

APPLICATION FORMS 1-2

Nursing Innovation Grant Program

2023-2025

APPLICATION DEADLINE: 11:59 p.m. CT, July 7, 2023

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 1 - CERTIFICATION

Refer to the Request for Applications (RFA) to ensure accurate form completion. Headings in the application form correspond to Section 8 of the RFA.

APPLICATION DEADLINE:

July 7, 2023

Applications received after the above date will not be considered for funding.

Submit as PDF file to: NIGP@highered.texas.gov

Applicant Institution:		
Current Approval Status from Texas Board of Nursing for the Initial RN Licensure Program:		
Total NIGP Funding Requested for 24-month Period Ending 7/31/2025:		
Year 1 Funding Request (8/1/2023-7/31/2024)	Year 2 Funding Request (8/1/2024-7/31/2025)	

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 1 - CERTIFICATION

Certification of Information Contained in This Application

The submitted Application is binding and valid at the discretion of the Texas Higher Education Coordinating Board. Any terms and conditions attached to an Application will not be considered unless specifically referred to in this Request for Applications and Applicant's attachment of such terms and conditions to an Application may disqualify the Application.

By submitting this document, I certify to the following:

- (1) I am legally authorized to submit this application on behalf of the Applicant organization.
- (2) The statements herein are true, complete, and accurate to the best of my knowledge.
- (3) If funds are awarded, this organization fully accepts the terms and conditions described in the Request for Applications and accepts the obligation to comply with terms and conditions set by the Texas Higher Education Coordinating Board.

Name of Individual Authorized to Submit Application:

Title of Individual Authorized to Submit Application:

Phone:

Email:

Signature of Individual Authorized to Submit
Application with Date:

If this application receives a grant award:

Name of Individual Authorized to Sign Contract on
Behalf of Applicant Organization:

Title of Individual Authorized to Sign Contract on
Behalf of Applicant Organization:

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 2 – PROJECT NARRATIVE

A. Applicant Information

RFA Section 8.21

Institution Information			
Applicant Institution:			
Mailing Address:			
City:		Zip:	
County:		State:	Texas

Contact Information			
Project Director:			
Title:			
Phone:		Email:	
Co-Project Director: (if applicable)			
Title:			
Phone:		Email:	

Office of Sponsored Projects Contact			
Name:			
Title:			
Phone:		Email:	

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 2 – PROJECT NARATIVE

B. Partner Institution (if applicable)

Contact Information – Partner Institution(s), if applicable			
Partner Institution:			
Mailing Address:			
City:		Zip:	

Primary Faculty Contact at Partner Institution(s), if applicable		
Name:		
Title:		
Phone:		Email:

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 2 – PROJECT NARRATIVE

C. Project Summary

RFA Section 8.2.2

[Applicant should discuss the items listed below. Limit responses to the space provided.]

Note: Application Form 3 - Project Work Plan contains the specific goal, objectives, and outcomes.

Provide a project summary that identifies the Project Goal Statement (RFA Section 8.3.1) and addresses the following:

Explain how funding, if awarded, would address the shortage of registered nurses and/or qualified faculty by promoting innovation in one or more of the following areas: education, recruitment, and retention.

(Maximum 2 pages)

continue on next page

NURSING INNOVATION GRANT PROGRAM (NIGP)
APPLICATION FORM 2 – PROJECT NARATIVE

Project Summary

Explain how funding, if awarded, would address the shortage of registered nurses and/or qualified faculty by promoting innovation in one or more of the following areas: education, recruitment, and retention.

(continued from previous page)

**NURSING INNOVATION GRANT PROGRAM (NIGP)
APPLICATION FORM 2 – PROJECT NARATIVE**

Project Summary

What evidence-based research and/or data can you include to indicate how your project will address the shortage of registered nurses and/or qualified faculty in the state?

(Maximum 2 pages)

continue on next page

NURSING INNOVATION GRANT PROGRAM (NIGP)
APPLICATION FORM 2 – PROJECT NARATIVE

Project Summary

What evidence-based research and/or data can you include to indicate how your project will address the shortage of registered nurses and/or qualified faculty in the state?

(continued from previous page)

**NURSING INNOVATION GRANT PROGRAM (NIGP)
APPLICATION FORM 2 – PROJECT NARATIVE**

Project Summary

How will current faculty, staff, and administration support the project?

(Maximum 1 page)

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 2 – PROJECT NARATIVE

D. Description of Applicant and Partners

RFA Section 8.23

[Applicant should discuss the items listed below. Limit responses to the space provided.]

Provide documentation per RFA Section 8.7 as an attachment.

Provide information about the Applicant institution, its initial RN licensure program, and characteristics of the institution that could be conducive to the planning and implementation of the project.

(Maximum 2 pages)

continue on next page

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 2 – PROJECT NARATIVE

Description of Applicant and Partners

Provide information about the Applicant institution, its initial RN licensure program, and characteristics of the institution that could be conducive to the planning and implementation of the project.

(continued from previous page)

NURSING INNOVATION GRANT PROGRAM (NIGP)
APPLICATION FORM 2 – PROJECT NARATIVE

Description of Applicant and Partners

Briefly list project director(s) qualifications and relevant experience.

If the project includes a Partner institution, explain the relationship between Applicant and Partner involvement, including whether the Applicant would delegate authority or responsibilities.

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 2 – PROJECT NARRATIVE

E. Assessment of Need

RFA Section 8.2.4

[Applicant should discuss the items listed below. Limit responses to the space provided.]

Discuss the current and anticipated challenges related to addressing the shortage of registered nurses and/or qualified faculty and how the project will address these challenges.

(Maximum 2 pages)

continue on next page

NURSING INNOVATION GRANT PROGRAM (NIGP)
APPLICATION FORM 2 – PROJECT NARATIVE

Assessment of Need

Discuss the current and anticipated challenges related to addressing the shortage of registered nurses and/or qualified faculty and how the project will address these challenges.

(continued from previous page)

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 2 – PROJECT NARRATIVE

Assessment of Need

Identify resources required to address the challenges, including existing resources available to the project. Delineate any relationship between the proposed project and other related programs or projects managed by the Applicant's faculty and staff, including how the proposed NIGP project would ensure that resources would not be expended on overlapped or duplicated efforts.

(Maximum 2 pages)

continue on next page

NURSING INNOVATION GRANT PROGRAM (NIGP) APPLICATION FORM 2 – PROJECT NARRATIVE

Assessment of Need

Identify resources required to address the challenges, including existing resources available to the project. Delineate any relationship between the proposed project and other related programs or projects managed by the Applicant's faculty and staff, including how the proposed NIGP project would ensure that resources would not be expended on overlapped or duplicated efforts.

(continued from previous page)

NURSING INNOVATION GRANT PROGRAM (NIGP)
APPLICATION FORM 2 – PROJECT NARATIVE
Assessment of Need

Provide an OVERVIEW of how NIGP funds, if awarded, would be utilized to address the identified challenges.

Note: Application Form 4 - Budget contains the itemized budget detail and justification.

(Maximum 2 pages)

continue on next page

NURSING INNOVATION GRANT PROGRAM (NIGP)
APPLICATION FORM 2 – PROJECT NARATIVE
Assessment of Need

Provide an OVERVIEW of how NIGP funds, if awarded, would be utilized to address the identified challenges.

Note: Application Form 4 - Budget contains the itemized budget detail and justification.

(continued from previous page)