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**NURSE SUPPORT PROGRAM II**

**Request for Applications**

**FY 2022**

**Competitive Institutional Grants**

**Response Due Date: January 29, 2021 at 4:00 PM**

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Administrator: Maryland Higher Education Commission (MHEC)  
Attn: Nurse Support Program II  
6 N. Liberty Street, 10<sup>th</sup> Floor  
Baltimore, Maryland 21201

(410) 767-3372  
[www.nursesupport.org](http://www.nursesupport.org)

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**All proposals must be delivered to MHEC**

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## SUMMARY TIMETABLE

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August 19, 2020	FY 2022 NSP II Competitive Institutional Grants RFA Released
September 17, 2020	NSP II Technical Assistance Meeting and Project Director's Meeting
<b>January 29, 2021</b>	<b>Proposals Due by 4:00 PM at MHEC</b>
May 12, 2021	HSCRC Meeting on FY 2022 NSP II Proposals
June 9, 2021	Notification of Grant Awards after approval
July 1, 2021	Projects Begin: FY 2022 Grants
July 1, 2021	First Payment: FY 2022 Grants
August 31, 2021	Annual Reports Due: FY 2017-2021 Grants
September 30, 2021	Final Reports Due: Grants Ending FY 2021

**NSP II Virtual Technical Assistance Meeting, September 17, 2020, 10 AM to 2 PM**

Maryland Higher Education Commission  
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## **OVERVIEW OF FUNDING OPPORTUNITY**

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Grant proposals for FY 2022 are being solicited for the next fiscal year during the five-year renewal period of FY 2021-FY 2025 of the Nurse Support Program II (NSP II) Competitive Institutional Grants. The NSP II is distinct from, and in addition to, the NSP I hospital-specific program. As with NSP I, the goal of NSP II is ultimately to increase the number of qualified nurses in Maryland hospitals and health systems. The NSP II, however, focuses on the education of nurses and, therefore, concentrates on the nursing educational system, including university, college, and community college schools of nursing and hospital and school consortia.

## **BACKGROUND**

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In July, 2001, the Health Services Cost Review Commission (HSCRC) implemented the first phase of the Nurse Support Program (NSP I) to address the issues of recruiting and retaining nurses in Maryland hospitals. In 2005, seventy-nine percent (79%) of the RN programs reported that they had met or exceeded their enrollment capacity. The shortage of qualified nursing faculty was identified as the fundamental obstacle to expanding the enrollments in nursing programs, thereby exacerbating the nursing shortage.

The Health Services Cost Review Commission proactively created the NSP II to address the barriers to nursing education. At its May 4, 2005, public meeting, the HSCRC unanimously approved an increase of 0.1% of pooled regulated gross patient revenue for use in expanding the nursing workforce through increased nursing faculty and nursing program capacity in Maryland.

The NSP II, administered by the Maryland Higher Education Commission (MHEC) in collaboration with the HSCRC, is complementary to the Nurse Support Program I (NSP I), a hospital based program. The NSP I and II are each funded through pooled assessments totaling up to 0.1% of hospital regulated gross patient revenue for the NSP I noncompetitive hospital requests and the NSP II competitive institutional grants with faculty focused statewide initiatives. The NSP II employs an effective three-prong strategy for increasing the number of nurses through strengthening nursing faculty and nursing educational capacity in the State with the ultimate goal of increasing quality of care and reducing hospital costs. These goals are achieved by increasing the number of nursing lecture and clinical faculty, supporting schools and departments of nursing in expanding academic capacity and curriculum, and providing support to enhance nursing enrollments and graduation for an adequate supply of nurses to meet the demands of Maryland's hospitals and health systems.

NSP II has been funded with approximately \$91 million for FY 2016-FY 2020. This investment in nursing by hospitals has resulted in Maryland being recognized as a leader in

advancing practice and educational attainment for nurse competency and better patient outcomes.

In 2019, at the conclusion of the approved FY 2016-FY 2020 period of funding, the HSCRC and MHEC staff completed a comprehensive program evaluation with the assistance of an NSP II Advisory Board. This Health Services Cost Review Commission's report is public and available at the HSCRC Commission Meeting Schedule at:

<https://hscrc.state.md.us/Documents/December%202019%20Public%20Pre-Meeting%20Materialsv2.pdf>

The nursing workforce, with more than 3 million registered nurses (RNs) nationally and 54,000 employed in the state of Maryland (DLLR, 2018), continues to be the single largest group of health professionals. Any changes in the nursing workforce and professional dynamics may have a lasting impact on the health systems. Employment of RNs is projected to grow 12 percentage points from 2018-2028, which is a faster growth rate than the average for all occupations (BLS, 2019).

Hospital nurses are at the forefront of moving from practices based purely on acute care admission frameworks, towards models based on health promotion and population health. The HSCRC collaborated with the Centers for Medicare and Medicaid Services (CMS) to modernize the State's Medicare waiver in January 2014. Hospitals restructured to provide for patient centered health care delivery with an All-Payer Model that depends on developing strategies that help individuals stay healthy, reduces hospital readmissions, and prevents avoidable adverse outcomes. Continuity of care across acute and chronic conditions can be managed through a partnership among providers, payers and patients/families. Collaboration between patient and provider partners leads to better self-care management, improved functional health, and reduced readmissions.

Governor Larry Hogan, together with the Maryland Department of Health (MDH) and CMS, announced the federal approval of Maryland's Total Cost of Care All-Payer Model, known as the "Maryland Model," contract. This innovative approach to health care provider payment is unique to Maryland and made possible via a contract between CMS and the State. Maryland's current model has already saved Medicare more than \$586 million through 2016, compared to national spending, and the new model is expected to provide an additional \$300 million in savings per year by 2023 and a total of \$1 billion over five years.

Under Maryland's current All-Payer Model, approved in 2014, hospitals have successfully reduced unnecessary readmissions and hospital-acquired conditions while decreasing the growth in hospital cost per capita. The new Maryland Model was expanded January 1, 2019 and will extend through the end of 2023. The contract can then be extended for an additional five years, pending a review of the terms.

Nurses are central to the successful implementation of the Maryland Model. Hospitals are using existing clinical expertise while developing broader nursing skills in care transitions and educational institutions are preparing the 21<sup>st</sup> century registered nurse workforce through nursing programs across the State.

The NSP II program evaluation and staff recommendations were approved on December 11, 2019. The HSCRC approved a continuation of NSP II with expert guidance from a workgroup to include timely revisions to the faculty focused Statewide Initiatives to meet the needs of the future nursing workforce. Continuation of funding represents approximately \$18 million devoted to NSP II on an annual basis through June 30, 2025.

The Institute of Medicine's (IOM) 2010 report, *The Future of Nursing: Leading Change, Advancing Health* recommends that a greater emphasis be placed on making the nursing workforce more diverse, particularly in the areas of gender, race, and ethnicity; not only as a means of meeting workforce demand but to improve health outcomes, reduce costs, and improve the quality of patient care. The NSP II program evaluation committee included strategic planning sessions with the Executive Director of the Maryland Board of Nursing, the President of the Maryland Nurses Association, the Chair of the Maryland Action Coalition, representatives from the Maryland Hospital Association, the Maryland Organization of Nurse Leaders, the Maryland Nurse Residency Collaborative, the Maryland Council of Deans and Directors of Nursing Programs, Chief Nursing Officers at Maryland Hospitals, NSP I Steering Committee members, NSP II Project Directors across the state at Community Colleges, Historically Black Institutions, Public and Private Universities, and the staff at MHEC and HSCRC. This group of professionals completed the necessary data analysis and revisions for a successful program to develop new directions in meeting the needs of today's nursing workforce. This combined effort of the NSP II Workgroup will guide the NSP II programs, including the implementation and evaluation of the next five rounds of NSP II Competitive Institutional Grants and Statewide Initiatives.

The NSP II initiatives are founded on the following IOM Recommendations:

- Increase the proportion of nurses prepared with a baccalaureate degree to 80% by 2020 (goal extended to 2025)
- Double the number of nurses with a doctorate by 2020 (goal met)
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance health
- Build an infrastructure for the collection and analysis of nursing workforce data (goal met- funded the Maryland Nursing Workforce Center- see more at <https://www.nursing.umaryland.edu/mnwc/>)

The expectations for nursing education programs funded through NSP II are outlined in the IOM-reports, *The Future of Nursing: Leading Change, Advancing Health* (2010) and *Assessing*

*Progress on the IOM Report, The Future of Nursing* (2015). The IOM became the National Academies of Medicine's (NAM) with a new *Future of Nursing 2020-2030* update underway.

NSP II goals and objectives are directed at meeting the needs of hospitals for a more highly educated nursing workforce with the right mix of skills and preparation for the patient centered care continuum.

### **Maryland is a Leader in Nursing Education and Practice**

The U.S. News and World Report (2019) recognized Maryland with two nursing graduate programs in the top 10 in the United States for Best Nursing Schools. Johns Hopkins University School of Nursing (JHSON) was recognized for being #1 for Doctor of Nursing Practice and Master of Science in Nursing. The University of Maryland School of Nursing (UMSON) and JHSON were also recognized repeatedly in the top 10 for Clinical Nurse Leader, Nurse Practitioners in Family Care, Adult Acute, Adult Primary Care, and Psychiatric Mental Health; along with Best Nursing Schools in the areas of Nurse Anesthesia, Nursing Informatics, and Nursing Administration.

The Maryland Nurse Residency Collaborative (MNRC) was recognized as a leader under the auspices of the Maryland Organization of Nurse Leaders (MONL) in 2019 when all 40 hospitals and health systems in the State required a nurse residency program for all new graduate nurses. Maryland is the first state in the nation to meet this *Future of Nursing* (IOM, 2010) recommendation and goal of the American Academy of Nursing. All of Maryland's acute care hospitals now fund and offer a 12-month statewide standardized nurse residency program.

The National League for Nursing (NLN) recognized Maryland for statewide leadership through NSP II, at the direction of the Maryland Council of Deans and Directors of Nursing Programs, for focused efforts and incentives to increase the number of certified nurse educators (CNE®) across all nursing education programs. Recent figures indicate Maryland has twice the number of new CNEs completing the credentialing process as any other state and a higher pass rate. The CNE Workshops hosted by NSP II with NLN have supported faculty in reviewing materials and increasing confidence to proceed to testing.

Excellence in education and practice are the two primary overarching goals of the Nurse Support Program. Programs are directed at building educational capacity and strengthening nurse educators for an adequate supply of well-prepared nurses for the hospitals and health systems.

## Nursing Workforce Projections

Nursing workforce shortage estimates vary widely. Reports range from the worst nursing shortage since the 1960's initiation of Medicare and Medicaid by 2025 (Buerhaus, et al., 2009); to regional RN shortages of about 500,000 across the country between 2016 and 2030, with the most intense shortfalls in open positions occurring in the South (about 250K) and West (about 240K) (Zhang, X, et al., 2018). Five years ago, a U.S. Health Resources and Services Administration (HRSA) report projected that Maryland would be the only state among its geographic neighbors to experience a shortfall of 12,000 RNs (HRSA, 2014) while another more recent report published two years ago predicted a surplus of 12,100 RNs in Maryland (HRSA, 2017). Although progress has been made, efforts need to be continued to ensure a strong pipeline of entry level nurses. A leading national nursing workforce researcher, Dr. Peter Buerhaus, and his team of economists found a near balance in supply and demand for RNs nationally, but advised that there are many variables that impact these figures, including nursing career decisions of the youngest nurses; the uncertainty of regional forecasts as nurses move between regions; and the effects of RNs joining temporary staffing agencies (Buerhaus, et al., 2017). HRSA continues to explore systematic differences in state-based administrative data and analyze how each model handles entry to practice output. In fact, all researchers agree that “co-monitoring changes in RN entry is the single most important factor that affects each model and hence accuracy of its projections” (Auerbach, et al., 2017, pg. 294).

Researchers are encouraging caution when using forecast models for policy and decision-making, as nursing shortages are highly sensitive to multiple variables and difficult to pinpoint beyond regional trends. Many of the national data models utilize surveys, while state-level data is more granular; it includes the actual number of nurse graduates, the number of newly licensed nurses entering the profession, and changes in the educational skill level of the nursing workforce. The number of first-time NCLEX-RN testers may be a better reflection of the number of new nurses in Maryland, since RN entry to practice is the most important factor affecting projections of the nursing workforce supply. Testing candidates may be graduates of an Associate Degree in Nursing (ADN), Bachelor of Science in Nursing (BSN), second degree BSN, or entry-level Master of Science in Nursing (MSN) program. Over the past five years, from FY 2015 to FY 2019, the number of first-time testers has declined, possibly due to factors such as program changes, an improved economy, or the focus on increasing the BSN or higher entry-level nurse. However, the percent of first-time testers passing the licensure examination has improved. The Maryland Board of Nursing (MBON) scores for NCLEX-RN pass rates indicate the proportion of first-time testers who passed on the first attempt increased by 8.51 percentage points for all MD programs, compared to 5.82 percentage point increase nationally.

