**Nurse Support Program II**

**Annual Report**

**Due: August 31, 20\_\_\_\_**

Reporting Period: July 1, 20\_\_\_\_\_ – June 30, 20\_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Project Director E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit report by August 31st each year to:

1. One hard copy mailed to:

Maryland Higher Education Commission

 Office of Outreach and Grants Management

Attn: Nurse Support Program II

 6 N. Liberty Street 10th Floor

 Baltimore, Maryland 21201

2. Electronic copies (to two e-mail addresses listed below) should be sent from the Project Director's e-mail address, with the NSP II xx-xxx in the subject line, and only include one grant report per e-mail submission. Send both a PDF of the annual report narrative/annual budget summary/narrative **and** Excel spreadsheet of annual budget summary)

E-mail: peggy.daw@maryland.gov and kimberly.ford@maryland.gov

Phone: 410-767-3372 (Peg Daw) and 410-767-3210 (Kim Ford)

**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Annual****Outcomes** | **Projected Increase** | **FY \_\_\_\_****Increase****Year 1** | **FY \_\_\_\_****Increase****Year 2** | **FY \_\_\_\_****Increase****Year 3** | **FY \_\_\_\_****Increase Year 4** | **FY \_\_\_\_****Increase****Year 5** | **Total****Increase** |
| **Nursing****Pre-Licensure Graduates** |  |  |  |  |  |  |  |
| **Nursing****Higher Degrees Completed** |  |  |  |  |  |  |  |
| **Nursing****Faculty at****Doctoral Level** |  |  |  |  |  |  |  |
| **Collaborative****or Statewide Results** |  |  |  |  |  |  |  |

**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?

**If you are a Cohen Scholars (initiative #6) project, please include the following additional items below: 1. any new signed nomination forms and mentoring forms; 2. a final individual student account summary on institutional letterhead for each student’s tuition and fees for graduates and stop out students and GPA, employment, degree completed in Comments; and 3. notarized standard service agreement forms and notarized promissory notes for all current and future students.**

Narrative Questions

1. How many Cohen Scholars started your program in AY 20-AY 2021?

How many Cohen Scholars met requirements to continue in the program this AY?

How many additional CS have you awarded? Which AY were they awarded?

2. Did you create a community for the CS in a LMS like Blackboard or Canvas?

How was it implemented and received?

3. Please share information on mentoring sessions. (Attendance, how were they presented, customization with presentations of competencies, etc.)

4. How many students completed the 9 SH of education coursework?

How many took the teaching practicum course?\_\_\_ Or the customized teaching experience? \_\_

How many already had the minimal required education coursework in their MS program?\_\_

Did they participate in a customized teaching experience? Please specify why?

How many completed the 12 SH post graduate teaching certificate?\_\_\_

5. How many students maintained a 3.25 GPA each semester, required to continue in the CS program?\_\_\_

    If not, please include name and situation so they can enter repayment.

6. Which financial literacy program did you use? How many CS participated? Feedback?

Did you use a Health Care Finance course in lieu of a Financial Literacy program?

How many CS completed this requirement through formal finance for graduate student coursework in their program of study vs. a program like Ramsey Financial?

Please complete this table for Cohen Scholar Graduates in AY 2019- AY 2020 and AY 2020- AY 2021. AY 2021- AY 2022 The continuing students will be included in the Excel Spreadsheet and accounted for in the Chart 1 as well. All GNF/CS students on original proposal listed.

Chart 1. Required # of all GNF/CS, graduates with degree, year of graduation and if employed

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student** | **Degree Awarded****Or w/d** | **AY 19-AY20**  | **AY20- AY 21 AY21-AY22 Employed-Where** |
|  |  |  |  |

**e awarded- every name must have an outcome.**

Note: All beginning students must stay on Chart 1. If they drop- out or lose the scholarship, then they are W/D with date. They will enter repayment with MHEC immediately. If they graduate, then their employment with date should be included. Anyone referred to MHEC- drop out, withdrawal, not working, must have a Final Individual Student Financial Record with GPA. See sample form provided to CS Coalition in June 2022.

Chart 2. Include a copy of the Cohen Scholars Spreadsheet submitted in May 2020 & revisions.

How many Cohen Scholars completed these activities this year? # of students/ total # students

- a CNE Workshop ex. 3 completed the CNE Workshop out of 15 total CS in program

- paid an annual professional membership

- attended a scholarly conference (submitted a poster and/or presentation)

- attended Virtual MDAC

- completed a profile on Lead Nursing Forward

- found a teaching position through LNF\_\_\_\_\_\_\_\_\_\_\_\_ or Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

- achieved entry level NLN or ANPD competencies

ALL ANNUAL REPORTS MUST INCLUDE BUDGET INFORMATION BELOW:

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

Please review the RFA for situations that budget carryover is not permitted. 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.

Attach signed BUDGET SUMMARY (on pg. 6) with the below budget narrative descriptions of the approved expenditures in a budget narrative.

1. Salaries and Wages: List names of professional personnel, titles, and amounts budgeted and expended for the FY.

Other Personnel: List names, job category, and amounts budgeted and expended.

1. List fringe benefits for each person listed in sections A & B.
2. Travel: list place and purpose, with amounts budgeted and expended.
3. Participant support costs-specify and list amounts budgeted and expended.
4. Mandatory dissemination costs
5. Other costs (please explain with amounts budgeted and expended)
6. Materials and supplies
7. Consultant services
8. Computer services
9. Other (list)
10. Total direct costs (all above)
11. Indirect costs (cannot exceed 8% of total grant)
12. Total F + G

