New Careers in Nursing (NCIN): 2013 Call for Applications

Eligibility Criteria *

Eligibility Criteria

To be eligible, applicant organizations must:

- offer an entry-level accelerated baccalaureate nursing program or master's nursing program for non-nursing college graduates;
- and be accredited by a nursing accrediting agency recognized by the U.S. Department of Education.

Preference may be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

1. Do you fit the eligibility criteria described above? *

   ○ Yes
   ○ No

Schools of nursing must provide proof of being accredited by:

- a national nurse education accrediting agency or
- State approval agency recognized by the Secretary of the U.S. Department of Education.

Failure to provide proof of accreditation with this application will render the application non-responsive, and the application will not be sent forward for review or be considered for funding under this announcement.

This document will be uploaded in the Accreditation and Supporting Documents section.

2. Have you read the above information concerning proof of accreditation? *

   ○ Yes
   ○ No

New Careers in Nursing (NCIN): 2013 Call for Applications

Organization Information *

Provide the following information about the applicant organization. **Include the formal legal name of the organization that, if awarded, will receive grant funds.**

Note: If the Applicant Organization is a college or university, include the appropriate School, Department or Unit.

Organization *

Department

Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip Code + 4-digit extension *

Phone Number *   Phone Extn

Fax Number

Website

1. Org Tax ID - (EIN)

2. Is the applicant organization tax-exempt under section 501(c)(3) of the Internal Revenue Code, or a state university, or a governmental entity? *

   ◯ Yes   ◯ No

3. Is the applicant organization a private foundation, or a Type III supporting organization? *

   ◯ Yes   ◯ No

   NOTE: Preference is given to tax-exempt organizations that are not private foundations or Type III supporting organizations. The Foundation may require additional documentation.

New Careers in Nursing (NCIN): 2013 Call for Applications

Key Contacts *

Complete the contact information requested below.   Required contacts are indicated by an asterisk following the contact name.

- *We contact the application registrant and Prinicipal Investigator with updated infromation concerning your application. Please assign these roles to individuals in your organization who will then disperse information as needed.*
- *To save a partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".*
- *Use the "Copy feature" to copy completed organizational and address information to a new contact. Choose a role from the drop-down menu and then select the "Copy" button.*

Principal Investigator *

This is the person at the applicant organization with the responsibility for overseeing the project. This person will be the primary recipient of all key Foundation correspondence: award notice, post-award financial and monitoring and grant closure.

Email *

Confirm Email *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Degree *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip / Postal Code *

Office Phone Number *   Phone Ext.

Cell Number

Fax Number	
Website URL	

Highest Ranking Executive *

This is the person who receives the Letter of Agreement for a project. This person is generally the highest ranking individual of the grant recipient organization (e.g., CEO, president, chancellor or similar officer).

Email *	
Confirm Email *	
Prefix	
First Name *	
Middle Name	
Last Name *	
Suffix	
Degree *	
Organization *	
Position *	
Department	
Business Unit	
Address *	
Address (line 2)	
City *	
Country	
State / Territory *	
Zip / Postal Code *	
Office Phone Number *		Phone Ext.	
Cell Number	
Fax Number	
Website URL	

Authorized Official *

This is the person whom the grant recipient organization has designated as being able to sign on behalf of the organization and its leadership.

Email *	
Confirm Email *	
Prefix	
First Name *	
Middle Name	
Last Name *	
Suffix	
Degree *	
Organization *	
Position *	
Department	
Business Unit	
Address *	
Address (line 2)	
City *	
Country	
State / Territory *	
Zip / Postal Code *	
Office Phone Number *	Phone Ext.
Cell Number	
Fax Number	
Website URL	

Institution Financial Officer *

This is the person who will receive all payments for this award.

Email *	
Confirm Email *	

Prefix	
First Name *	
Middle Name	
Last Name *	
Suffix	
Degree *	
Organization *	
Position *	
Department	
Business Unit	
Address *	
Address (line 2)	
City *	
Country	
State / Territory *	
Zip / Postal Code *	
Office Phone Number *	
Cell Number	
Fax Number	
Website URL	

Phone Ext.

Primary Contact for Grant - NCIN Liaison *
The point of contact for communication between the New Careers in Nursing National Program Office and the institution.
Please include even if duplicate.