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In 2018, American Journal of Medical Quality article reevaluated a previous supply and demand methodology using more recent workforce data and ranked states on projected RN shortages in 2030. In the article, Maryland was ranked 32 out of 50, and the nursing workforce shortage projected for 2030 was 9,745 nurses (Zhang, X, et al., 2018). The State cited with the nation's best nursing supply vs. demand balance utilized three best practices: 1) funding a permanent nursing workforce center to study the state level dynamics, 2) expanding enrollments in nursing programs, and 3) providing incentives for newly licensed nurses who practice in facilities for more than two years after graduation. Of those three best practices listed, NSP II employs measures to support two areas: increased enrollments and a nursing workforce center. NSP I provides funding support for the nurse residency program and other retention incentives for newly licensed nurses.

The Maryland Nursing Education Articulation agreement was updated in a collaborative effort in 2017 to promote seamless academic progression. The NSP II program supports interprofessional education (IPE) and clinical simulation through formal education sessions and online materials to prepare faculty and hospital educators. The Maryland Clinical Simulation Resource Consortium (MCSRC) is the repository for free educational videos and resources for nursing students at all levels (pre-licensure to advanced practice) with a focus on IPE and clinical simulation delivery methods. The shortage of clinical placements is being addressed and evaluated in light of the increased numbers of out-of-state nursing programs utilizing Maryland's clinical sites, and changes in student's clinical training opportunities at hospitals especially with the 2020 Covid-19 challenges.

## **PROGRAM AUTHORIZATION**

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### **Annotated Code of Maryland, Education Article**

#### **§ 11-405. Nurse Support Program Assistance Fund**

- (a) "Fund" defined.- In this section, "Fund" means the Nurse Support Program Assistance Fund. (b) Established; status; administration; investments.- 1. There is a Nurse Support Program Fund in the Commission. 2. The fund is a continuing, non-lapsing fund that is not subject to §7-302 of the State Finance and Procurement Article 3. The Treasurer shall separately hold and the Comptroller shall account for the fund 4. The fund shall be invested and reinvested in the same manner as other State funds. 5. Any investment earnings of the fund shall be paid into the fund (c) Composition.- The Fund consists of revenue generated through an increase, as approved by the Health Services Cost Review Commission, to the rate structure of all hospitals in accordance with § 19-211 of the Health - General Article. (d) Expenditures.- Expenditures from the Fund shall be made by an appropriation in the annual State budget or by approved budget amendment as provided under § 7-209

of the State Finance and Procurement Article (e) Use of money; guidelines.- The money in the Fund shall be used for competitive grants and statewide grants to increase the number of qualified bedside nurses in Maryland hospitals in accordance with guidelines established by the Commission and the Health Services Cost Review Commission. (f) Guideline provision for minority recruitment.- The guidelines established under subsection (e) of this section shall provide that a portion of the competitive grants and statewide grants be used to attract and retain minorities to nursing and nurse faculty careers in Maryland. [2006, chs. 221, 222.]

Senate Bill (SB) 108 was introduced during the 2016 Maryland legislative session with the purpose of deleting the term “bedside” from the descriptor of nurses in the statutory provision establishing the NSP II. Instead of focusing on “bedside” nurses, SB 108 allows the NSP II to improve the pipeline of nurses with the skills necessary to keep pace with the rapidly changing health care delivery system. It was passed by both the Maryland Senate and the House of Delegates and approved by the Governor on April 26, 2016.

## **ADMINISTRATION**

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HSCRC contracted with the Maryland Higher Education Commission (MHEC) to administer the Nurse Support Program II. Monthly NSP II payments are transferred from Maryland hospitals to MHEC and distributed by MHEC to institutions of higher education, hospital partners, and nurse faculty selected to receive NSP II funding. On behalf of HSCRC, the Maryland Higher Education Commission is also responsible for (1) the development of applications and guidelines, (2) overseeing the review and selection of applicants, and (3) the monitoring and evaluation of recipients of NSP II awards.

MHEC provides the programmatic and administrative support necessary to successfully administer the NSP II program. As the coordinating board for all Maryland institutions of higher education, MHEC contributes its extensive experience and expertise with (1) the management of institutional grants, (2) the administration of student financial aid, and (3) the collection, review, and evaluation of programmatic and financial data from Maryland’s higher education institutions. In addition, MHEC is responsible for working collaboratively with Maryland’s colleges and universities to address Maryland’s workforce needs, including the State’s nursing and nursing faculty shortage.

NSP II supports two types of initiatives: 1) Competitive Institutional Grants and 2) Statewide Initiatives.

**This Request for Applications is for the Competitive Institutional Grants Program. Maryland Institutions of Higher Education are invited to apply for funding to support projects that meet the stated goals of the NSP II.**

Statewide Initiatives are awarded through a separate process. Statewide Initiatives are also administered by MHEC on behalf of the HSCRC. The centralized administration of nursing scholarships, fellowships, grants, recognition and nursing faculty development provides uniformity in the amount and type of financial support provided to nursing students, faculty, nursing programs, and hospitals throughout the State. (Appendix E)

The two types of initiatives, Competitive Institutional Grants and Statewide Initiatives, are intended to work together for a stronger nursing workforce in Maryland.

## **COMPETITIVE GRANT PRIORITIES AND INITIATIVES**

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NSP II may provide funding for competitive grant initiatives that will (1) increase the enrollment and graduation of nurses who will then practice in Maryland hospitals and health systems and (2) increase the supply of qualified nursing faculty required to expand the capacity of Maryland's nursing programs. Priority will be given to proposals that include activities to attract minorities to nursing and nurse faculty careers and to retain minorities in nursing and nurse faculty careers throughout Maryland. The six types of competitive grants are identified below.

**An applicant may apply for only one type of Competitive Institutional Grant per proposal.** An applicant may elect to submit separate proposals for each type of Competitive Institutional Grant, if components address more than one grant category. However, the initiatives are clear and should help define outcomes. Each institution should be ready to invest funds along with the grant to match funding resources with goals that have clearly defined deliverables that can be expected at the grant's conclusion.

Awardees are expected to participate in annual statewide conferences and programs offered through the Maryland Action Coalition (MDAC), the Maryland Nurses Association (MNA), and the Maryland Organization of Nurse Leaders (MONL), including the Maryland Nurse Residency Collaborative (MNRC), the Statewide Steering Committee on Academic Practice Partnerships, the Associate to Bachelor's (ATB) Degree Coordinators Meetings, and the Maryland Nursing Workforce Center (MNWC) meetings. Professional nursing organizations are charged with leading important IOM Initiatives at the state level and statewide meetings provide outlets to share resources and lead change. Together, they provide the framework for personnel, infrastructure, and resources to ensure the successful implementation of academic progression models and the dissemination of NSP II innovations.

Mechanisms are in place to bring awardees together to share best practices and statewide progress towards all IOM recommendations. As part of these meetings, participants will share interim measurements and progress relevant to their NSP II grant(s). Institutions are expected to include attendance opportunities and budgetary allocations each year

through participant support costs within their grant proposals for grantees/partners and multiple faculty across programming to participate.

Mandatory Dissemination Activities are important for synergy and collaboration to demonstrate the return on investment in programs, nurses, and faculty. The IOM Future of Nursing (2010) goals were reflected in NSP I's (2012) adoption of IOM goals #3, 4, 6, & 7 with NSP II's (2015) adoption of IOM goals #4, 5, 6, & 7. The progress towards these mutual goals will be measured as part of the evaluation of NSP I in 2021-2022 and for NSP II in 2024-2025 to assist in making future funding decisions.

For additional information, please review the [NSP I Evaluation FY 2007-2012](#) approved June 6, 2012 and [NSP II Evaluation FY 2006-2014](#) approved January 14, 2015 and the [NSP I Evaluation FY 2013-FY 2016](#) approved July 12, 2017 and the [NSP II Evaluation FY 2015-FY 2020](#) approved December 11, 2019 in the Health Services Cost Review Commission's Public Meeting Minutes at [www.hsrc.state.md.us](http://www.hsrc.state.md.us). These evaluations and recommendations approved by the Commission include plans for programs to achieve the goals in the IOM's (2010) *The Future of Nursing: Leading Change, Advancing Health* report. By reviewing these reports, grant applicants can better determine metrics and outcomes appropriate for NSP funding requests. Collaborative opportunities exist to achieve both NSP I and NSP II goals through partnerships with nurses in practice and academia. The most recent strategic planning session of NSP II stakeholders and Maryland Council of Deans and Directors of Nursing Programs endorsed continuation of the current initiatives.

## **1. Initiatives to Increase Nursing Pre-Licensure Enrollments and Graduates**

NSP II funding will be available for Maryland higher education institutions, consortia of institutions, and/or hospitals to implement sustainable strategies to combine and integrate their resources to allow for immediate expansion of nursing enrollments and graduates. **The primary goal of NSP II funding is an increased number of nursing graduates across all pre-licensure nursing programs to successfully pass the NCLEX-RN nursing licensure examination and enter the nursing workforce.**

Awards will be made to those applicants able to significantly increase nursing enrollments and graduates over the next three to five years as a result of NSP II funding and resources. This is an opportunity for expanding current cohorts, adding cohorts and engaging in alternate delivery methods.

NSP II supports Academic Progression in Nursing (APIN) initiatives and forward movement among community college, university, and practice partners. As NSP II applicants consider increasing graduates, we must consider the importance of community colleges in the success of meeting the IOM goals #4, 5, 6, & 7. These include the #4 goal, to increase to 80% BSN or higher degrees for nurses in

Maryland. Some key points for all partners to remember as we work towards a seamless academic progression and dual enrollment models, community colleges provide quality, accessible, and affordable pathways for higher education. They serve a wide geographic area across the state and diverse populations with many adult learners. We do not have the capacity to meet the IOM #4 goal, without the community college nurse educators working alongside the university nurse educators and hospital nurse educators to prepare the future workforce.

Proposals must include a detailed description of shared resources and explicit information on the goals, roles, and expected outcomes of all institutions involved in the project. The budget included in the proposal should reflect the expected financial contribution or contribution in kind from each of the consortia partners. Separate sub-award budgets are required if partners receive sub-awards and report to the lead school. Fully executed contracts between hospitals and/or educational institutions must guarantee the flow of funds to support the activities to be carried out by the hospitals and educational institutions.

Within this initiative for pre-licensure RN graduates, funds are also intended to meet IOM Goal #4. Community colleges and baccalaureate nursing programs are expected to collaborate in an effort to streamline the educational process to facilitate the students' transition between institutions. Funding may be provided for the redesign of pre-licensure education across associate and baccalaureate programs. Any effort to increase nurse graduates is eligible.

Funding may be used for various types of joint initiatives. Seamless academic progression should be included for the realization of the goal of a more highly educated nursing workforce. Proposals will be selected based on the applicant's ability to demonstrate that the proposal will significantly increase the number of nursing graduates available to work in Maryland hospitals.

## **2. Initiatives to advance the Education of Students and RNs to BSN, MSN, and Doctoral Level**

NSP II funding will be available for individual or consortia of Maryland institutions with nursing degree programs to implement seamless transition in Maryland. **The pipeline for future clinical instructors and nurse faculty at community colleges and universities is the second primary goal of the NSP II—to prepare the faculty workforce that is needed to teach future nursing students.** This may include, but is not limited to, strategies to provide pre-admission testing; pre-admission advisement on course selection and options for ADN-BSN, RN-MSN, BSN-DNP, or PhD; mentoring; a consultant to identify effective strategies for working with diverse student populations; and the redesign of the nursing curricula. These may include, but are not limited to, innovations on dual enrollments, the

development of online graduate courses and programs, alternate entry MSN degree for healthcare providers with related graduate degrees and experience, and BSN to doctoral transitions. **Proposals for new nursing programs will not be funded until approvals by the Maryland Board of Nursing and the Maryland Higher Education Commission have been obtained.**

NSP II funding will be available to develop innovative programs that significantly increase the proportion of students entering community colleges who transition into a baccalaureate degree program immediately after completion of community college. The goal of these initiatives will be to retain students in the educational system where they can complete their baccalaureate degree within 4 years or less.

