



For Office Use Only: ID#

West Virginia Center for Nursing

1018 Kanawha Boulevard, East
Charleston, West Virginia 25301
1.304.558.0838

<http://www.wvcenterfornursing.org>

West Virginia Center for Nursing Grant Program 2011 – 2012

Goals

The purpose of the West Virginia Center for Nursing Grant Program is to provide funding for projects to meet the priorities established by HB4143 through the work of the Recruitment and Retention Committee. *The priorities for this year are to develop programs that will improve the health of nurses; to improve the work environment that promote results in and improved health of nurses. Examples of programs smoking cessation, improved ergonomics, or no lift policies.*

In all proposals, applicant organizations must identify the priority (ies) the project will address as well as identify and qualify the numbers of individuals who will be served by the project.

Eligibility and Priorities

Eligible entries include all sectors of the healthcare industry, state or federally funded agencies. Projects must involve a particular unit or entity of the agency in collaboration with the agencies administration. All applications must be submitted by September 1, 2011.

The West Virginia Center for Nursing does not discriminate on the basis of race, gender, age, political affiliation, religion, national origin, citizenship, or physical disability (except as indicated by the priorities established for this grant cycle) in the awarding of grants.

Selection Criteria

Priority will be given to applicants who:

- ❖ Develop projects with input from target groups;
- ❖ Use innovative approaches that can serve as regional or state-wide models;
- ❖ Promote participation on a fair and equitable basis;
- ❖ Project schedules sensitive to target group schedules;
- ❖ Include evaluation measures to document project findings;
- ❖ Demonstrate agency commitment by providing matching funds; and
- ❖ Provide strategies for program continuation beyond the grant period.

Proposals go through a blind review process. The submission of more than one proposal per agency is discouraged.



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Award amount available

The maximum amount of the award from the Center is \$5,000.00

Consultation

The Executive Director is available if you need additional information or guidance in developing your proposal. You may contact: Duane F. Napier, MSN, RN,BC Executive Director via e-mail (napier@hepc.wvnet.edu) or by calling the West Virginia Center for Nursing at 1.304.558.0838

West Virginia Center for Nursing

The Center for Nursing was enacted by legislation in March 2004 by HB 4143 “to develop strategies and make recommendations to educate, recruit, and retain qualified nurses.”



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OUTCOME STATUS REPORT

The Outcome status report is due at three months, six months and nine months (December 2011, March 2012, and June 2012). At one year (September 2012), the Center for Nursing will send a final report to be completed.

Outcomes (as listed in proposal)	Performance measures	Progress Report

Narrative Outcomes: Discuss the current validity of selected outcomes and performance measures based on what you have learned to date.

Implementation Schedule Status Report:

- *Report on implementation schedule including notable activities.*
- *Include any changes and causes related to implementation of the project.*

Start date	End date	Activity
10/22/2011		Project Coordinator started

Sustainability Plan Status Report:

- *What steps have been taken to address long-term funding and / or sustainability of the project / program?*



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Narrative Grant Report:

Please respond to all of the following questions. Limit your total narrative grant report to no more than three pages.

Has the grant made a difference in the quality of services that you provide and / or in your organizations effectiveness? If so, in what ways? If not, what obstacles limited your work?

What impact did the grant have on the population you serve?

During the course of the project, did anything happen that was different from what you expected?

How will the lessons you learned change your future thinking, performance, or services?

Tell us a story related to this project that will illustrate the effectiveness of the grant.

Completing the Application

Type your application and limit responses to the outlined spaces provided. Do not use the phrase “see attached;” however, you may include supplementary data as needed.

Cover Sheet

- Provide information as requested on the cover sheet. To assist in the blind review process, **do not** use your agency’s name in the body or appendix of the application.
- Obtain the Chief Nurse or Executive Officers signature when your application is complete.

I. The Organization

- A. Briefly describe your organization; explain how the projects fit within your organization’s mission.
- B. In specific terms, describe how the proposed project will directly address the priority selected.

II. The Project

- A. Identify the West Virginia Center priority your project will address.
- B. Describe the specific, measurable results that you expect to achieve with your project. The objective(s) should state the WHO/WHAT is to change, in WHAT direction the change will occur. WHEN the change will occur (by what time), and HOW you will measure the change. The objective(s) should be realistic and attainable.
- C. Describe the strategies or project activities you will use to meet your objectives and why these strategies were chosen. Describe how the individuals will be chosen and how you will schedule activities.
- D. Explain how you will document achievement of your objective(s) and determine a need for change or improvements.

