**Appendix A**

**Nurse Support Program II FY 2017 – Competitive Institutional Grants**

Lead Applicant Institution/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partnership Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Competitive Grant Initiative: (Check (√ ) ONE of the following initiatives.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1. Initiative to Increase Nursing Pre-licensure enrollments and graduates |  |  | 3.Initiative to Increase the Number of Doctorally prepared Nursing Faculty |
|  | 2.Initiative to Advance the Education of Students and RNs to BSN, MSN, and Doctoral Level |  |  | 4.Initiative to Build Collaborations between Education and Practice that Develop New Models that Promote a Patient Centered Continuum of Care |
|  |  |  |  | 5.Initiative to Increase Statewide Resources |

Projected Outcomes: (Identify below the number of additional outcomes expected from funding)

|  |  |
| --- | --- |
| **Final Outcomes** | **Projected Increase** ( # of Additional) **Describe Degrees/Results** |
| Nursing Pre-Licensure Graduates |  |
| Nursing Higher Degrees Completed |  |
| Nursing Faculty at Doctoral Level |  |
| Collaborative or Statewide Results |  |

Funds Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_ Value of Match Provided (Funds, In-Kind, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Director(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grants Office Contact, Name & Title (post award): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance or Business Office Contact, Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification by Authorizing Official:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mandatory Data Table for all Proposals and all Future Interim Annual and Final Reports**

|  |  |  |  |
| --- | --- | --- | --- |
| FACULTY for current AY ( 2015-2016) | Equivalents (Total FTEs) | | |
|  | FT | PT | Total Number |
| Nursing faculty with PhD in Nursing |  |  |  |
| Nursing Faculty with PhD - Other |  |  |  |
| Nursing Faculty with DNP |  |  |  |
| Nursing Faculty with EdD |  |  |  |
| Nursing faculty with MSN |  |  |  |
| Clinical nursing faculty with BSN |  |  |  |
| Clinical nursing faculty with MS |  |  |  |

How many vacant faculty positions does your program have?

|  |  |  |
| --- | --- | --- |
|  | Full-Time | Part-Time |
| Number of Vacant Faculty Positions |  |  |

If vacancies, what was the primary cause?

\_\_ Budget constraints

\_\_ Lack of qualified applicants

\_ \_ Other (Specify):

|  |  |  |
| --- | --- | --- |
| Certified Nurse Educators | # with CNE | % of FT Faculty |
| Number of FT Faculty with NLN CNE credential |  |  |

Describe the limitations on the capacity of your program during the current academic year

* Faculty recruitment. Specify areas of expertise and/or primary barriers:
* Availability of clinical placements. Specify area(s) of shortage and current clinical sites:
* other: Describe (e .g. institutional, capacity, demand, student recruitment, etc. :

Academic Year/Session for Indicated Program- Describe Program Type

|  |  |
| --- | --- |
| Program Capacity (new students only) |  |
| Number of qualified applicants |  |
| Qualified but not admitted |  |
| Admitted who registered |  |
| Graduation Rate |  |
| Retention Rate |  |

# Graduates per academic year (as appropriate)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Graduates | ADN | BSN | Master Entry |  | RN-BSN | | RN-MSN | MS | DNP | PhD |
|  |  |  |  |  | |  |  |  |  |  |

Demographics - Students/Faculty

Number from Underrepresented Groups in Nursing (ethnic/racial minorities, gender, age) for both Students and Faculty

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Underrepresented Groups in Nursing | Ethnic/Racial Minority | | | | | | | |
|  | % Asian | % Black/ African American | %  Latino/ Hispanic | %  Pacific Islanders and Native  Americans | % White | %  Mixed Race | %  Other | Total Number |
| Nursing faculty (FT) |  |  |  |  |  |  |  |  |
| Clinical or part-time faculty |  |  |  |  |  |  |  |  |
| Nursing students |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Underrepresented Groups in Nursing | Ethnic/Racial Minority | | |
|  | % White | % Non-White | Total Number |
| Nursing faculty (Full Time) |  |  |  |
| Clinical or part-time faculty |  |  |  |
| Nursing students |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Underrepresented Groups in Nursing | Gender | | |
|  | Female | Male | Total Number |
| Nursing faculty (FT) |  |  |  |
| Clinical or part-time faculty |  |  |  |
| Nursing students |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Underrepresented Groups in Nursing | Age | | |
|  | Less than age 30 | Greater than age 60 | Total Number |
| Nursing faculty (FT) |  |  |  |
| Clinical or part-time faculty |  |  |  |
| Nursing students |  |  |  |
|  |  |  |  |