Many of those receiving an ADN do not currently go on to obtain additional higher education that would qualify them to become faculty members in the future. Guaranteeing a sufficiently robust pool of applicants for graduate education that will prepare nursing faculty for the future requires a larger pool of nurses with a BSN or higher. This program is seeking strategies for creating special pathways that would fast-track qualified students entering nursing education through community colleges to successfully complete a BSN or MSN. Creative proposals that fast-track professional nursing education and serve a broad range of needs of initial college students, actively employed hospital nurses, and others are encouraged.

### **3. Initiatives to Increase the Number of Doctoral-Prepared Nursing Faculty**

NSP II funding will be available for individual or consortia of Maryland institutions with graduate nursing programs to implement sustainable strategies to increase the supply of nursing faculty with doctoral degrees to expand nursing programs in the State. **The third primary goal of the NSP II is succession planning for early career nurses to complete doctoral education to cover faculty retirements.**

Funding will be available to increase: (1) the promotion of nursing faculty careers in Maryland, (2) student recruitment to Maryland's doctoral programs, and (3) enrollments in graduate nursing programs leading to careers as nursing faculty in Maryland.

Funding also may be provided to expand graduate nursing programs in Maryland and increase the number of nursing faculty they produce by creating additional graduate courses, and accelerated doctoral programs to prepare nursing faculty with a terminal degree. Funding may be used to develop curricula that more efficiently integrate undergraduate and graduate study to reduce time to graduation, and implement other promising strategies to increase the output of qualified nursing faculty at the doctoral level. Funding is allowed to hire a cadre of

full-time clinical faculty with a timeline for advancing their experience/degree preparation for career advancement and transitioning to an FTE over time.

Proposals will be selected based on the applicant's ability to demonstrate that the proposal will significantly increase the supply of doctoral prepared nursing faculty needed by Maryland institutions to expand enrollments in their nursing programs. Priority will be given to programs that increase doctoral completions by nursing faculty as expeditiously as possible.

#### **4. Initiatives to Build Collaborations between Education and Practice (that develop new models that promote a patient centered continuum of care)**

NSP funding will be available for Maryland institutions with nursing degree programs to collaborate with hospitals in preparing nurses for changing nursing care delivery in Maryland hospitals. Nursing education and practice partners guide the right mix of skills and expertise of the new graduate nurses. Some suggested options include: provide coursework/ modules on care continuum; utilize NSP I and NSP II in hospital/education agreements; increase primary care providers- APRNs, Nurse Practitioners-Adult, Psychiatry, Pediatrics; develop Nurse Residencies with academic credits; e.g. ADN – BSN; and share clinical resources, ie: clinical simulation and clinical placement hours. Nursing programs can work with hospital partners to share costs for clinical instructors, preceptors, explore dedicated education units, expanding clinical instructor capacity, new models of clinical rotations to meet the hospital's needs for size of student groups, and building relationships for universally agreed upon requirements. Some other ideas are to increase the expectations of what is required to work as a clinical instructor, increase professionalism while balancing patient care and the needs of the student to learn. Consider partnerships that cover a nurse liaison or methods to incorporate experienced nurses on units to provide instruction to students.

**Funding will be available for nurse researchers and research components in nursing education, nursing workforce, innovations in care, and the clinical impact of a more highly educated nurse on patient outcomes.**

#### **5. Initiatives to Increase Statewide Capacity**

NSP II funding will be available to develop and disseminate innovative programs that have a statewide impact on the capacity to educate nurses or nursing faculty. These programs may include, but are not limited to, providing new faculty orientation sessions and mentoring on a statewide basis, the dissemination of standardized web-based preceptor training, providing professional development opportunities, and the dissemination of standardized models. In addition, statewide curricular redesign with broad collaboration between agencies and institutions to

enhance seamless academic progression, and innovations to provide additional opportunities for employed RNs to meet educational goals established by their employers will be given priority for funding. These types of grants should be prepared to share the products prepared through the funding in manners that can be readily accessed by all nursing faculty and nursing programs. NSP II supported websites- like nursesupport.org and the MCSCR or others should be included prior to close out of the grant to ensure resources are maintained and accessible.

## 6. Cohen Scholars Cohort Model

Schools of nursing may submit proposals for a determined number of nurses enrolled in graduate degree programs who are current or new graduate nurse faculty scholarship recipients, and preferably have an existing employment relationship as a nurse educator at either a hospital or nursing program to continue education at a Maryland program in a cohort model. This option is the **Cohen Scholars**. The funding is predominantly full tuition and fees for younger clinical instructors, part-time adjunct and full time faculty, as well as nurses interested in pursuing a faculty career path. The goal is to fund the graduate student and the graduate program at the school to provide focused support for future clinical and academic educators in a more relationship-based mentoring model. A realistic approach with a discrete cohort of 4-24 students would be considered for funding. Minimal administrative costs with a focus on recruiting current nurses who have already expressed a clear interest in nursing education with an expectation to complete 9 credits of education focused course-work which could include an allowance for prior coursework and teaching assistant opportunities. Budgets need to project full tuition and fees for the program of study on an individual student basis to include the education curriculum required, post graduate teaching certificates, or selected coursework/teaching assistant roles. Personnel costs should be minimal and supported by proposed mentoring activities, light fare for meetings, small stipends for mentors, and indirect institutional support. Only one funded Cohen Scholars grant is allowed per school for FY 2021-FY 2025. The program is preparing the next generation of nurse educators for Maryland.

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## AWARDS AND FUNDING

Grant awards will vary based upon the type of grant, the grant project's ability to impact the nursing shortage in a timely manner, the depth and breadth of the initiative, and the feasibility of the budget. Planning, continuation, and statewide resource grants are subject to maximum award amounts. Implementation grants have no maximum grant award amounts. However, the budget must be justified by the scope and outcomes of the project.



In general, each school should consider the total number of nursing programs seeking funding from a budget of approximately \$10 million per year for Competitive Institutional Grants. Legislation was enacted to create a non-lapsing special fund for the NSP II program so that funds can be carried forward for awards in future years and can remain dedicated to NSP II initiatives.

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## **GRANT PERIOD**

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Grants will be funded for a period of one (1) to five (5) years. Planning grants are limited to one (1) to two (2) years and statewide resource grants are limited to one (1) year. Grants funded in FY 2022 will begin on July 1, 2021 and end no later than June 30, 2026.

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## **GRANT TYPES**

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### **Planning Grants**

NSP II planning grants are available to develop detailed proposals for initiatives that will (1) increase the enrollment and graduation of nurses who will then practice in Maryland and/or (2) increase the supply of qualified nursing faculty required to expand the capacity of Maryland's nursing programs. Planning projects are limited to one (1) to two (2) years of funding. Planning grants award up to \$150,000 for planning projects that align with the goals of the NSP II. The outcome of the planning grant will be a detailed description of findings with an outcome to cancel further exploration of unfeasible projects or an implementation proposal to further goals to (1) increase the enrollment and graduation of nurses who will then practice in Maryland and/or (2) increase the supply of qualified nursing faculty required to expand the capacity of Maryland's nursing programs.

### **Implementation Grants**

NSP II Implementation grants are available for projects that will (1) increase the enrollment and graduation of nurses who will then practice in Maryland hospitals and/or (2) increase the supply of qualified nursing faculty required to expand the capacity of Maryland's nursing programs. Implementation grants have no maximum grant award amounts; however, to balance the needs of all programs should be well justified and less than a million. The budget must be justified by the scope and outcomes of the project. Grants will be funded for a period of one (1) to five (5) years. Implementation grants are funded for initiatives that fit into one of the following six categories:

1. Initiatives to Increase Nursing Pre-Licensure Enrollments and Graduates
2. Initiatives to Advance the Education of Students and RNs to BSN, MSN, and Doctoral Level
3. Initiatives to Increase the Number of Doctoral-Prepared Nursing Faculty

4. Initiatives to Build Collaborations between Education and Practice
5. Initiatives to Develop Statewide Resources and Models
6. Initiative to Advance the Cohen Scholars to Teach

## Resource Grants

Resource grants award up to \$100,000 are available for small projects that align with the goals of the NSP II but would not qualify as planning or implementation grants and cannot be reallocated within an existing open grant. The funding request MUST have no other option for funding within the program and this must be supported with details on why the NSP II resource grant is being requested. These funds do not supplant institutional support, but are intended to meet needs that funds are not otherwise available to the program. Initiatives that qualify under this program are short-term (up to 12 months) in nature. These grants support a wide-range of eligible expenditures. Proposed expenditures that (1) add overall value to the nursing program, (2) lack alternative funding sources, and (3) are not considered ineligible expenses (described below) will be considered for funding. All three of these points must be addressed in the proposal. Some examples of eligible expenditures include: instructional software technology, faculty development and training, and costs associated with achieving standards of excellence or complying with the recommendations of external accrediting, licensure, or regulatory organizations. This is the appropriate type of grant for programs working with the Maryland Board of Nursing (MBON) to improve first time NCLEX-RN pass rates. The option of clinical instructional equipment has been redirected to be processed as a group resource in future through the Maryland Clinical Simulation Resource Consortium with additional funding for continuity and the expertise of the consortium. Please apply through MCSRC at: <https://www.montgomerycollege.edu/academics/departments/nursing-tpss/maryland-clinical-simulation-resource-consortium.html>.

\*Please note this list is not considered exhaustive. Ineligible expenditures for resource grants include personnel expenses, clinical simulation equipment and virtual reality programming materials, student retention, student-focused materials, and indirect costs. Priority funding is given to need-based proposals and is contingent upon the availability of funds. In general, statewide resource grants are ineligible for grant extensions. Any funds remaining at the end of the grant are required to be returned to MHEC. A combined annual/ final report is due at the end of the one (1) year grant period. The annual/final report should include a final accounting of grant expenditures and a narrative describing how grant expenditures have contributed to expanding and/or enhancing the nursing program.

## Continuation Grants

NSP II Continuation Grants are available for successful grant projects that are recommended for funding beyond the initial grant period to expand on models or programs that have potential for greater impact with additional funding. Continuation grants are only available for projects with proven outcomes and high potential to impact state level needs that are invited to apply. Consideration for continuation grants will include a review of project impact, progress towards stated goals and objectives, financial management of funds, and compliance with reporting requirements. Priority for continuation funding will be given to those projects that are innovative, focus on the future of nursing, and have a regional or statewide impact. Projects invited to apply for continuation funding will be required to submit a modified continuation grant proposal. Invitations for NSP II Continuation Grants will be sent to project directors during the final year of funding. An invitation to submit a continuation grant proposal does not guarantee continuation funding. With notification of the approval of the continuation grant, the concluding grant ends and all funds must be returned. Continuation grant proposals are reviewed by the review panel and approved on the Competitive Institutional Grants schedule.

During the 2019 NSP II Program Evaluation Process, the HSCRC and MHEC staff sought input from all stakeholders on the NSP II Competitive Institutional Grants Program. Two of the six final recommendations (#3 & #4) in the NSP II Program Evaluation and funding renewal focused on the agreed upon directions for the next five rounds of proposals.

***Recommendation #3: Continue Established Competitive Institutional Grants Initiatives. Leaders for the Maryland Council of Deans and Directors, Maryland Nurses Association, Maryland Action Coalition, Maryland Organization of Nurse Leaders, and Maryland Nurse Residency Consortium reviewed and approved the continuation of the following initiatives developed in 2015 by the NSP II Competitive Institutional Grants Workgroup:***

*• Focus on goals to increase the numbers of pre-licensure nurses, • Increase the proportion of BSN prepared to 80 percent, • Double the number of faculty with doctoral degrees, • Strengthen the data infrastructure for the nursing workforce, • Ensure lifelong learning, • Double the number of faculty with certified nurse educator credentials, • Provide resources across state nursing programs to support leadership, clinical simulation, inter-professional education, recruitment and retention of new faculty, • Preparation of clinical instructors, • Faculty mentoring, and • Opening more individual nurse-level opportunities to recruit more clinical hospital partners. The Statewide Academic-Hospital Practice Committee agreed with the approved initiatives and submitted additional priorities for clinical models, preceptors, and sites.*

***Recommendation #4: Form NSP I and NSP II Advisory Board to Address Common Issues Between Academia and Practice***

*There is broad consensus that nurse leaders at the hospitals and academic nursing programs will need to work closely together on solutions to the shortage of clinical practice sites and restricted access on what nursing students are allowed to practice in the clinical settings (due to size and acuity of the units, patient safety, and hospital requirements). Staff recommend researching the impact of out of state nursing programs on clinical sites to develop a joint statewide agreement between hospitals and nursing programs. Educators will need to create additional clinical opportunities to practice other skills such as, documentation in electronic health records, medication administration, Pyxis access, and other procedures that are no longer part of the hospital experience for nursing students. In order to streamline the onboarding of students across all hospitals (reducing time and cost to all stakeholders), staff recommend developing universal requirements that can be implemented across all facilities. Staff shall convene a small NSP I and NSP II advisory board to engage leaders, determine strategies, and focus on mutual goals of both programs for possible solutions. (HSCRC, December 11, 2019)*

If you are a former NSP II Project Director and wish to participate with the joint NSP I and NSP II Advisory Board, contact NSP II staff to volunteer.