Email *	
Confirm Email *	
Prefix	
First Name *	
Middle Name	

Last Name*	
Suffix	
Degree*	
Organization*	
Position*	
Department	
Business Unit	
Address*	
Address (line 2)	
City*	
Country	
State / Territory*	
Zip / Postal Code*	
Office Phone Number*	Phone Ext.
Cell Number	
Fax Number	
Website URL	

Nursing School Dean/Chair *

Email*	
Confirm Email*	
Prefix	
First Name*	
Middle Name	
Last Name*	
Suffix	
Degree*	
Organization*	

Position *	
Department	
Business Unit	
Address *	
Address (line 2)	
City *	
Country	
State / Territory *	
Zip / Postal Code *	
Office Phone Number *	Phone Ext.
Cell Number	
Fax Number	
Website URL	

Program Director *

This is the individual at the institutional level with primary responsibility for the Accelerated Degree Program. Please include even if duplicate.

Email *	
Confirm Email *	
Prefix	
First Name *	
Middle Name	
Last Name *	
Suffix	
Degree *	
Organization *	
Position *	
Department	
Business Unit	

Address *	
Address (line 2)	
City *	
Country	
State / Territory *	
Zip / Postal Code *	
Office Phone Number *	Phone Ext.
Cell Number	
Fax Number	
Website URL	

New Careers in Nursing (NCIN): 2013 Call for Applications

Project Information Questions *

Nursing Program Information

1. What type(s) of accelerated program does your nursing program offer? *

   "Accelerated Nursing Degree Program" means a program of education in professional nursing offered by an accredited school of nursing in which an individual holding a bachelor's degree in another discipline receives a BSN or MSN degree in an accelerated time frame as determined by the accredited school of nursing.

   Please choose one response.

   NOTE: Selecting Accelerated Baccalaureate will force the system to grey out all Accelerated Master's related questions. Selecting "Accelerated Master's" will force the system to grey out all "Accelerated Baccalaureate" questions. When questions are grey you will not be able to answer them. If you have both program types you should select "Both Accelerated Programs", this is the only selection that will allow you to answer both ABSN and AMSN questions.

   Please choose one of the following responses:

   Accelerated Baccalaureate Only (ABSN)
   Accelerated Master's Only (AMSN)
   Both Accelerated Programs (ABSN & AMSN)

2. How many years has your accelerated baccalaureate program been in continuous operation? *

   Please choose one response. The maximum number of years is 30, if your program has been in operation for more than 30 years we ask that you select 30.

   NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

   Please choose one of the following responses:

   1
   2
   3
   4
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   12
   13
   14
   15

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16
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18
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22
23
24
25
26
27
28
29
30
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3. How many years has your accelerated master's program been in continuous operation? *

   Please choose one response. The maximum number of years is 30, if your program has been in operation for more than 30 years we ask that you select 30.

   NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

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Please choose one of the following responses:

1
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21
22
23
24
25
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26
27
28
29
30
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....

4. What type of AMSN program does your school offer? *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.
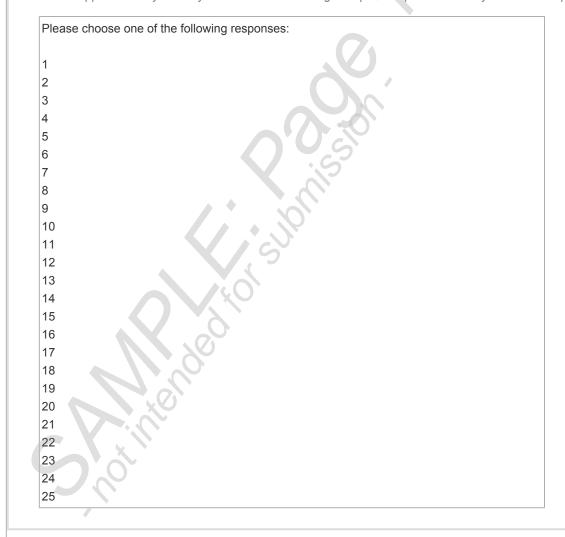
Please choose one of the following responses:

Clinical Nurse Leader (CNL)
Advanced Practice Nurse
General Practice MSN
Other

....

5. What is the NCLEX first-time pass rate for your entry-level baccalaureate program graduates as received from the Board of Nursing? *

> *Please enter your response as a numeral without the percent sign (i.e., 95 rather than 95%).*

> *Please answer -9 if this is N/A*

> *Further details will be requested on the Statistics template*

....

6. What is the NCLEX first-time pass rate for your accelerated program graduates as received from the Board of Nursing? *

> *Please enter your response as a numeral without the percent sign (i.e., 95 rather than 95%).*

> *Please answer -9 if this is N/A*

> *Further details will be requested on the Statistics template*

....

