

# **APPLICATION FORMS 1-2**

**Nursing Innovation Grant Program Rider 64**

**2025 - 2027**

**APPLICATION DEADLINE: 11:59 p.m. CT, December 16, 2024**

## NURSING INNOVATION GRANT PROGRAM (NIGP)- Rider 64 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:** **December 16, 2024**

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

Submit as PDF file to: [NIGP@highered.texas.gov](mailto:NIGP@highered.texas.gov)

|  |  |
|--|--|
| <b>Applicant Institution:</b>  |  |
| <b>Current Approval Status from Texas Board of Nursing for the Initial RN Licensure Program:</b> |  |
|  |  |
| <b>Total NIGP- Rider 64 Funding Requested for 24-month Period Ending 2/15/2027:</b>              |  |
|  |  |
| <b>Year 1 Funding Request (2/3/2025-2/2/2026)</b>  | <b>Year 2 Funding Request (2/3/2026-2/15/2027)</b> |
|  |  |

**NURSING INNOVATION GRANT  
PROGRAM (NIGP)- Rider 64 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) Rider 64 APPLICATION FORM 2 - PROJECT NARATIVE

### 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:<br>(if applicable) |  |        |  |
| Title:                                  |  |        |  |
| Phone:                                  |  | Email: |  |

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

## NURSING INNOVATION GRANT PROGRAM (NIGP) - Rider 64 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) Rider 64 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/preceptors by promoting innovation in one or more of the following areas: increase in clinical sites and preceptors, or development of pathways in nursing education with stackable credentials from certified nurse aid to a baccalaureate degree in nursing, or evidence of an existing NIGP grant that will increase clinical faculty.**

*(Maximum 2 pages)*

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**NURSING INNOVATION GRANT PROGRAM (NIGP) - Rider 64  
APPLICATION FORM 2 - PROJECT NARRATIVE**

**Project Summary**

Explain how funding, if awarded, would address the shortage of registered nurses and/or qualified faculty/preceptors by promoting innovation in one or more of the following areas: increase in clinical sites and preceptors, or development of pathways in nursing education with stackable credentials from certified nurse aid to a baccalaureate degree in nursing, or evidence of an existing NIGP grant that will increase clinical faculty (cont.)

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

**Project Summary**

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

**(Maximum 2 pages)**

continue on next page

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

**Project Summary**

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

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

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

**(Maximum 1 page)**

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

### 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 NARRATIVE**

**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.**

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**NURSING INNOVATION GRANT PROGRAM (NIGP)  
APPLICATION FORM 2 – PROJECT NARRATIVE  
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, clinical sites and/or qualified faculty/preceptors and how the project will address these challenges. (Maximum 2 pages)**

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

**Assessment of Need**

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

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**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)

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**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.

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

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

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