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## **ELIGIBILITY INFORMATION**

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Eligible applicants for competitive grants funded by NSP II are:

- Individual Maryland higher education institutions with nursing degree programs.
- Maryland higher education institutions with nursing degree programs and Maryland hospital partners utilizing both NSP I and NSP II funds for mutual goals.
- Partnerships of Maryland higher education institutions with nursing degree programs.

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## **APPLICATION SUBMISSION**

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- Proposals for the NSP II FY 2022 Competitive Institutional Grants will be due on Friday, January 29, 2021 by 4:00 pm. at the Maryland Higher Education Commission (MHEC), 6 N. Liberty Street, 10th floor, Baltimore, MD 21201. If inclement weather causes either MHEC or the applicant institution to close that day, the proposal will be due the next full business day of both MHEC and the applicant institution.
- Applicants will be notified on or about June 9, 2021, as to whether their proposals were approved for funding by HSCRC. Please follow the HSCRC meeting website for the process of recommendations and approvals by the Commission.

## APPLICATION GUIDELINES AND FORMAT

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The proposal application guidelines follow. These guidelines are intended to provide a structured format to facilitate the evaluation process. Additional information may be requested during the review process to clarify specific programmatic or budgetary issues.

### Funding Concerns from Past Panels

Prior NSP II grant review panels have identified themes of proposals that cannot be funded in this next round of grants for FY 2021 to FY 2025. Issues have been lack of approvals, lack of sustainability for successful programs previously funded, excessive budget front loading, lack of evaluation planning or excessive consultant fees for evaluation, heavy administrative budget requests without funds for faculty/nurse educators, request for existing programs that should be funded through the institutions, clinical simulation and simulation materials including virtual simulation, standardized patient support, student retention/success, student materials that are required by all programs every year, and unrealistic targets. **Programs requesting funding should have completed all program approvals, including MHEC and MBON, as well as any accreditation reviews of changes and be in good standing with regulatory and accrediting bodies.**

Documentation should be submitted, ex: letters of approval or communication with proposed dates that will ensure the program is approved prior to the grant start date.

Programs under MBON corrective action plans or not meeting the minimal state required NCLEX-RN first time pass rates in the past FY are not eligible to submit proposals for any types of NSP II grants except the Resource Grant. The resource grant proposal would address the specific support needed to resolve concerns and strengthen the pre-licensure program prior to initiating new programming or efforts at the school. A copy of the MBON plan should be included to support the resources requested. If it is not included, the resource grant proposal will not be considered. Planning or implementation grants are disallowed to ensure the entire focus of resources is for returning to full approval status.

Institutions should provide clear budget match amounts as institutional investment or partner support is required and expected at a reasonable level when funding is requested. The Review Panel wants to see that the institution values the project through funding or other resource support. If this amount is -0-, the proposal will not be reviewed.

Achievable timelines and budgets that reflect realistic hiring schedules, funding for faculty for program expansion, and linking funding to clearly measurable completions with potential sustainability for successful programs are expected.

Partnerships add to the strength of the project, especially, when working with the hospitals who are submitting funding to the pool of revenue on a monthly basis and should be considered when preparing project proposals. There should be a letter from an official at the hospital or school expressing their involvement in this partnership, as well as standard MOUs or other documents. The funding does not replace existing resources or employees.

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## PROPOSAL FORMAT

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- The proposal narrative must be limited to a maximum of 15 single-spaced pages.
- Pages must have one-inch margins and be in Times New Roman 12 font.
- Pages must be 8 ½ by 11 inches in size.
- Title should be brief (less than six words).
- All proposal narrative pages must be numbered.
- Key information should be present on the first page and supported in proposal.
- Appendix material must only include relevant information. (The appendices are not counted in the 15-page proposal limit.)
- One signed original proposal and eight paper copies must be submitted to MHEC.
- No Binding- just use paper clips or binder clips so additional copies can be made.
- In addition, electronic proposal applications, electronic excel budgets, **and electronic PPT-no more than 5 slides that summarize the proposal and anticipated outcomes** must be submitted to MHEC by the due date. Forward these to: [peggy.daw@maryland.gov](mailto:peggy.daw@maryland.gov)

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## PROPOSAL CONTENT

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Proposals for all Competitive Institutional Grants must include the following labeled elements, and appear in the order below. Detailed instructions are provided for each section.

- 1. Cover Sheet: (Required- No Points) (Appendix A- Data Set Required)** Original signature from President, Vice President, or Dean are required in the proposal authorization line- Other staff signatures are not accepted (ex: Project Director, Grants, and Finance have sections to sign prior to final authorization).
- 2. Abstract: (5 Points) and PPT-no more than 5 slides that summarize the proposal and anticipated outcomes**  
The abstract should be clearly written for an educated but general audience. It should indicate what strategies the project will undertake and how these strategies address the project goals. The abstract should be 150 words or fewer. **The**

**proposed outcomes should be included.** This abstract may be reproduced as is or edited for inclusion in press releases and other publications describing the grant program. The PPT was requested by HSCRC to summarize in a brief 5 slide format- what the proposal contained-briefly- initiative, activities, cost, and outcomes table.

**3. Table of Contents: (Required- No Points)**

**4. Proposal Narrative: (75 Points)**

**a. Overview of Proposed Initiative: (15 Points)**

- Briefly explain your proposal plan and how it will increase the number of registered nurses graduating from Maryland nursing programs with a commitment to work as nurses in Maryland hospitals. Please make your best case in the first two pages and fill in the details later. Do not provide general information that would cover any project. Utilize evidence and references to support your approach. Be specific- what do you intend to do and how? What are the expected outcomes proposed and what amount of funding is needed?
- If your application involves the recruitment and/or education of additional nursing faculty, show the connection between the increased number of faculty and an increased number of nursing students and graduates.
- Provide current baseline data for each nursing program to be impacted by the proposal. Utilize data reported annually to the Maryland Board of Nursing and/or the accrediting bodies, including the Commission on Collegiate Nursing Education (CCNE) and Accreditation Commission for Education in Nursing (ACEN), whenever possible. **If the nursing program has remediation plans with MBON or an accrediting board, these need to be included. If the NCLEX-RN first time pass rates are under the required state average, the only grant option available is the Resource grant.**
- Data should include but not be limited to:
  - Number of nursing enrollments of each nursing program
  - Number of graduates and graduation rate for each nursing program
  - Passage rate of graduates of each nursing program on any required nursing licensing exams
  - Number and type of full-time and part-time nursing faculty
  - See Required Data Set- must be completed.

**b. Project Goals and Objectives: (15 Points)**

- Clearly articulate the specific aims of your proposal in measurable terms and indicate the time frame for achievement of goals and objectives in the near and longer term.

- Describe what will be achieved for whom and by whom.
  - Goals and Objectives must be concrete and quantifiable.
  - Specify anticipated outcomes by project end date.
  - The Goals and Objectives must relate to the goals of NSP II and not the professional development of the individual nurse or nursing student.
  - Follow SMART Guidelines- Specific (narrow and name target population to be served), Measurable (reference quantifiable data), Achievable (possible and plausible), Results oriented (have clear outcomes), and Time-bound (have deadlines).
- c. Scope of Proposed Initiative (Plan of Operation): (15 Points)**
- Provide a detailed description of the proposed initiative 1-6 (e.g., for initiatives to increase nursing faculty, specify the number of additional nursing faculty to be added and how they will be identified or developed, describe program enhancements, and delineate expected increases in enrollments and graduations).
  - Proposed Outcomes Table will be required for measurement in all future reporting. Enrollments and percent changes in graduates are not acceptable as outcomes. Actual graduates are compared to proposed.**
  - Include clear role descriptions for all participating partners.
  - Provide a timeframe for implementation of all elements.
- d. Management Plan: (15 Points)**
- Describe each participating partner/institution's roles and responsibilities, as well as the benefits to be gained from any proposed collaboration.
  - Provide a work plan that lists major management actions and assigns responsibilities to key staff personnel. It should be clear what each project staff person does. Project duties should be clearly linked to the budget, as well as management and activity plans. Include Job Descriptions for new positions.
  - Provide a clear organizational structure and milestones for accomplishing the proposed management actions.
  - Describe the time commitment of the project director and other key personnel. It should be clear that the project director will have sufficient time to dedicate to the project. (This may provide an opportunity to utilize in-kind services.)
  - Recruitment is a key element in project success and as such must be carefully planned. Retaining participants in a program that takes place over a number of years can also be a problem. A good management plan will address both of these issues. The management



plan should articulate participants' incentives for being participants and strategies being used to retain participants.

- Provide **brief résumés** of key personnel in the appendices. Do not include multi-paged curriculum vitae (CV)s.
- Note:** Administrative costs are to be kept to a minimum. Therefore, this may be an opportunity to demonstrate in the management plan the utilization of in-kind services for the non-nursing personnel to help administer the project.

The management plan will be evaluated on (1) its adequacy to achieve the objectives of the proposed project on time and within budget; (2) the extent to which program management is clearly defined (who will do what, when, and where); (3) the extent to which the plan maximizes the effectiveness of the project; and (4) the extent to which existing staff and in-kind services support the initiative.

While some staff may be hired once the grant is secured, there is a strong preference for identifying staff—especially key staff—before the application is made. Job descriptions should be submitted for personnel proposed with funding. If any nursing staff members (such as a project manager or coordinator) are to be hired after the grant is secured, the person's name and resume should be submitted to the MHEC within eight weeks of the grant award. Projects should not be delayed because of personnel vacancies. If the first year hiring does not happen as proposed, the funds need to be returned.

**e. Evaluation Plan: (15 Points)**

- Detail how the success of the proposed initiative will be objectively measured.
- Include plans to submit the Required Data Set initially, at interim annual reports and at the final report- develop forms to trend and collate this information for ease of NSP II staff, however all forms are required in the current format each year.
- Use quantifiable outcome measures tied to the goals and objectives of the proposed project.
- Identify how data will be collected and reported as well as the measurement techniques to be employed during the evaluation process. To the extent possible, utilize data reported annually to the Maryland Board of Nursing and your accrediting agency (e.g., the CCNE or ACEN).
- Evaluation will address the generalizability to other sites.
- Interim and final reports should include the proposed/actual outcomes table and a section on Mandatory Dissemination Activities with discussion on the impact of these activities in meeting goals.

- The progress towards these Nurse Support Program state level goals, based on the IOM (2010) Future of Nursing national goals, will be measured as part of the evaluation of NSP I in 2021-22 and for NSP II in 2024-25 to assist in making future funding decisions.
- Each grantee is expected to provide data and metrics to support this statewide effort and participate in Mandatory Dissemination Activities.

**Note:** The Cohen Scholars has specific requirements for data and the program guides the applicability of data tables and each section of this process should focus on their data, intended efforts, and outcomes specifically directed to nurses prepared to teach other nurses. The focus is on preparing the nurse faculty and nurse educators of the future.

### **Reporting Requirements**

Successful applicants must agree to provide a standard set of data to be specified for the evaluation of the program. Where possible, the required data elements are specified in the Request for Applications. See Required Data Set and maintain reporting related to proposal outcomes with actual outcomes each year and in the final report.

Annual reports will be required of each funded project and will include a narrative, the original proposal's proposed/actual outcomes table, performance data, and financial information. Data to be reported will include but not be limited to the following information for nursing programs impacted by the initiative: enrollments, graduates, graduation rates, and passage rates on any required nursing licensing exams, as well as demographics and current employment status for nurses and nursing faculty who directly benefited from NSP II funding.

As with other multi-year grants, continued funding, project extensions and use of any remaining carryover is dependent upon outcomes.

### **5. Budget and Cost Effectiveness: (20 Points) (Appendix B)**

The budget request must be justifiable in terms of the scope of the proposed activities and the number of additional nursing faculty and students to be educated. MHEC on behalf of HSCRC has the right to negotiate the size of budgets as required by the resources available within reason. **NOTE: excess budgets will disqualify proposals.** Beginning, FY 2022, if NSP II Review Panels would like to recommend but have serious concerns about excessive budget, it will not be recommended for funding. Required budget forms can be found at: <https://nursesupport.org/nurse-support-program-ii/forms/>

#### **Required Budget Forms**

- Application Budget Summary with original signatures (photocopies and email copies not acceptable)
- Annual Application Budget for each year: An annual application budget request must be complete for each year funding is requested.

