

Deadline for submission is January 10, 2025 by 11:59 PM CT

Complete all required fields. For any questions, please contact NSRP@highered.texas.gov.

APPLICANT INFORMATION

Name of the Institution

Mailing Address

State

Zip Code

Taxpayer Identification
 Number (TIN)

AUTHORIZED INSTITUTION REPRESENTATIVES

The Authorized Signatory and Key Personnel: Project Director are required. It is optional to include any additional staff you would like to receive future grant updates.

<p><i>Authorized Signatory</i> Legally authorized to sign on behalf of the institution</p>	<p>Name Title Email Phone</p>	
<p><i>Key Personnel: Project Director</i> Primary contact for grant activities</p>	<p>Name Title Email Phone</p>	
<p><i>Grant Staff 1</i> Additional support for grant activities</p>	<p>Name Title Email Phone</p>	
<p><i>Grant Staff 2</i> Additional support for grant activities</p>	<p>Name Title Email Phone</p>	

DESCRIPTION OF APPLICANT

Provide comprehensive and clear information to facilitate understanding of your institution involvement in the project.

Current BON Approved
Initial Nursing
Program(s)

Level/Percent of
Commitment to Project

Description of
Applicant's Role in the
Project

DESCRIPTION OF PARTNER(S)

If applicable, provide information on Partners expected to participate in the project, including expected detailed information on their roles and contributions.

Partner 1

Organization Name

Will the Applicant
delegate authority or
responsibilities to
Partner?

Level/Percent of
Commitment to Project

Roles & Contributions
to Project

Partner 2

Organization Name

Will the Applicant
delegate authority or
responsibilities to
Partner?

Level/Percent of
Commitment to Project

Roles & Contributions
to Project

PERFORMANCE SITE LOCATION(S)

Provide a description of the facilities and service areas that will be utilized during the project period. Include information about the location, capacity, and suitability of these facilities for carrying out project activities.

Project Site 1

Organization Name

Street

City

County

State

Zip Code

Site Description

Project Site 2

Organization Name

Street

City

County

State

Zip Code

Site Description

PROJECT NARRATIVE GUIDANCE

Completely fill out each section of the remain portion of this application. Use the following information from the Request for Application (RFA) for guidance on allowable projects.

RFA Section 3.2 Eligible Projects:

Applications must align their Project Narrative and Project Work Plan with the purpose of the NSRP, which is to provide and oversee grants that enhance the capacity of nursing programs to meet the needs of Texas for initially registered nurses.

RFA Section 6.1 Funding Restrictions:

Funding may only be used on necessary and reasonable costs exclusively related to:

- Enrolling additional nursing students
- Evidenced-based practices in the recruitment and retention of students
- Identifying, developing, or implementing innovative or evidenced-based practices to make effective and efficient use of professional nursing program faculty, instructional or clinical space, or other necessary resources including:
 - Regional shared services, courses, personnel, facilities, and responsibilities among two or more professional nursing programs
 - Employing or contracting with preceptors or part-time faculty to provide clinical instruction to accommodate increased student enrollment
- Education, recruitment, or retention of professional nursing program faculty

PROJECT GOAL STATEMENT

Clearly define the ultimate outcome of the project, reflecting how it addresses the nursing shortage and supports the project objectives.

ASSESSMENT OF NEED

Describe the specific need for the project, including relevant data and evidence that supports the necessity of addressing nursing shortage.

PROJECT SUMMARY

Provide a brief overview of the project, outlining key activities and strategies that will be implemented to achieve the project goal. addressing the following questions:

- 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: education, recruitment, and retention.
- How will current faculty, staff, and administration support the project?
- What challenges do you anticipate in implementing this project, and how do you plan to address them?

PROJECT WORK PLAN

Applicants are required to include at least three (3) project objectives that should measure progress towards the overall project goal Each objective should be specific and measurable.

For each objective, list at least three (3) benchmark targets and dates to monitor progress toward reaching the goal set. Include any research or evidence that demonstrates the likelihood of the objectives being met.

Objective 1 is **required** to focus on the planned increase in enrollments or graduates. State the anticipated number of additional enrollments or graduates over the prior academic year that the professional nursing program intends to enroll or graduate if awarded the grant.

Project Objective 1

Objective Description	
Expected Outcome(s)	
Measurement Method(s)	

Benchmark Target Activities	Anticipated Start Date	Anticipated End Date

Project Objective 2

Objective Description	
Expected Outcome(s)	
Measurement Method(s)	

Benchmark Target Activities	Anticipated Start Date	Anticipated End Date

GRANT APPLICATION SUBMISSION CERTIFICATION

By submitting this application and supporting materials, and by signing below, you acknowledge your agreement to the following:

- You are an authorized representative of the institution with the authority to legally bind the applicant institution.
- The institution named in this application has a professional nursing program or a new professional nursing program that is approved by and in good standing with the Texas Board of Nursing.
- All required questions in the application have been answered, and the Evidence of Support letter is included in the application packet.
- The CBM009 Graduation Report has been or will be submitted to the Texas Higher Education Coordinating Board (THECB) by December 1, 2024.
- You have thoroughly read and understand the grant program guidelines, application questions, and NSRP requirements.
- All information provided in this application is accurate and complete to the best of your knowledge.
- Any discrepancies or omissions may result in the rejection of this application or the forfeiture of grant funding.
- You acknowledge your commitment to submit all required reports in a timely manner as outlined in the application.
- You confirm that any data submitted is accurate and that there are no known conflicts of interest related to this grant application.

Authorized Institution Representative Signature

Name	
Title	
Institution	
Signature	
Date	