7. Describe any actions that your school has taken to recruit students from "underrepresented groups in nursing". *

> *"Underrepresented Minorities" As defined by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), "underrepresented minorities" are racial and ethnic populations who are underrepresented in the registered nurse population relative to the percentage of that racial or ethnic group in the total population. This would include Black or African American, Hispanic or Latino, American Indian or Alaska Native, and any Asian or Pacific Islander group other than Chinese, Filipino,*

Japanese, Korean, Asian Indian, or Thai. According to National Sample Survey of registered nurses, males also are underrepresented in the registered nurse population relative to their number in the total population.

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8. Describe any actions that your school has taken to recruit students from "economically disadvantaged backgrounds". *

> *As defined by HRSA, an "economically disadvantaged" person comes from a "low income family," meaning a family with an annual income that does not exceed 200 percent of HHS's poverty guidelines; a family is a group of two or more individuals related by birth, marriage or adoption who live together, or an individual who is not living with any relatives.*

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9. Do you offer combined classes where accelerated students and traditional students take class together? *

- ◯ No
- ◯ Yes, 25% combined
- ◯ Yes, 50% combined
- ◯ Yes, 75% combined

10. Select from the following list, courses required for admission: *

- ☐ Anatomy and physiology
- ☐ Microbiology
- ☐ Chemistry (e.g., General, Organic)
- ☐ Biochemistry
- ☐ Developmental psychology/growth and development
- ☐ Statistics
- ☐ Nutrition
- ☐ Other: (Please list below)

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11. What is the minimum grade point average (GPA) required for admission to your accelerated degree program?

Please choose one response.

Please choose one of the following responses:

2.0
2.5
2.75
3.0
3.25
3.5
Other

12. Is a standardized examination required for all admissions to your accelerated degree program ? *

NOTE: Your answer to this question will affect the next question.

◯ Yes
◯ No

13. Which standardized examination is required?

Please select all that apply.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

☐ Graduate Record Examination
☐ HESI
☐ Millers' Analogy
☐ TOEFL
☐ TEAS
☐ Other: (Please list below)

[   ]

14. Describe any additional requirements regarding admission criteria to your accelerated program: *

Please select all that apply.

☐ Letter(s) of reference
☐ Minimum science GPA
☐ Work experience
☐ Writing sample
☐ Basic computer word processing skills
☐ CPR certification
☐ Other: (Please list below)

_____

15. How many credits are required for graduation from your accelerated degree program? *

> *Note: we are requesting the number of **credits**. Please indicate ABSN or AMSN and enter your response as a numeral (e.g., ABSN 40, AMSN 60).*

_____

16. How many clinical hours are required for graduation from your program? *

> *Note: we are requesting the number of **clinical hours**.*
>
> *Please enter your response as a numeral. Decimal points are allowed.* (e.g., 20 or 15.5)
>
> *Please indicate ABSN or AMSN and enter your response as a numeral (e.g., ABSN 40, AMSN 60).*

_____

17. What support programs are offered to enhance NCLEX success? *

> *Please select all that apply.*

- [ ] Review courses taught by faculty
- [ ] Readiness assessment exams
- [ ] Faculty assessments of student performance
- [ ] Other: (Please list below)

_____

18. What is the total cost for tuition and educational related expenses to complete your ABSN program? *

> *Please choose one response.*
>
> *NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.*

Please choose one of the following responses:

$5,000 - $9,999
$10,000 - $19,999
$20,000 - $29,999
$30,000 - $39,999
$40,000 - $49,999
$50,000 - $59,999
$60,000 - $69,999
$70,000 - $89,999

$90,000 or more
Do not offer ABSN

19. What is the total cost for tuition and educational related expenses to complete your AMSN program? *

> *Please choose one response.*

> *NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.*

Please choose one of the following responses:

$5,000 - $9,999
$10,000 - $19,999
$20,000 - $29,999
$30,000 - $39,999
$40,000 - $49,999
$50,000 - $59,999
$60,000 - $69,999
$70,000 - $89,999
$90,000 or more
Do not offer AMSN

20. What is the time to completion of your ABSN program in months, for the majority of students? *

> *Please choose one response, please round to the nearest whole number if necessary.*

> *NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.*

Please choose one of the following responses:

12 months
15 months
18 months
24 months
More than 24 months

21. What is the time to completion of your AMSN program in months, for the majority of students? *

> *Please choose one response, please round to the nearest whole number if necessary.*

> *NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.*

Please choose one of the following responses:

15 months
18 months
24 months
32 months
36 months
More than 36 months

22. What is the web address for your accelerated degree program website? *

If you have both ABSN and AMSN pages, please provide both.