### **Budget Guidelines**

- Proposals must include a detailed budget for each year for which funds are requested, as well as a total budget for the entire project.
- Budgets should identify in-kind contributions and matching funds, if applicable.
- **Primary funding is focused on nurses, nurse faculty, and clinical instructors-** this is an education funded program to provide for newly licensed nurses and to prepare nurses with higher degrees for a pipeline to sufficient faculty and educators to teach additional students.
- Funds may be used for salaries, technology, supplies, instructional equipment, travel, and other direct expenses essential to the conduct of the initiative.
- **Each grantee should build funding into the budget to attend Mandatory Dissemination Activities and programs each year.** Please consider that these meetings could potentially take place anywhere in the state or across the nation. The grantees should take that into consideration when budgeting for travel, hotel, registration, and per diem costs for poster and podium presentations required each year.
- A 3% annual increase in salaries and direct costs is allowed to offset inflation. (Note: only if the institution allows this for other positions- freezes apply to grant roles, ie: the State of Maryland is currently in a salary freeze).
- The budget requested should reflect any offsets to expenses such as increased revenue from increased tuition and fees from additional nursing students.
- If the proposal is recommended on merit, but the panel only recommends funding with major budget cuts, there is a high risk it will not be funded. In prior years, staff have worked to revise budgets by 50%, but this is no longer an option. The project director needs to review the budgets prepared by grant/finance staff and make any reductions prior to submission.
- Up to eight percent (8%) of the funds requested from the grant program to cover the cost of the project may be claimed for indirect cost recovery.

### **Ineligible Costs**

Applicants may not expend funds for the following purposes:

- Entertaining (excludes light fare or luncheons for faculty recruitment sessions, professional development sessions, conferences, etc.);

- Existing programming that is fully funded;
- Non-instructional equipment;
- Clinical Simulation or Virtual Reality equipment, materials, supplies;
- Standardized patients;
- Duplicating previously funded projects; student retention/ success;
- Construction and renovation of facilities; phone lines;
- Furniture; Capital equipment for new facilities;
- Secondary school student programs; student supplies;
- Tuition is usually managed through existing student financial aid avenues and is limited -only available for unmet needs outlined with Deans and Directors or the Cohen Scholars program. Details are required on why students are unable to access financial aid through MHEC or in an alternate route with clear support for the request. Ex: If a school wanted to provide a portion of tuition as an incentive for second degree students who had exhausted all of their financial aid options, an amount would be proposed with information on how the school would work with the hospital to employ the new graduate. This agreement would benefit the student, the school and the hospital, our ultimate stakeholder and funding source.

### **Budget Narrative**

- Prepare a budget narrative to accompany the budget and provide a justification for requested funds. (See Appendix B for a sample budget narrative.)
- In the budget narrative, explain the rationale for each line of the budget summary, both for grant expenditures and matching funds. This narrative, which will be organized by the corresponding line item on the budget summary, must show how the amounts indicated were determined.**
- Faculty stipends and speaker honorariums can be included in Personnel, Participant or Other Costs, based on where they are most appropriate with clear descriptions of duties and associated rates.
- In the budget and budget narrative, clearly link all costs to the project activities detailed in the Plan of Operation. All activities must be accounted for in the budget and budget narrative.
- Provide evidence of institutional commitment to the project, including the amount of staff time dedicated to the project and in-kind contributions.
- Included in the budget narrative must be a statement that any NSP II funds will augment and not supplant funding or other resources already committed by the institution.
- Demonstrate a budget transition towards self-sufficiency.

**Note:** The budget and cost-effectiveness will be evaluated on the extent to which:

- the budget is adequate to support the faculty needed for the project;
- the costs are reasonable in relation to the objectives and design;
- the budget shows self-sufficiency and gradual increase in the support provided by the school by the end of the project if the programs continue;
- there is adequacy of support—including facilities, equipment, supplies, and other resources—from the partners; and
- administrative costs and support staff are kept to a minimum
- Limit the use of “Other”, If there is a line item that we have not included, there is a reason. Marketing should be done by the school, so include it in institutional match.

#### **6. Memorandum of Understanding: (If applicable-No Points)**

For proposals involving consortia of nursing schools and/or hospitals, submit a copy of a fully executed Memorandum of Understanding (MOU) between the separate institutions whose cooperation is essential to the success of the proposed initiative.

Specify the roles and responsibilities of the parties and include approval of the submitted budget and acknowledgment of the use of any resources real or in-kind pledged to the initiative. MOU must be signed by President, Vice President, or Dean. Other staff signatures are not acceptable.

#### **7. Assurances: (Required- No Points) (Appendix C)** Assurances must be signed by President, Vice President, or Dean. Other staff signatures are not acceptable.

## **DATA REQUIREMENTS**

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### **Definitions and Data Request for all NSP II Grant Applications**

The NSP II in the next 5-year renewal phase continues to be outcomes based. Previous performance funding described a broad set of policies linking allocation of resources to accomplishment of certain desired outcomes. Outcomes based funding is more specific. It is based on a significant stable funding source, and considers completion as a primary metric with priority given to reaching underrepresented groups in nursing and increasing highly qualified nurse faculty. The NSP II is committed to reaching and maintaining statewide priorities in meeting the IOM Recommendations #4, 5, 6, & 7 with an emphasis on improving nursing workforce data infrastructure #8.

**Recommendation #4:** *Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020 (extended to 2025). Academic nurse leaders across all schools of nursing*

*should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020 (extended to 2025). These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding; monitor progress; and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.*

***Recommendation #5:*** *Double the number of nurses with a doctorate by 2020 (goal met). Schools of nursing, with support from private and public funders, academic administrators, university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 (goal met) to add to the cadre of nurse faculty and researchers, with attention to increasing diversity*

***Recommendation #6:*** *Ensure that nurses engage in lifelong learning. Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses, nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.*

***Recommendation #7:*** *Prepare and enable nurses to lead change to advance health. Nurses, nursing education programs, and nursing associations should prepare the nursing workforce to assume leadership positions across all levels, while public, private, and governmental health care decision makers should ensure that leadership positions are available to and filled by nurses.*

***Recommendation #8:*** *Build an infrastructure for the collection and analysis of interprofessional health care workforce data. The National Health Care Workforce Commission, with oversight from the Government Accountability Office and the Health Resources and Services Administration, should lead a collaborative effort to improve research and the collection and analysis of data on health care workforce requirements. The Workforce Commission and the Health Resources and Services Administration should collaborate with state licensing boards, state nursing workforce centers, and the Department of Labor in this effort to ensure that the data are timely and publicly accessible. (IOM, 2010, FON, pg. 3-6)*

***Key Messages of the Future of Nursing (2010) report are:***

- 1. Nurses should practice to the full extent of their education and training.*
- 2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.*
- 3. Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.*
- 4. Effective workforce planning and policy making require better data collection and an improved information infrastructure. (IOM, 2010, FON, pg. 1)*

*The Future of Nursing 2010, Leading Change – Advancing Health Key Recommendations,*  
<https://pubmed.ncbi.nlm.nih.gov/24983041/>

The NSP II Workgroup developed definitions in 2015 for easily recognized and readily available metrics when they required the Mandatory Data Tables. These are reliable, consistently collected data at nursing programs that are included in annual MBON or accrediting body reports. The return on investment for funding with NSP II at institutions will be measured through an analysis early on of the baseline and incremental improvements to reach the statewide priorities. The final analysis focuses on nurse graduate completions, a higher percentage of BSN prepared nurses, more doctoral prepared faculty, meeting the needs of hospitals for a more highly educated workforce, developing a new cadre of leaders for academic and practice and demonstrating to the HSCRC, a true return on investment in a better prepared, capable, and readily available nursing workforce.

### **Definitions for Mandatory Data Tables in Appendix A**

*(Required Data Set for all Programs)*

**Faculty:** Calculate FTEs using the following formula: FTE calculation: 1 FTE = 15 credits or 600 hours per semester or as defined by your institution for Nursing Program Faculty as of October 15th of the most recent year.

Describe limitations in filling vacancies within your institution.

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: FY 2022 RFA (AY 2019-2020)**

**Enrollment:** Unduplicated headcount for academic year as of Oct. 15, 2020.

**Pass Rates:** The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years (CCNE). The APRNs eligible for each examination for which the program prepares graduates is provided for each of the three most recent calendar years (CCNE).

**Employment Rate:** Number of graduates, one year after graduation, employed in a position for which the program prepared them (ACEN).

**Completion/Graduation:** Number of students who graduate within a defined period of time.

- Definition used by the ACEN for the program completion rate is the number of students who complete the program within 150% of the stated program length beginning with enrollment in the first nursing course.
- For part-time programs (such as RN to BSN): The program specifies the entry point and defines the time period to completion. The program describes the formula it uses to calculate the completion rate.

Number from Underrepresented Groups in Nursing: Students and Faculty

\*\*Total Number should add up to # of individuals in group. We are no longer collecting percentages, only numbers are acceptable.

The name and contact information of the person completing the data is required. These data are collected and reported to the MBON and accrediting bodies annually. The Workgroup chose these data to simplify the process. If you have additional questions, contact the Dean or Director of the Nursing Program for additional assistance.

## **TECHNICAL ASSISTANCE**

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A technical assistance meeting will be held to afford potential applicants pre-submission assistance. Topics will include a program overview, an overview of this RFA, and discussion of the RFA requirements.

The technical assistance meeting will be virtual this year due to Covid-19 restrictions. Please RSVP to join the virtual meeting through “Go to Meeting” on Thursday, September 17, 2020, 10:00 am to 2:00 pm. If you plan to attend we will need to add you to the meeting invitation, therefore please register by e-mail with Kimberly Ford, Grants Specialist at [kimberly.ford@maryland.gov](mailto:kimberly.ford@maryland.gov) or Peg Daw, NSP II Grant Administrator at [peggy.daw@maryland.gov](mailto:peggy.daw@maryland.gov). The meeting will be held in virtual format. If there are any changes, it will be held at the Maryland Higher Education Commission, 6 N. Liberty Street, Baltimore, Maryland 21201.

If in writing the proposal you have questions about the proposal format or require other assistance, contact the Maryland Higher Education Commission (MHEC) NSP II staff. Project directors are also encouraged to contact the MHEC NSP II staff whenever they have questions about grant implementation or management.



## **APPLICATION REVIEW PROCESS**

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- Applications must be received by the deadline at the MHEC offices 6 N. Liberty Street, 10<sup>th</sup> floor, Baltimore, MD 21201.
- Applications must include all requisite information to include the completed cover sheet, signatures, and all proposal pages numbered.
- Applications will be assigned a proposal number which must be used to refer to project in future communications.
- A panel of qualified reviewers will read each proposal according to the criteria summarized below and explained above in “Proposal Format.” Every proposal is read by at least five reviewers. Every effort is made to ensure that there are no conflicts of interest. Reviewers may be from Maryland or from other states and will have suitable qualifications to review the proposals.
- Panelists have an opportunity (and are encouraged) to add comments and the comments will be shared with the applicant when the review process is complete.

## **EVALUATION AND SELECTION CRITERIA**

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The review panel established by HSCRC and MHEC will review all applications and make recommendations regarding the selection of proposals that best meet established goals for this program. Each proposal will be evaluated based on the criteria described in the proposal narrative section and summarized below. The rating given for each criterion (see below) will serve as a significant, but not the only, aspect of the judgment made by the review panel.

The RFA has detailed the rationale for prioritizing the funding of faculty to increase educational capacity to increase graduates and the clear connection with the blueprint adopted through the Future of Nursing (2010) recommendations, along with the 2015 report and current reassessment underway for The Future of Nursing 2020-2030. State priorities, support of diversity, and regional needs will also be taken into consideration. The review panel convenes after each member has read the proposals individually, submitted scoring sheets and reviewer comments. At this meeting, the panel comes to consensus on the projects that should be recommended for funding. The panel also makes recommendations on the level of funding and adjustments that the project staff might make to improve the project. The recommendations of the review panel will be presented to the HSCRC, who will make the final determination for funding.

<b>Criteria</b>	<b>Maximum Points</b>
<b>Abstract and Brief PPT</b>	<b>5</b>
<b>Overview</b>	<b>15</b>
<b>Project Goals and Objectives</b>	<b>15</b>
<b>Scope of Proposed Initiative (Plan of Operation)</b>	<b>15</b>
<b>Management Plan</b>	<b>15</b>
<b>Evaluation Plan</b>	<b>15</b>
<b>Budget and Cost Effectiveness</b>	<b>20</b>
<b>Total</b>	<b>100</b>

## **NOTIFICATIONS OF AWARDS**

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A grant award will be issued after approval of awards and acceptance of the negotiated grant award amount by the project director and MHEC, in collaboration with HSCRC. Preliminary notification of awards will be made on or about June 9, 2021 through approval by the Health Services Cost Review Commission at their monthly meeting. Written grant awards notification will follow thereafter.

