## APPENDIX A: COVER SHEET & MANDATORY DATA TABLES

**Nurse Support Program II FY 2018 – Competitive Institutional Grants Cover Sheet**

|  |  |  |
| --- | --- | --- |
| **Lead Applicant Institution/Organization:** | | |
| **Project Title:** | | |
| **Partnership Members:** | | |
| **Project Duration:** | | |
| **Funding Requested:** | **Value of Match (Funds, In-Kind, Etc.):** | |
| **Type of Grant:** ☐Planning ☐Implementation ☐Continuation ☐New Resource Grant | | |
| **Type of Competitive Grant Initiative:**  ☐1. Initiative to Increase Nursing Pre-Licensure Enrollments and Graduates  ☐2. Initiative to Advance the Education of Students and RNs to BSN, MSN, and Doctoral Level  ☐3. Initiative to Increase the Number of Doctorally prepared Nursing Faculty  ☐4. Initiative to Build Collaborations between Education and Practice  ☐5. Initiative to Increase Capacity Statewide  ☐6. Resource Grant only | | |
| **Projected Outcomes:** (Identify below the number of additional outcomes expected from funding) | | |
| **Final Outcomes** | | **Projected Increase (# of Additional)**  **Describe Degrees/Results** |
| Nursing Pre-Licensure Graduates | |  |
| Nursing Higher Degrees Completed | |  |
| Nursing Faculty at Doctoral Level | |  |
| Collaborative or Statewide Results | |  |
| Project Director’s Name:  Title: E-Mail Address:  Mailing Address:  Phone: Fax: | | |
| Grants Office Contact Name:  Title: E-Mail Address:  Phone: Fax: | | |
| Finance/Business Office Contact Name:  Title: E-Mail Address:  Phone: Fax: | | |
| 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 Date | | |

**Nurse Support Program II FY 2018 – Competitive Institutional Grants**

**Mandatory Data Table**

|  |  |  |  |
| --- | --- | --- | --- |
| FACULTY for current AY (2016-2017) | Equivalents (Total FTEs) | | |
|  | FT | PT | Total Number |
| 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 BSN |  |  |  |
| Clinical nursing faculty with MS |  |  |  |

How many vacant faculty positions does your program have?

|  |  |  |
| --- | --- | --- |
|  | Full-Time | Part-Time |
| Number of Vacant Faculty Positions |  |  |

If vacancies, what was the primary cause?

\_\_ Budget constraints

\_\_ Lack of qualified applicants

\_\_ Other (Specify):

|  |  |  |
| --- | --- | --- |
| Certified Nurse Educators | # with CNE | % of FT Faculty |
| Number of FT Faculty with NLN CNE credential |  |  |

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- Describe Program Type

|  |  |
| --- | --- |
| Program Capacity (new students only) |  |
| Number of qualified applicants |  |
| Qualified but not admitted |  |
| Admitted who registered |  |
| Graduation Rate |  |
| Retention Rate |  |

# Graduates per academic year (as appropriate)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Graduates | ADN | BSN | Master Entry |  | RN-BSN | RN-MSN | MS | DNP | PhD |
|  |  |  |  |  |  |  |  |  |  |

Demographics - Students/Faculty

Number from Underrepresented Groups in Nursing (ethnic/racial minorities, gender, age) for both Students and Faculty

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Underrepresented Groups in Nursing | Ethnic/Racial Minority | | | | | | | |
|  | % Asian | % Black/ African American | %  Latino/ Hispanic | % Pacific Islanders and Native  American | % White | %  Mixed Race | %  Other | Total Number |
| Nursing faculty (FT) |  |  |  |  |  |  |  |  |
| Clinical or part-time faculty |  |  |  |  |  |  |  |  |
| Nursing students |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Underrepresented Groups in Nursing | Ethnic/Racial Minority | | |
|  | % White | % Non-White | Total Number |
| Nursing faculty (Full Time) |  |  |  |
| Clinical or part-time faculty |  |  |  |
| Nursing students |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Underrepresented Groups in Nursing | Gender | | |
|  | Female | Male | Total Number |
| Nursing faculty (FT) |  |  |  |
| Clinical or part-time faculty |  |  |  |
| Nursing students |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Underrepresented Groups in Nursing | Age | | |
|  | Less than age 30 | Greater than age 60 | Total Number |
| Nursing faculty (FT) |  |  |  |
| Clinical or part-time faculty |  |  |  |
| Nursing students |  |  |  |
|  |  |  |  |

Geographic Impact

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In-State or Out of State | State of Residence | | | | |
|  | Maryland | Geographic Neighbors (VA, DE, DC, PA, WV) | Other States | Total Number | Percent In State |
| Nursing faculty (FT) |  |  |  |  |  |
| Clinical or part-time faculty |  |  |  |  |  |
| Nursing students |  |  |  |  |  |
|  |  |  |  |  |  |