New Careers in Nursing (NCIN): 2013 Call for Applications

Funding Request and Grantee Performance *

About Funding Requests

1. If funded, what type(s) of accelerated program(s) will you be awarding scholarships to? *

   Please choose one response.

   NOTE: Selecting Accelerated Baccalaureate will force the system to grey out all Accelerated Master's related questions. Selecting "Accelerated Master's" will force the system to grey out all "Accelerated Baccalaureate" questions. When questions are grey you will not be able to answer them. If you plan to award to both program types you should select "Both Accelerated Programs", this is the only selection that will allow you to answer both ABSN and AMSN questions.

Please choose one of the following responses:
Accelerated Baccalaureate Only (ABSN)
Accelerated Master's Only (AMSN)
Both Accelerated Programs (ABSN & AMSN)

2. Schools may apply for between five and thirty scholarships in the amount of $10,000 each. How many scholarships are you requesting? *

   Please choose one response.

Please choose one of the following responses:
5 = $50,000
6 = $60,000
7 = $70,000
8 = $80,000
9 = $90,000
10 = $100,000
11 = $110,000
12 = $120,000
13 = $130,000
14 = $140,000
15 = $150,000
16 = $160,000
17 = $170,000
18 = $180,000
19 = $190,000
20 = $200,000
21 = $210,000
22 = $220,000
23 = $230,000
24 = $240,000
25 = $250,000

26 = $260,000
27 = $270,000
28 = $280,000
29 = $290,000
30 = $300,000

3. How many scholarships will be distributed to students in ABSN programs? *

   Please choose one response.

   NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

1 = $10,000
2 = $20,000
3 = $30,000
4 = $40,000
5 = $50,000
6 = $60,000
7 = $70,000
8 = $80,000
9 = $90,000
10 = $100,000
11 = $110,000
12 = $120,000
13 = $130,000
14 = $140,000
15 = $150,000
16 = $160,000
17 = $170,000
18 = $180,000
19 = $190,000
20 = $200,000
21 = $210,000
22 = $220,000
23 = $230,000
24 = $240,000
25 = $250,000
26 = $260,000
27 = $270,000
28 = $280,000
29 = $290,000
30 = $300,000

4. How many scholarships will be distributed to students in AMSN program? *

Please choose one response.

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

1 = $10,000
2 = $20,000
3 = $30,000
4 = $40,000
5 = $50,000
6 = $60,000
7 = $70,000
8 = $80,000
9 = $90,000
10 = $100,000
11 = $110,000
12 = $120,000
13 = $130,000
14 = $140,000
15 = $150,000
16 = $160,000
17 = $170,000
18 = $180,000
19 = $190,000
20 = $200,000
21 = $210,000
22 = $220,000
23 = $230,000
24 = $240,000
25 = $250,000
26 = $260,000
27 = $270,000
28 = $280,000
29 = $290,000
30 = $300,000

5. Scholarships are to be awarded to NEWLY admitted students for the Fall 2013 thru Summer 2014. If you are awarded funding, when do you intend to disburse NCIN scholarships to students during the following time periods? *

   Please choose all that apply. You will be asked to specify scholarship amounts per period in the next three questions.

   ☐ Fall 2013
   ☐ Spring 2014
   ☐ Summer 2014

6. Indicate how many scholarships ($10,000 per scholarship) you intend to disburse to NEW students in Fall 2013. *

Please choose one of the following responses: 0-30.

Please choose one of the following responses:

0
1 = $10,000
2 = $20,000
3 = $30,000
4 = $40,000
5 = $50,000
6 = $60,000
7 = $70,000
8 = $80,000
9 = $90,000
10 = $100,000
11 = $110,000
12 = $120,000
13 = $130,000
14 = $140,000
15 = $150,000
16 = $160,000
17 = $170,000
18 = $180,000
19 = $190,000
20 = $200,000
21 = $210,000
22 = $220,000
23 = $230,000
24 = $240,000
25 = $250,000
26 = $260,000
27 = $270,000
28 = $280,000
29 = $290,000
30 = $300,000

7. Indicate how many scholarships ($10,000 per scholarship) you intend to disburse to NEW students in Spring 2014. *

Please choose one of the following responses: 0-30.