Geographic Impact

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In-State or Out of State | State of Residence | | | | |
|  | Maryland | Geographic Neighbors (VA,DE, DC, PA, West VA) | Other States | Total Number | Percent In State |
| Nursing faculty (FT) |  |  |  |  |  |
| Clinical or part-time faculty |  |  |  |  |  |
| Nursing students |  |  |  |  |  |
|  |  |  |  |  |  |

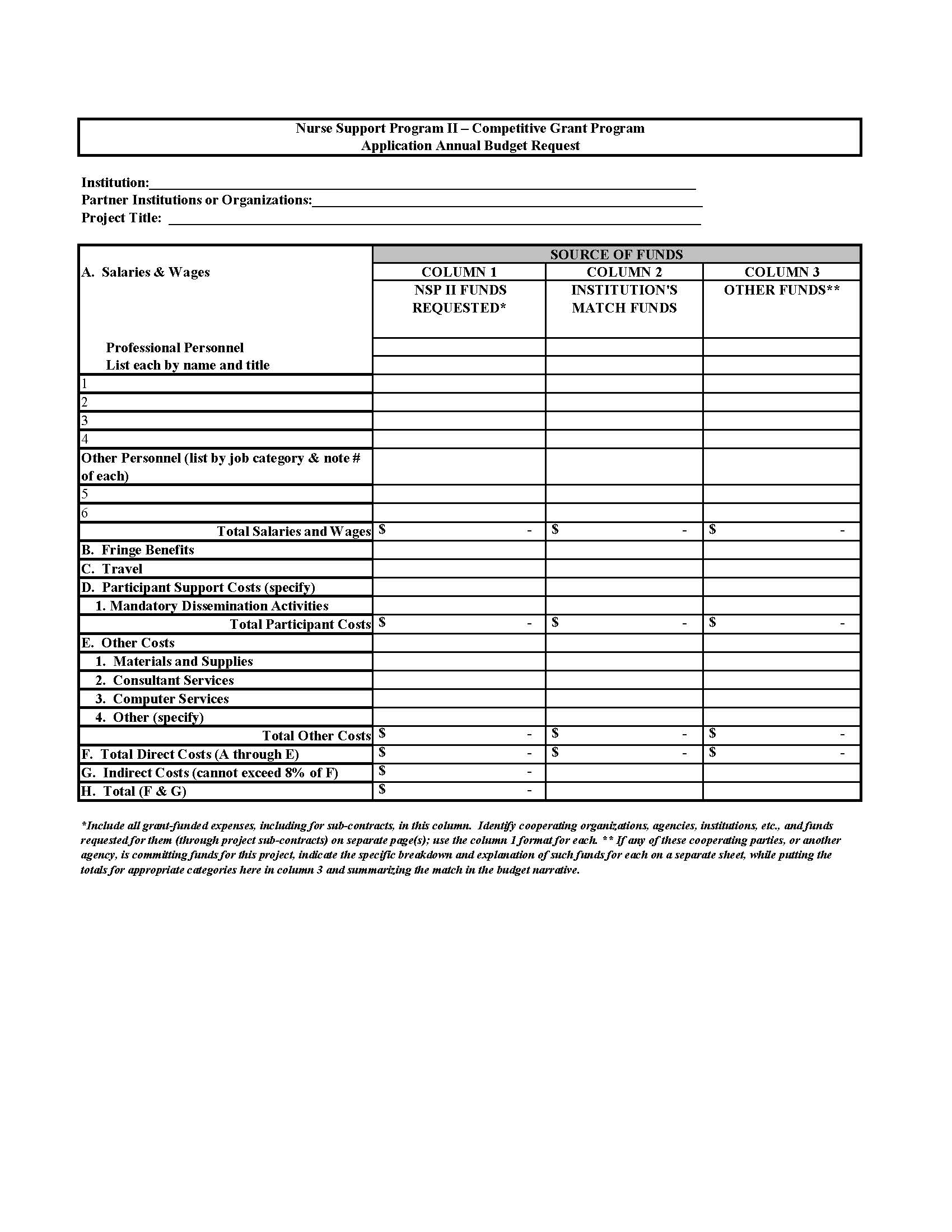
**SAMPLE BUDGET SUMMARY**

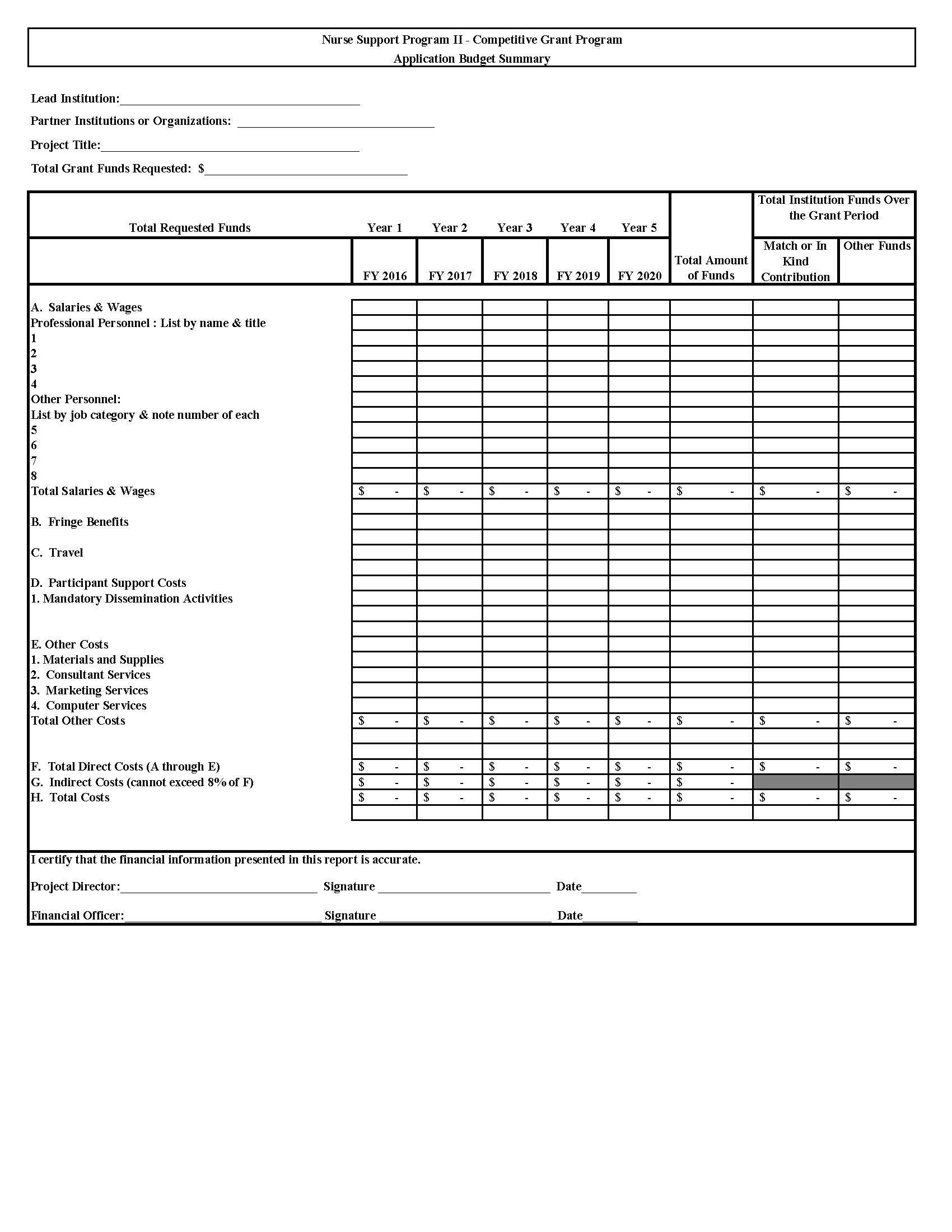
**Nurse Support Program II – Competitive Institutional Grants**

