population it will help, how they will be identified for inclusion in the program, and how they will be recruited. Include the potential number of patients who could be helped and where they are located.
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	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

Important Note: RMM is state funded and subject to the Freedom of Information Act (FOIA).

A proposal that results in an RMM award will be available to the public on request, except for privileged information or material that is personal, proprietary or otherwise exempt from disclosure under law. Please **highlight** information that you feel should be withheld from public disclosure to the extent permitted by law, including the Freedom of Information Act. Without assuming any liability for inadvertent disclosure, RMM will seek to limit disclosure of such information to its employees and to outside reviewers when necessary for merit review of the proposal, or as otherwise authorized by law.



REGENERATIVE MEDICINE
MINNESOTA