III. Project Financial Information

- A. The specific amount of grant requested, but will not exceed \$5000.00

- B. Identify the expenses associated with conducting your proposed project by category. Personnel costs should be broken down into salaries, fringe benefits, and stipends for each person who will be working on the project and should be in accordance with your salary and benefit policy. Include other expenses categories such as supplies and materials, travel, professional fees, etc.

Place each expense category under the proper funding column. For example, if paid nurse time for attending activities will be an in-kind contribution, place this cost under the Matching Fund column. Include all project costs and include only those to be paid by the grant under the Expense(s) column. Note: Grant monies cannot be used for food or entertainment.

- C. Describe how you will disseminate findings or share the results of the project with others.
- D. Describe how the project will continue to be supported after the end of the grant period.

Appendix

- Letter of support
- Include a brief one-page resume of each staff member primarily associated with the project.
- Each proposal should be single sided only and bound with a paper clip. No other bindings please.
- Applications submitted by fax or email will not be considered
- Mail the **original and three (3) copies to:**

The West Virginia Center for Nursing
West Virginia Center for Nursing Recruitment and Retention Grant Program
1018 Kanawha Boulevard, East
Suite 700
Charleston, West Virginia 25301

Applications must be postmarked by **September 1, 2011**



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Cover Sheet

Name of Organization:

Street Address/PO Box:

City:

State:

Zip Code:

County:

Contact:

First Name:

Last Name:

Title:

Work telephone number:

Email:

Organization Type: (select one): (May include separate page if more than one partner)

- Acute Care Hospital In-Patient
- Hospital Out-Patient Services
- Sub-acute/Long Term Care
- Home Services
- Out Patient Surgery Center
- Office Practice
- HMO/Insurance company
- Public Health Department
- Student Health Site
- Occupational Health Site
- Mental health facility
- School of Nursing
- Area Education Center

Other, please explain:

Cover Sheet cont'd



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I: The Organization

- A. Summarize the primary organization's background, goals, and current programs



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- B. Describe your partnering organization(s), if applicable. Explain the relationship between the organizations and how the partnership strengthens the project. *You may have as many partners as needed to be successful.*



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- C. Describe how the project being proposed will assist the West Virginia Center for Nursing Grant Program in addressing the priorities established for Recruitment and Retention.



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III. The Project

You should have some specific ideas regarding your recruitment and retention project. Begin talking to your co-workers and immediate supervisor, who will contribute to the planning and development of your project idea. You are encouraged to call the Center for Nursing for any technical assistance needed in developing your abstract.

Your project abstract should be limited to one page, 300 words or less. It should include a brief statement of the purpose of your project, your project goals, method for achieving your goals, and how you will measure your project's success. The Center for Nursing will be happy to provide an example if requested.

Please do not use abbreviations or medical jargon



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Local Recruitment and Retention Project Abstract

Briefly summarize (300 words or less) the purpose, goals, method for achieving goals, and way(s) you will measure your success:

- A. Project Name:
- B. Purpose:
- C. Goals:
- D. Method for achieving goals:
- E. Ways to measure success:



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III. Project Financial Information

The West Virginia Center for Nursing will provide funding to support your project expenses. Additionally, your organization will have committed to provide real or in-kind funds. You will need to negotiate a project budget with your Institution. A budget form to be used for that purpose is found on page 13. Examples of project budgets are available by notifying the Center for Nursing.

A. Amount requested from the West Virginia Center for Nursing: \$ _____

(Maximum of \$5,000.00)



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West Virginia Center for Nursing Grant Program: 2011 – 2012
Local Recruitment and Retention Project Budget

Applicants Name: _____

Institution Name: _____

Project Period (mm/dd/yyyy – mm/dd/yyyy): _____

Note: *The project may not exceed 12 months, with potential extension for up to 6 additional months with written acknowledgement by the West Virginia Center for Nursing Recruitment and Retention Committee. The request for extension must include a description of the outcomes expected and how the extension will allow the institution to meet those outcomes.*

<u>Budget Items:</u>	<u>Center for Nursing Funds</u>	<u>Matching funds</u>	<u>Local Funds/In-Kind</u>
		(other participants)	

Total: _____

Brief Budget Detail:



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B. Invoice

An invoice is the next page it is for you to draw down your funds from the Center for Nursing project funds. This invoice requires the signature of your institution's CEO. The remaining signatures on the form, Partner organization (if applicable) will be the CEO or other Administrative Officer will be obtained by you. The Center for Nursing signatures will be completed once all information has been submitted. The information on the Invoice is important. It instructs us on how to make out the check, where to send it, and who to contact if any questions.