**Prepare each Annual Budget Request and Total Application Budget in Excel**

**Forms and Report Templates available at** [**www.nursesupport.org**](http://www.nursesupport.org)

**Lead Institution & Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SAMPLE BUDGET NARRATIVE**

**Nurse Support Program II – Competitive Institutional Grants**

**Lead Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(These partial examples are provided only to demonstrate the format requested for the budget narrative. Provide as many sheets of paper as needed to provide justification for each line of the budget summary, as outlined in the RFA.)*

1. **Salaries & Wages**

*Professional Personnel*:

* 1. Column 1: Dr. Jill Smith, the project director, will spend 10% of her time in project activities during the academic year. Maryland State University requests only the amount it will cost the university to pay an adjunct to replace Dr. Smith in one course. Request = $4,900

Column 2: The university will contribute the difference between the $4,900 requested and 10% of Dr. Smith’s 10-month annual salary as in-kind cost share valued at $3,100.

Match = $3,100

*Other Personnel:*

a. Administrative Assistant (1): Request = $12.00/hour x 5 hours/week x 78 weeks = $4,680

(Assistant’s time not included as an indirect cost; time is scheduled for grant work)

Column 2: Assistant’s fringe benefits contributed as match:

5 hrs/wk x 78 weeks x 33% benefits rate x $12/hr. = $1,560

**B. Fringe Benefits**

1. Fringe benefits for the project manager’s spring semester release time are calculated at 33%

Request = $12,250 x .335 = $4,103.75

**C. Travel**

Travel for project director to partner hospital for six management committee meetings

Request = $0.485 cents per mile x 10 trips x 60 miles/trip = $291

**D. Participant Support Costs**

1. Stipends:

2 faculty members develop on-line courses @ $2,500 each per course

Request = $2,500 x 2 faculty x 6 courses = $30,000

2. Mandatory Dissemination Activities- all grant funded activities, strategies, models and successful outcomes are to be available to nursing programs and clinical practice leaders across the state. The allowable costs per faculty member should be outlined in this budget line item and provide for regular attendance at statewide activities through organizations charged with meeting mutual IOM goals.

**E. Other Costs**

Other: Snacks for 2 faculty recruitment seminars $5x20=$100, printing costs $1200

**ASSURANCES**

The Applicant hereby affirms and certifies that it will comply with all applicable regulations, policies, guidelines, and requirements of the Health Services Cost Review Commission (HSCRC) and the State of Maryland as they relate to the application, acceptance, and use of Nurse Support Program II funds in this project. Also, the Applicant affirms and certifies that:

1. It possesses legal authority to apply for the grant; e.g., an official act of the applicant’s governing body has been duly adopted or passed, authorizing filing of the application, including all understandings and assurances contained therein and directing and authorizing the person identified as the official representative of the application and to provide such additional information as may be required.

1. It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) prohibiting employment discrimination where discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
2. It will enter into formalized agreement(s) with the local hospitals in the area(s) of proposed service, as well as with other members of the collaborative, where applicable.
3. It will expend funds to supplement new and/or existing programs and not use these funds to supplant non-grant funds.

1. It will participate in any statewide needs assessment program or other evaluation program as required by the HSCRC.
2. It will give the HSCRC, the Maryland Higher Education Commission as the Grant Administrator, and/or the Legislative Auditor, through any authorized representative, the right of access to, and the right to examine all records, books, papers, or documents related to the grant.
3. It will comply with all requirements imposed by the HSCRC concerning special requirements of law and other administrative requirements.

Institution

Signature of Authorized Institutional Authority

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title, Printed Date**