Projects may not begin until they have been approved by MHEC, in collaboration with HSCRC; the project director has completed budget negotiations; and the budget has been approved by MHEC, in collaboration with HSCRC.

Questions about the awards or scheduled release of funds may be directed to NSP II staff Peg Daw at 410-767-3372, [peggy.daw@maryland.gov](mailto:peggy.daw@maryland.gov) or Kimberly Ford at 410-767-3210, [kimberly.ford@maryland.gov](mailto:kimberly.ford@maryland.gov).

All questions about funds transfer, transaction codes, tracking funding distribution at the institution and detailed instructions about how to return any unused funds should be directed to MHEC's Finance Director, Aubrey Bascombe at 410-767-3044, [aubrey.bascombe1@maryland.gov](mailto:aubrey.bascombe1@maryland.gov).

**ACH Instructions:**

Account Name: State of Maryland  
Maryland Higher Education Commission  
**Account Number: 4109044958**  
Type of Account: Checking  
**Bank Name: Wells Fargo Bank, N.A.**  
Bank Address: 420 Montgomery St., San  
Francisco, CA 94101  
**ABA Routing Number: 121000248**

**Wire Instructions:**

Account Name: State of Maryland  
Maryland Higher Education Commission  
**Account Number: 4109044958**  
Type of Account: Checking  
**Bank Name: Wells Fargo Bank, N.A.**  
Bank Address: 420 Montgomery St., San  
Francisco, CA 94101  
**ABA Routing Number: 121000248**  
**Swift Code: WFBIUS6S**  
Chips Code: 0407

**Refund Instructions:**

Example: All electronic transactions for refunds for the NSP II Competitive Institutional Grants use. Agency R62; TC 412; AOBJ 1204

PCA 38203, \$ of refund and NSP II Grant #, with Title

**GRANT MANAGEMENT OF AWARDS**

**FISCAL PROCEDURES**

All funds under this program must be assigned to a specific account. If an institution receives more than one grant award, separate accounts must be established for each. Expenditures in excess of approved budget amounts will be the responsibility of the recipient institution.

**POST-AWARD CHANGES**

The grant recipient shall obtain prior written approval for any change to the scope or objectives of the approved project. This includes any changes resulting in additions or deletions of staff and consultants related to or resulting in a need for budget reallocation. The grant recipient must obtain prior written approval from MHEC (working in collaboration with HSCRC) to, specifically:

1. Continue the project during any continuous period of more than three (3) months without the active direction of an approved project director;

2. Replace the project director (or any other persons named and expressly identified as a key project person in the proposal) or to permit any such person to devote substantially less effort to the project than was anticipated when the grant was awarded; or
3. Make budget changes exceeding \$1,000 or 10% in any category, whichever is greater.

No changes can be requested in the first year of award. In addition, ineligible expenses cannot be requested after awarding in reallocations.

**Ineligible Costs** Applicants may not expend funds for the following purposes:

- Entertaining (excludes light fare or luncheons for faculty recruitment sessions, professional development sessions, conferences, etc.);
- Existing programming that is fully funded;
- Non-instructional equipment;
- Clinical Simulation or Virtual Reality equipment, materials, supplies, high fidelity or other manikens;
- Standardized patients;
- Student funds for electronic resources or reimbursements for testing, ex: HESI, Kaplan, ATI, Nurse Tim, UWorld, Review Courses, licensure, and other student fees
- Duplicating previously funded projects;
- Construction and renovation of facilities; phone lines;
- Furniture; or
- Capital equipment for new facilities;
- Secondary school student programs;
- Student retention/ academic success.

These are considered the responsibility of the institution. NSP II funds are goal directed.

### **GRANT EXTENSIONS**

Grantees must also request written approval to extend the expiration date of the grant if additional time beyond the established termination date is required to ensure adequate completion of the approved activity within the funds already made available. A single extension, which shall not exceed six (6) to twelve (12) months, may be made for this purpose and must be requested no less than 1 month prior to the originally established expiration date or May 31. The request must explain the need for the extension and include an estimate of the unobligated funds remaining and a plan for their use. The fact that unobligated funds may remain at the end of the Fiscal Year or at expiration of the grant is not in itself sufficient justification for carryover or an extension. The plan must adhere to the previously approved objectives of the project. In addition, there must be evidence that the goals and projected outcomes can be achieved with use of extensions and carryover funds. If there is no chance of meeting the proposed outcomes, the funds need to be

returned and the grant closed on the original end date.

### **CARRYOVER PROCESS**

Grantees must request written approval to utilize remaining funds at the conclusion of a fiscal year. In general, NSP II supports use of “carryover” funds within the project to meet goals or achieve additional new goals. Collaboration between open NSP II grants within the same institution or partnering schools to achieve new outcomes through synergy of the funding is encouraged. The project and budget amendment forms are required, along with a clear narrative that matches each line item that the funds are being requested to add to the next fiscal year budget. Over the years, NSP II Project Directors have been cautioned that carryover use is not automatic. If you have any question about your request due to the size of the carryover or your plans, please contact the NSP II staff before completing the forms to ensure they support your request.

**Situations where carryover is disallowed include:** 1. Late reports without prior notification and written permission; 2. Overestimated the first year of the budget without hiring expected personnel in a timely manner; 3. Greater than \$50,000 funds remaining at end of the fiscal year; 4. Did not submit required mandatory data tables; 5. Did not submit required annual mandatory dissemination citations and supporting materials, and 6. Project is not meeting proposed outcomes and has no likelihood of success either through overstating proposed outcomes or unexpected changes in the institution. In addition, any invitation to submit a continuation grant when approved will entail return of remaining funds as a new grant begins. The goal of the NSP II funding is to reach the aims of increasing educational capacity for more nurse graduates at every level and supporting the development, recruitment and retention of nurse faculty. If there is excess funding, it can be returned and reallocated to new projects either at the same school or a different school. The NSP II is a nursing workforce intervention available across the State to all nursing programs and their hospital partners.

All funds over \$50K must be returned in full. Staff can be consulted if there is carryover at the 10-20% level or \$50K-- whichever is less. It is not automatic and needs to be approved prior to the annual report submissions. At the time of review, the actual outcomes for the most recent FY are required to be part of the discussion process. For consistency, the decision will be made on these two key items. Approval to request use of carryover is due by June 15. Submit your request by email with a project amendment form with projected/actual outcomes table prior to completing your annual reports.

**Return of funds process.** Document in the annual report how the funds will be returned. All questions about funds transfer, transaction codes, tracking funding at the institution and detailed instructions about how to return any unused funds should be directed to MHEC’s Finance Director, Aubrey Bascombe at 410-767-3044, [aubrey.bascombe1@maryland.gov](mailto:aubrey.bascombe1@maryland.gov).

Example: All electronic transactions for refunds for the NSP II Competitive Institutional Grants use. Agency R62; TC 412; AOBJ 1204

PCA 38203, \$ of refund and NSP II Grant #, with Title

Document the date and amount of transfer or enclose a copy of the refund check sent to MHEC with the project number, title, Attention NSP II

**Note: Grant awards are subject to the availability of funds and not all eligible applicants may receive an award. The HSCRC has the option to rescind awards if funds are not available.**

### **PROGRAM CLOSEOUT, SUSPENSION, TERMINATION**

Closeout: Each grant shall be closed out as promptly as feasible after expiration or termination. In closing out the grant, the following shall be observed:

The grant recipient shall immediately refund or otherwise dispose of any unobligated balance of cash advanced to the grant recipient, in accordance with instruction from MHEC working in collaboration with HSCRC.

- The grant recipient shall submit all financial, performance, evaluation, and other reports required by the terms of the grant within 90 days of the date of expiration or termination.
- The closeout of a grant does not affect the retention period for State and/or federal rights of access to grant records.

Suspension: When a grant recipient has materially failed to comply with the terms of a grant, MHEC, acting in collaboration with HSCRC, may suspend the grant in whole or in part, upon reasonable notice to the grant recipient. The notice of suspension will state the reasons for the suspension, any corrective action required of the grant recipient, and the effective date. Suspensions shall remain in effect until the grant recipient has taken action satisfactory to MHEC and HSCRC, or given evidence satisfactory to MHEC and HSCRC, that such corrective action will be taken or until MHEC/HSCRC terminates the grant.

Termination: MHEC, acting in collaboration with HSCRC, may terminate any grant in whole or in part at any time before the date of expiration, whenever MHEC, acting in collaboration with HSCRC, determines that the grant recipient has materially failed to comply with the terms of the grant. MHEC, acting in collaboration with HSCRC, shall promptly notify the grant recipient in writing of the termination and the reasons for the termination, together with the effective date.

Grant awards are subject to the availability of funds and not all eligible applicants may receive an award. The HSCRC has the option to rescind awards if funds are not available.

The grant recipient may terminate the grant in whole or in part upon written notification to MHEC and HSCRC, setting forth the reasons for such termination, the effective date, and, in the case of partial terminations, the portion to be terminated. However, if, in the case of a partial termination, MHEC, acting in collaboration with HSCRC, determines that the remaining portion of the grant will not accomplish the purposes for which the grant was made, MHEC, acting in collaboration with HSCRC, may terminate the grant in its entirety.

Closeout of a grant does not affect the right of MHEC, acting in collaboration with HSCRC, to disallow costs and recover funds on the basis of a later audit or review, nor does closeout affect the grantee's obligation to return any funds due as a result of later refunds, corrections, or other transactions.

### **RECORDS**

A grant recipient shall retain the following records for a period of five (5) years after the completion of the project:

- records of significant project experience and results;
- records that fully show amount of funds under the grant, how the funds were used, total cost of projects, all costs provided from other sources, and other records to facilitate an effective audit;
- records to show the grant recipient's compliance with program requirements; and
- participant data (e.g., number of students participating in retention activities; number of new faculty members, number of new graduates, etc.).

### **REPORTING REQUIREMENTS**

MHEC and HSCRC staff may conduct site visits, undertake telephone interviews, or request written materials for this purpose.

Formal annual and final reports will also be required from all grantees. At the end of the grant, both a financial and a narrative report will be due to the Commission. Final reports should address the items described below under "The Financial Report" and "Narrative Reports."

### **PREPARING FOR REPORTING**

Project directors should maintain records indicating when and where activities took place, who participated in each activity by name, and how funds were expended, as well as what the total project cost is. In addition, project directors should maintain evidence that demonstrates whether activity and project goals are being met.

## **ANNUAL REPORTS**

The annual report must include:

- the number of participants or graduates in projected/actual tables
- a chart or summary of project activities that have occurred
- a budget that shows how much of the grant has been spent and how much remains in each line item of the original accepted budget proposal. The annual budget summary sheet must have original signatures and be sent to MHEC via U.S. Mail (no photocopies or email copies).
- responses to the other questions posed on the annual report form
- evidence that sufficient progress is being made on the project to warrant continuation
- the required Data Set to trend increases and changes over the grant period
- evidence of Dissemination activities- schedules, dates, materials, conference presentations

## **FINAL REPORTS**

- Final reports must be submitted. Failure to submit a final report will make the project director ineligible to apply for future grants.
- Final reports have a financial report section and a narrative report section (see below for details). The final budget summary sheet must have original signatures and be sent to MHEC via U.S. Mail (no photocopies or email copies).
- The final report includes evaluation of the grant. This evaluation will include the accepted evaluation plan components from the proposal. Included with the report shall be any evaluation report completed for the grant.
- Final reports should include the same participant and activity charts requested for the annual report but report the information for the full term of the grant (not just the final year of the grant).
- The final report includes a budget form and a budget narrative.
- The final report includes a combined set of proposed outcomes data from original proposal through each annual outcome and to the final- side by side- to demonstrate changes, increases, improvements in nursing program graduates and faculty.
- The final report will clearly indicate if the project met or did not meet the proposed outcomes on the original cover sheet. This is the final determination of success.
- The final report must include evidence of Dissemination activities- schedules, dates, materials, conference presentations



## **FINANCIAL REPORTS**

Financial reports should be structured like the approved budget, with both a budget summary and a budget narrative. It must be signed by a financial officer at the institution serving as the fiscal agent. Budget summary forms require original signatures, no photocopies or email copies accepted. Grantees should keep records indicating how funds are expended, the total cost of project activities, the share of the cost provided from other sources (in-kind or otherwise), and any other relevant records to facilitate an effective audit; such records should be held for five (5) years after the grant ends. Any unspent grant funds should be returned with the financial report.