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INVOICE

Date: _____

Project Abstract and Budget Attached.

Make check payable to: _____

Institution: _____

Mailing Address: _____

Contact Person: _____

In the amount of \$5000.00 for local recruitment and retention project by:

Applicant name: _____

Local Signature/Title (Board Chairperson)

Duane F. Napier, MSN, RN,BC Executive Director

Celia Wallace, Accountant

The mission of the West Virginia Center for Nursing is to seek to enhance and strengthen Nursing excellence to optimize the health and health care of all West Virginians through strategic workforce planning, education, research, and nurse practice development.

Contact information: Duane F. Napier, Executive Director
1.304.558.0838

Chris Ross, Executive Assistant
1.304.558.0838



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C. State how, when, and by whom the results of this project will be disseminated to others.

D. Describe how the project will continue to be funded after the end of the grant period.

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The Recruitment and Retention Proposal Review Committee will utilize the following criteria and weighting system:

Criteria	Weight
I. A. Background	5
<ul style="list-style-type: none"> 1. Describes the agency applying for funds. 2. Offers quotes or endorsements in support of its work with nurses. 3. Offers qualifications for providing the activity for which funds are being sought. 	
I. B. Partnering Organization	5
<ul style="list-style-type: none"> 1. Describe your partnering organization, if applicable. 2. Explain the relationship between the organizations and how the partnerships strengthen the project, if applicable. 3. Projects without partners will not be penalized. 	
I. C. Grant Program Priority	0
<ul style="list-style-type: none"> 1. Project goals relate to one or more Grant Program priorities, which are to: <ul style="list-style-type: none"> a. Increase the retention of mature nurses within the organization, b. Development of preceptorship/mentoring program with agencies, c. Development of residency/internship program, and/or d. Explore solutions to improve the working environment 	
II. A. Project	15
<ul style="list-style-type: none"> a. Is developed with input from target group(s). b. Is of reasonable dimensions, not trying to solve too many problems or reach too many individuals. c. Is supported by statistical evidence. d. Is supported by statements from authorities. e. Makes no unsupported assumptions. f. Project clearly addresses one of the established priorities for the program. 	
II. B. Goals/Objectives	15
<ul style="list-style-type: none"> 1. Are realistic, measurable and attainable. 2. State specifically what will be done and who will do it. 3. State when they will be accomplished. 	

II. C. Strategies	15
<ul style="list-style-type: none"> 1. Clearly describes the project activities. 2. Demonstrates an equitable process 3. Presents a reasonable scope of activities. 4. Activity schedule is sensitive to target group schedules. 5. Strategies are innovative and can serve as models for programs in other agencies 	10
II. D. Evaluation	10
<ul style="list-style-type: none"> 1. Presents a plan for documenting achievement of the objectives. 2. Clearly states the criteria for success of the project. 3. Describes how data will be gathered. 4. Identifies who will be responsible for the evaluation. 5. Explains any test instrument or questionnaires to be used 6. Includes evaluation measures to document the projects effects on the priority selected. 	
III. A. & B. Budget	10
<ul style="list-style-type: none"> 1. Supports the proposal (neither too much nor too little to perform the project activities. 2. Is detailed. 3. Includes all items asked of the funding source. 4. Includes all items paid for by matching funds. 5. Demonstrates commitment by providing matching funds in the form of existing resources. 6. Totals are correct. 	
III. C. Dissemination	5
<ul style="list-style-type: none"> 1. Clearly describes the plan for explaining the results of the project to others 	
III. D. Continuation Plans	10
<ul style="list-style-type: none"> 1. Presents a plan for how the project will sustain itself after the end of the grant. 2. Addresses the agency's efforts to obtain alternative internal and external funding. 	

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Application Checklist

A preliminary checklist has been provided to assist with the completion of the application packet along with application criteria and weighting system.

This application packet is complete with:

- the Cover Sheet is complete.
- the agency name is on the Cover Sheet **only**
- a signature is obtained from the Chief Nursing Officer or other Executive Officer
- each section of the application is complete (Parts I – IV). **To assist in the blind review process, please do not use your agency's name in any section of the application other than the cover sheet.**
- a resume of each staff member primarily associated with the project is attached as an appendix.
- the proposals are single-sided and bound with a paper clip only (no other binding please).
- the original and three (3) copies of the entire application are enclosed.