## **NARRATIVE REPORTS**

Narrative reports include the results of the evaluation plan outlined in the project proposal and document the project outcomes. These reports will:

- include an executive summary;
- prepare a proposed vs. actual outcomes table that matches the original proposal cover sheet and covers the years reported, with met or did not meet goals;
- address the goals of the project, explaining how project activities addressed those goals and to what extent the project was successful in meeting those goals;
- include performance data (graduates, etc.);
- note where or how the project activities might have been improved;
- identify if goals have been met and how these outcomes were measured;
- include citations of journal publications on programs funded by NSP II.
- evidence of Dissemination activities- schedules, dates, materials, conference presentations

## **REPORTING FORMS**

1. Annual Report Template
2. Projected and Actual Outcomes Table Template
3. Mandatory Data Tables Template
4. Project Amendment Form
5. Budget Amendment Form
6. Annual Budget Summary (original signatures required, no photocopies or email copies accepted)
7. Final Report Template
8. Final Report Budget Summary (original signatures required, no photocopies or email copies accepted)

All forms are available at: <http://www.nursesupport.org/nurse-support-program-ii/forms/>

## **SITE VISITS**

Programs funded by NSP II are required to participate with on-site grant monitoring site visits or virtual site visits. The purpose of this visit is to assess the progress of the grant funded program(s) in implementing grant activities to meet stated objectives. On-site monitoring visits may include some level of financial review along with the programmatic review. During a more detailed financial review, supporting documentation could be reviewed to confirm annual and/or final reports reflect an accurate reporting of expenditures. Examples of supporting documentation include, but are not limited to, the following: invoices and receipts, payment vouchers, statements and cancelled checks, payroll records and employment contracts, contract and sub-award documents. During the programmatic review, program activities and progress will be reviewed. Site visits are a requirement and must be scheduled within 30 days of a request from the NSP II staff. These are usually scheduled once per fiscal year. Programs that show evidence of concerns or inappropriate use of funds may be subject to additional site visits at any time over the life of the grant and for a period of 5 years after grant funding has ended. Random and/or focused site visits that include programmatic and/or financial reviews may be conducted as part of the grant monitoring process.

## **INTELLECTUAL PROPERTY**

The NSP II policy is to ensure intellectual property developed in the course of or under this grant to increase statewide capacity furthers the goals of the NSP II and benefits the nursing profession in Maryland. This policy is especially appropriate under Initiative #5, *Initiatives to Increase Capacity Statewide* as identified on the cover sheet of the grant proposal. The NSP II Intellectual Property Policy is as follows:

*By accepting these grant funds, the grantee agrees that:*

- a. The grantee shall deliver a complete, functioning version or copy of the final products developed under the Grant to the Health Services Cost Review Commission (HSCRC) and Maryland Higher Education Commission (MHEC) if they support statewide efforts.*
- b. The HSCRC and MHEC have an irrevocable right to obtain, reproduce, publish, distribute, or otherwise use any work developed under this grant for governmental or educational purposes.*
- c. The grantee shall make the final products available for use by Maryland institutions of higher education's nursing programs at no cost. Final product access may be requested by NSP II staff to post on the NSP II website or other NSP II funded sites.*

- d. *At no time shall the grantee (or any sub-grantee or subcontractor to the grantee) charge Maryland institutions of higher education's nursing programs for the use of any work developed under the Grant.*

#### **ACKNOWLEDGMENT OF SUPPORT AND DISCLAIMER**

An acknowledgment of the HSCRC must appear in any publication of materials based on or developed under this project in the following manner:

“The activity that is the subject of this [type of publication (e.g., book, report, film, poster)] was produced with the assistance of a Nurse Support Program II grant administered by the Maryland Higher Education Commission and funded through the Health Services Cost Review Commission.”

Materials, except those published in academic journals, must also contain the following disclaimer:

“Opinions, findings, and conclusions expressed herein do not necessarily reflect the position or policy of the Health Services Cost Review Commission, and no official endorsement should be inferred.”

All media announcements, public information, presentations and publications pertaining to activities funded by this grant program should acknowledge “Funding support provided by the Nurse Support Program II, administered by the Maryland Higher Education Commission funded under the auspices of the Health Services Cost Review Commission.”

At such time as any article resulting from work under this grant is published in a professional journal or publication, two reprints of the publication should be sent to MHEC and HSCRC, clearly labeled with appropriate identifying information.

Citations for publications are to be included in annual/final reports with copies of the articles.

## **APPENDICIES**

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**APPENDIX A: COVER SHEET & MANDATORY DATA TABLES & PPT-5 PGS. MAX**

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**Nurse Support Program II FY 2022 – Competitive Institutional Grants Cover Sheet**

<b>Lead Applicant Institution/Organization:</b>	
<b>Project Title:</b>	
<b>Partnership Members:</b>	
<b>Project Duration:</b>	
<b>Funding Requested:</b>	<b>Value of Match (Funds, In-Kind, Etc.):</b>
<b>Type of Grant:</b> <input type="checkbox"/> Planning <input type="checkbox"/> Implementation <input type="checkbox"/> Continuation <input type="checkbox"/> Resource Grant	
<b>Type of Competitive Grant Initiative (choose only one):</b> <input type="checkbox"/> 1. Initiative to Increase Nursing Pre-Licensure Enrollments and Graduates <input type="checkbox"/> 2. Initiative to Advance the Education of Students and RNs to BSN, MSN, and Doctoral Level <input type="checkbox"/> 3. Initiative to Increase the Number of Doctoral-Prepared Nursing Faculty <input type="checkbox"/> 4. Initiative to Build Collaborations between Education and Practice <input type="checkbox"/> 5. Initiative to Increase Capacity Statewide <input type="checkbox"/> 6. Initiative to Increase Cohen Scholars as Future Faculty and Clinical Educators	
<b>Projected Outcomes:</b> (Identify below the number of additional outcomes expected from funding)	
<b>Final Outcomes</b>	<b>Projected Increase (# of Additional) Describe Degrees/Results</b>
Nursing Pre-Licensure Graduates	
Nursing Higher Degrees Completed (describe)	
Nursing Faculty at Doctoral Level	
Collaborative or Statewide Results (specify)	

Project Director's Name:

Title:

Mailing Address:

Phone:

E-Mail Address:

Signature\_\_\_\_\_

Grants Office Contact Name:

Title:

Phone:

E-Mail Address:

Signature\_\_\_\_\_

Finance/Business Office Contact Name:

Title:

Phone:

E-Mail Address:

Signature\_\_\_\_\_

Authorized Institutional Representative's Name and Title:

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I further certify that if grant funds are awarded, this institution accepts the obligation to comply with terms and conditions set by the Health Services Cost Review Commission and the Maryland Higher Education Commission.

\_\_\_\_\_  
Authorized Institutional Representative's Signature  
(President, Vice President, or Dean/Director of Nursing)

\_\_\_\_\_  
Date

## Nurse Support Program II FY 2022 – Competitive Institutional Grants

### Mandatory Data Tables

*Required Data Set for all Programs*

**Faculty:** Calculate FTEs using the following formula: FTE calculation: 1 FTE = 15 credits or 600 hours per semester or as defined by your institution for Nursing Program Faculty as of October 15th of the most recent year.

NURSING FACULTY As of Oct. 15, 2020	Equivalentents (Total FTEs)	
	FT	PT
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 BS		
Clinical Nursing Faculty with MS		

How many vacant faculty positions does your program have?

As of Oct. 15, 2020	Full-Time	Part-Time
<b>Number of Vacant Faculty Positions</b>		

If faculty vacancies or difficulty admitting students, what was the primary cause?

- Insufficient funds to hire new faculty
- Lack of qualified applicants-  competition  unavailable in geographic area
- Retirements or  Resignations- describe
- Clinical Placements
- Limited budgets in addition to above- describe

Other (Specify):

Describe limitations in filling vacancies within your institution.



<b>Certified Nurse Educators As of Oct. 15, 2020</b>	<b># with CNE</b>	<b>% of FT Faculty</b>
<b>Number of FT Faculty with NLN CNE credential</b>		

Discuss increases in CNE credentials in a paragraph with information on the faculty experiences with CNE Workshops, CNE examinations and % change this year.

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: FY 2022 RFA (AY 2019-2020)**

**Enrollment: Unduplicated headcount for academic year as of Oct. 15, 2020.**

<b>Program Capacity (new students only)</b>	
<b>Number of qualified applicants</b>	
<b>Qualified but not admitted</b>	
<b>Admitted who registered</b>	
<b>Graduation Rate</b>	
<b>Retention Rate</b>	

**Pass Rates:** The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years (CCNE). The APRNs eligible for each examination for which the program prepares graduates is provided for each of the three most recent calendar years (CCNE).

**Employment Rate:** Number of graduates, one year after graduation, employed in a position for which the program prepared them (ACEN).

<b>Pass Rates (NCLEX-RN)</b>	
<b>Employment Rate</b>	

**Completion/Graduation: Number of students who graduate within a defined period of time.**

- Definition used by the ACEN for the program completion rate is the number of students who complete the program within 150% of the stated program length beginning with enrollment in the first nursing course.
- For part-time programs (such as RN to BSN): The program specifies the entry point and defines the time period to completion. The program describes the formula it uses to calculate the completion rate.

**# Graduates per academic year (as appropriate)      Define AY reported: \_\_\_\_\_**

	ADN	BSN	Master Entry	RN-BSN	RN-MSN	MS	DNP	PhD
<b>Graduates</b>								

**Demographics - Students/Faculty      Define AY reported : \_\_\_\_\_**

**Number from Underrepresented Groups in Nursing: Students and Faculty**

**\*\*Total Number should add up to # of individuals in group. We are no longer collecting percentages, only #s.**

<b>Underrepresented Groups in Nursing</b>	<b>Ethnic/Racial Minority</b>							
	<b>Asian</b>	<b>Black/African American</b>	<b>Latino/Hispanic</b>	<b>Pacific Islanders &amp; Native American</b>	<b>White</b>	<b>Mixed Race</b>	<b>Other</b>	<b>Total Number</b>
<b>Nursing Faculty (full-time)</b>								
<b>Clinical or part-time Faculty</b>								
<b>Nursing students</b>								

<b>Underrepresented Groups in Nursing</b>	<b>Ethnic/Racial Minority</b>		
	<b>White</b>	<b>Non-White</b>	<b>Total Number</b>
<b>Nursing Faculty (full-time)</b>			
<b>Clinical or part-time Faculty</b>			
<b>Nursing students</b>			

<b>Underrepresented Groups in Nursing</b>	<b>Gender</b>		
	<b>Female</b>	<b>Male</b>	<b>Total Number</b>
<b>Nursing Faculty (full-time)</b>			
<b>Clinical or part-time Faculty</b>			
<b>Nursing students</b>			

<b>Underrepresented Groups in Nursing</b>	<b>Age</b>		
	<b>Less than age 30</b>	<b>Greater than age 60</b>	<b>Total Number</b>
<b>Nursing Faculty (full-time)</b>			
<b>Clinical or part-time Faculty</b>			
<b>Nursing students</b>			

**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 (full-time)					
Clinical or part-time Faculty					
Nursing students					

**Note: The Dean/Director or designee already submits this information to the MBON and accrediting bodies each year. We expect it to match. Any questions, refer to your Dean/Director of the nursing program.**

Name of person completing Mandatory Data Table Form:

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Institution:

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Contact Info:

Phone: \_\_\_\_\_

Email address:

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**APPENDIX B: SAMPLE BUDGET SUMMARY & SAMPLE BUDGET NARRATIVE**

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**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: \_\_\_\_\_

<b>Nurse Support Program II – Competitive Grant Program</b> <b>Application Annual Budget Request</b>
---

Institution: \_\_\_\_\_  
 Partner Institutions or Organizations: \_\_\_\_\_  
 Project Title: \_\_\_\_\_

	SOURCE OF FUNDS		
	COLUMN 1 NSP II FUNDS REQUESTED*	COLUMN 2 INSTITUTION'S MATCH FUNDS	COLUMN 3 OTHER FUNDS**
<b>A. Salaries &amp; Wages</b>			
Professional Personnel List each by name and title			
1			
2			
3			
4			
Other Personnel (list by job category & note # of each)			
5			
6			
<b>Total Salaries and Wages</b>	\$ -	\$ -	\$ -
<b>B. Fringe Benefits</b>			
<b>C. Travel</b>			
<b>D. Participant Support Costs (specify)</b>			
1. Mandatory Dissemination Activities			
<b>Total Participant Costs</b>	\$ -	\$ -	\$ -
<b>E. Other Costs</b>			
1. Materials and Supplies			
2. Consultant Services			
3. Computer Services			
4. Other (specify)			
<b>Total Other Costs</b>	\$ -	\$ -	\$ -
<b>F. Total Direct Costs (A through E)</b>	\$ -	\$ -	\$ -
<b>G. Indirect Costs (cannot exceed 8% of F)</b>	\$ -		
<b>H. Total (F &amp; G)</b>	\$ -		

*\*Include all grant-funded expenses, including for sub-contracts, in this column. Identify cooperating organizations, agencies, institutions, etc., and funds requested for them (through project sub-contracts) on separate page(s); use the column 1 format for each. \*\* If any of these cooperating parties, or another agency, is committing funds for this project, indicate the specific breakdown and explanation of such funds for each on a separate sheet, while putting the totals for appropriate categories here in column 3 and summarizing the match in the budget narrative.*

**Nurse Support Program II - Competitive Grant Program**  
**Application Budget Summary**

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

Partner Institutions or Organizations: \_\_\_\_\_

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

Total Grant Funds Requested: \$ \_\_\_\_\_

Total Requested Funds	Year 1	Year 2	Year 3	Year 4	Year 5	Total Amount of Funds	Total Institution Funds Over the Grant Period	
	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026		Match or In Kind Contribution	Other Funds
<b>A. Salaries &amp; Wages</b>								
Professional Personnel : List by name & title								
1								
2								
3								
4								
Other Personnel:								
List by job category & note number of each								
5								
6								
7								
8								
<b>Total Salaries &amp; Wages</b>	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -
<b>B. Fringe Benefits</b>								
<b>C. Travel</b>								
<b>D. Participant Support Costs</b>								
<b>1. Mandatory Dissemination Activities</b>								
<b>E. Other Costs</b>								
1. Materials and Supplies								
2. Consultant Services								
3. Marketing Services								
4. Computer Services								
<b>Total Other Costs</b>	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -
<b>F. Total Direct Costs (A through E)</b>	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -
<b>G. Indirect Costs (cannot exceed 8% of F)</b>	\$ -	\$ -	\$ -			\$ -		
<b>H. Total Costs</b>	\$ -	\$ -	\$ -			\$ -	\$ -	\$ -

I certify that the financial information presented in this report is accurate. (original signatures required, no photocopies)

Project Director: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Financial Officer: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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.) This is an annual and final report requirement. Please match proposal with future reports to ensure descriptions align.*

#### A. Salaries & Wages

##### Professional Personnel:

- 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:

- Column 1: Administrative Assistant (1): Request = \$12/hour x 5 hrs/wk 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

- Column 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

- Column 1: 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

- Stipends: Column 1: 2 faculty members develop on-line courses @ \$2,500 each per course. Request =  $\$2,500 \times 2 \text{ faculty} \times 6 \text{ courses} = \$30,000$

- E. 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. Each year the annual report must reflect information supporting this activity was completed with citations and examples. Ex: Maryland Action Coalition Annual Conference, Registration for 10 = \$250, travel .50/mile x 200 miles=\$100, Maryland Nurses Association Conference, Registration and poster presentation fee \$200, travel .50 x 200 miles = \$100.
- F. Other Costs: Column 1: Other: Snacks for 2 faculty recruitment seminars  $\$5 \times 20 = \$100$ , printing costs \$1200. (This line item should be the least used.)
- G. The primary expenses funded through the grant should be nurses, faculty, and clinical instructors to teach students to produce graduates. The other line items are supportive and should not overshadow the funding of nurse educators to increase capacity.

## **APPENDIX C: ASSURANCES**

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## 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.
2. 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.
3. 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.
4. It will expend funds to supplement new and/or existing programs and not use these funds to supplant non-grant funds.
5. It will participate in any statewide needs assessment program or other evaluation program as required by the HSCRC.
6. 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.
7. It will comply with all requirements imposed by the HSCRC concerning special requirements of law and other administrative requirements.

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Institution

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Signature of Authorized Institutional Authority (President, Vice President, or Dean)

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**Name and Title, Printed**

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**Date**

**APPENDIX D: ANNUAL AND FINAL NARRATIVE REPORT TEMPLATES**

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**Nurse Support Program II  
Annual Report or Final Report  
Due: August 31, 2022**

Reporting Period: July 1, 2021 – June 30, 2022

Grant Number: NSP II - \_\_\_\_\_

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

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

Project: \_\_\_\_\_

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

Campus Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Campus Mail Address: \_\_\_\_\_

\_\_\_\_\_

Please submit report to:

Maryland Higher Education Commission  
Office of Outreach and Grants Management  
Attn: Nurse Support Program II  
6 N. Liberty Street 10<sup>th</sup> Floor  
Baltimore, Maryland 21201

E-mail: [peggy.daw@maryland.gov](mailto:peggy.daw@maryland.gov)  
Phone: 410-767-3372

**Part 1**

**Projected Outcomes**

Actual outcomes are measured annually against the projected outcomes in the original proposal. Outcomes are not to be reported in percentages, rather in actual headcounts. This table will be completed over the period of the grant. Identify Years with the FY reporting.

<b>Annual Outcomes</b>	<b>Projected Increase</b>	<b>FY ____ Increase Year 1</b>	<b>FY ____ Increase Year 2</b>	<b>FY ____ Increase Year 3</b>	<b>FY ____ Increase Year 4</b>	<b>FY ____ Increase Year 5</b>	<b>Total Increase</b>
<b>Nursing Pre-Licensure Graduates</b>							
<b>Nursing Higher Degrees Completed</b>							
<b>Nursing Faculty at Doctoral Level</b>							
<b>Collaborative or Statewide Results</b>							

**Mandatory Dissemination**

Each project director must report the activities related to the project for the required dissemination over the past fiscal year, including poster and podium presentations **with a clear citation to include title, date, location, type of meeting, or conference**. Please include a copy of any publications in peer-reviewed journals or presentations at conferences to include dates and abstracts. If it's an electronic poster, please send with the file so we may post the work on the website. If you attended an NSP II Project Director meeting, include a copy of the agenda and any power point presentations.

**List citation and document dissemination:**

**Type of Initiative: 1-6 \_\_\_\_\_ ( see original proposal)**

## Goals & Objectives

Please report on the annual progress of your NSP II project. For each initiative (e.g., hiring faculty, enrolling more students, retaining students) covered in the project, please provide the goals and objectives; then address the actions taken, timeline, and a detailed description of the progress made for the year.

Goal 1:

Objective 1:

Actions Taken:

Timeline:

Progress:

Objective 2:

Actions Taken:

Timeline:

Progress:

Goal 2:

Objective 1:

Actions Taken:

Timeline:

Progress:

Objective 2:

Actions Taken:

Timeline:

Progress:

Goal 3:

(All goals and objectives reported).

## Annual Report Narrative

Is the project progressing on target to meet the goals and objectives as outlined in the approved proposal?

If not, please explain why.

If the project is not on target, what adjustments will be made?

What are the greatest challenges and/or major issues faced by the project?

How will these be addressed?

What aspects of the project have been the most successful?

Please complete the budget summary, showing remaining funds in the third column.

Please review the RFA for situations that budget carryover is not permitted. Contact staff prior to submission if the carryover amount is greater than \$50,000. If you submit the Project and Budget Amendment, outline how the amount of remaining carryover will be added to the approved budget to better meet project goals in the next budget year.



**APPENDIX E: STATEWIDE INITIATIVES PROGRAMS**

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## **STATEWIDE INITIATIVES FOR INDIVIDUAL NURSE FACULTY AND LEADERS**

NSP II funds Statewide Initiatives that are administered by the Maryland Higher Education Commission (MHEC) on behalf of the Hospital Cost Review Commission (HSCRC) to individual students and faculty using application processes. This maximizes access and participation by all eligible applicants and institutions throughout the State and minimizes the administrative burden placed on individual institutions with nursing programs in Maryland. This process also provides uniformity in the amount and type of financial support provided to nursing students and faculty throughout the State.

Statewide Initiatives Program- These initiatives include the New Nurse Faculty Fellowships (NNFF), the Nurse Educator Doctoral Grants for Practice and Dissertation Research (NEDG), the Cohen Scholars (CS) (formerly the Hal and Jo Cohen Graduate Nursing Faculty Scholarship (GNF), and the Academic Nurse Educator Certification (ANEC). The NNFF provides funding for newly hired nursing faculty to support their research and teaching. The funds are used to assist faculty in acclimating to the academic culture, developing in their new role, and supporting their retention. Research suggests that lack of time and money are key barriers to doctoral degree completion. The NEDG addresses this barrier by providing funds to support current faculty who are enrolled in their final phase of doctoral study (completing their dissertation or capstone project to facilitate degree completion). NEDG has positively impacted the number of nurse faculty with terminal degrees. The Cohen Scholars provides powerful incentives to pursue graduate-level education and teach in the classroom and/or clinical settings for nursing education programs, or within healthcare organizations as hospital educators or professional development specialists. Faculty are encouraged to pursue excellence in their specialty practice of nursing education through the Certified Nurse Educator (CNE) credential. The ANEC award supports faculty development.

NSP II funding is available for (1) Cohen Scholars provide full tuition and mandatory fees for students to complete the graduate education necessary to become nursing faculty at Maryland institutions of higher education and hospitals, (2) New Nurse Faculty Fellowships, for new nurse faculty hired by Maryland institutions to expand enrollments in their nursing programs, (3) Nurse Educator Doctoral Grants for Practice and Dissertation Research for existing faculty to expedite doctoral degree completions, and (4) Academic Nurse Educator Certification (ANEC), for current full-time faculty who complete or renew the Certified Nurse Educator credential. (5) Nurse Faculty Recognition program provides an annual award to faculty recognized across nursing programs on four pillars of excellence determined by Maryland's Deans and Directors.

These Statewide Initiatives support the NSP II goals for IOM #4, #5, #6, & #7 by increasing the preparation of academic and practice leaders, graduating additional faculty and hospital educators, recruiting and retaining new nursing faculty, increasing the completions of terminal degrees for existing faculty, and sharing important leadership and simulation resources with clinical practice leaders and academic faculty leaders to meet the

developing needs of the future nursing workforce.

In the December 11, 2019 NSP II Program Evaluation, MHEC and HSCRC staff's recommendations were approved to include: ***Recommendation #2: Establish a Workgroup to Recommend Updates to Statewide Initiatives (HSCRC Meeting, 12/11/19)*** During the NSP II Program Evaluation process in 2019, the Deans and Directors of Nursing Programs recommended increasing the limits on funding of the NNFF and NEDG, along with a clearer focus on current clinical educators and academic faculty with retention and succession planning efforts through a new annual Nurse Faculty Recognition award. The NSP II Program Evaluation Faculty-focused programs sub-committee completed a SWOT analysis and in-depth examination of the Hal and Jo Cohen Graduate Nurse Faculty Scholarship (GNF) outcomes data with additional granular level data from individual schools who sponsored graduate nursing students. In response, they recommended a *Cohen Scholars* opportunity within the NSP II Competitive Institutional Grants program for specialized cohorts of nurses with some background in teaching, either through coursework, employment, or credentials to compete for the awards at the school level through an NSP II grant, while the current GNF program administered by the MHEC Office of Student Financial Assistance sunsets. The outcomes data analysis informed recommendations for improvements in relationship-based mentoring and identifying nurses who were already committed to a career in nursing education prior to requesting full Cohen Scholars funding support.

The Statewide Initiatives for faculty-focused programs and resources is available at: <https://nursesupport.org/nurse-support-program-ii/grants/statewide-initiatives/>

Current statewide initiatives include: (1) Academic Nurse Educator Certification Award (ANEC), for nurses who demonstrate excellence as an academic nurse educator through achieving and maintaining the National League for Nursing's Certified Nurse Educator (CNE) credential, (2) Cohen Scholars (formerly Hal and Jo Cohen GNF), for graduate nursing students to complete the graduate education necessary to become nursing faculty at Maryland institutions of higher education or nurse educators at hospitals, (3) New Nurse Faculty Fellowships (NNFF), for new full time nurse faculty hired by Maryland institutions to expand enrollments in their nursing programs, (4) Nurse Educator Doctoral Grant for Practice and Dissertation Research (NEDG) for existing nurse faculty to expedite doctoral degree completions, (5) Nurse Faculty Annual Recognition (NFAR) Award, (6) Nurse Leadership Institute (NLI) to promote innovations between education and practice to lead change and advance health, (7) Maryland Clinical Simulation Resource Consortium (MCSRC) to increase the quality and quantity of simulation used in nursing education in Maryland, (8) Faculty Academy and Mentoring Initiative of Maryland (FAMI-MD) to prepare experienced nurses to become clinical faculty, (9) Lead Nursing Forward (LNF) to centralize information about nursing education as a career and connect nurses with job openings across institutions and hospitals within Maryland and (10) Interprofessional Educational Modules and Simulations for Nursing Student Instruction and Faculty Development (IPE).