Please choose one of the following responses:

0
1 = $10,000
2 = $20,000
3 = $30,000
4 = $40,000
5 = $50,000

6 = $60,000
7 = $70,000
8 = $80,000
9 = $90,000
10 = $100,000
11 = $110,000
12 = $120,000
13 = $130,000
14 = $140,000
15 = $150,000
16 = $160,000
17 = $170,000
18 = $180,000
19 = $190,000
20 = $200,000
21 = $210,000
22 = $220,000
23 = $230,000
24 = $240,000
25 = $250,000
26 = $260,000
27 = $270,000
28 = $280,000
29 = $290,000
30 = $300,000

8. Indicate how many scholarships ($10,000 per scholarship) you intend to disburse to NEW students in the Summer 2014. *

Please choose one of the following responses: 0-30.

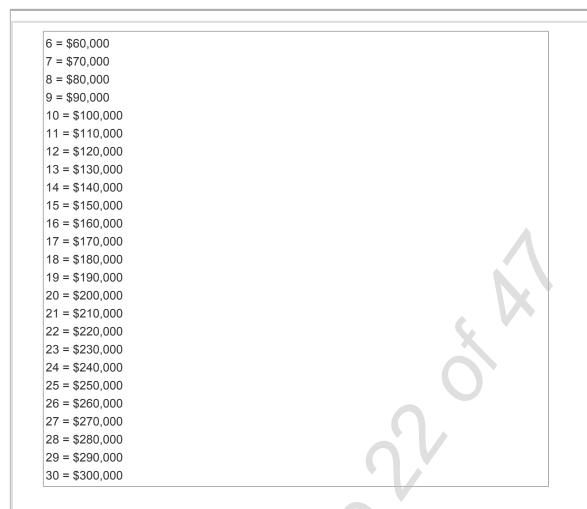Please choose one of the following responses:

0
1 = $10,000
2 = $20,000
3 = $30,000
4 = $40,000
5 = $50,000
6 = $60,000
7 = $70,000
8 = $80,000
9 = $90,000
10 = $100,000
11 = $110,000
12 = $120,000
13 = $130,000
14 = $140,000
15 = $150,000
16 = $160,000

17 = $170,000
18 = $180,000
19 = $190,000
20 = $200,000
21 = $210,000
22 = $220,000
23 = $230,000
24 = $240,000
25 = $250,000
26 = $260,000
27 = $270,000
28 = $280,000
29 = $290,000
30 = $300,000

About Past Grant Performance

9. Has your institution previously received New Careers in Nursing scholarship funds? *

    If your institution has not previously received a grant, you will skip the remaining questions.

    NOTE: Your answer to this question will affect the next question.

    ◯ Yes
    ◯ No

10. In which school years did your institution receive New Careers in Nursing scholarship funds? *

    Please choose all that apply.

    NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

    ☐ 2008-2009
    ☐ 2009-2010
    ☐ 2010-2011
    ☐ 2011-2012
    ☐ 2012-2013

11. In total, how many NCIN scholarships has your nursing school been granted? *

    Please enter your response as a numeral (e.g., 20).

    NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

    [_____]

12. In total, how many NCIN scholarships has your institution awarded to scholarship recipients as of January 11, 2013? *

Please enter your response as a numeral (e.g., 20).

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

[   ]

13. How many NCIN scholarships were awarded to your institution from the 2012-2013 grant cycle?

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

Please choose one of the following responses:

1
2
3
4
5
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16
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20
21
22
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24
25
26
27
28
29
30
None- My institution was not awarded

14.

If you have not awarded all your scholarships from your 2012-2013 grant, please explain why the awards were not made and describe the actions you are taking to recruit and award scholarships to underrepresented students. *

> *NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.*

15. Describe the composition of your nursing school faculty (i.e. degrees, ethnicity, gender) *

NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

16. Describe what is changing in your organization's culture because of RWJF scholarships. *

> *NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.*

17. What has been the impact of RWJF scholarships in your school? *

> *NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.*

18. Describe how you have used the NCIN Leadership Development Toolkit in your program implementation. *

   NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

19. Describe how you have used the NCIN PIP Toolkit in your program implementation. *

   NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

20. Describe how you have used the NCIN Mentoring Toolkit in your program implementation. *

   NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

21. Describe your efforts to leverage prior NCIN grants: Describe activities or actions taken to sustain the NCIN scholarships. If you are not successful with this funding request what are your plans to continue the changes you have made? *

   NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

22. Did you increase the number of faculty positions, full-time or part-time? *

   NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

   ○ Yes
   ○ No

23. How many full-time or part-time Faculty? *

   NOTE: If this question is grey it is due to a previous answer. Greyed out questions are not required for your application. If you feel you should be answering this question please review your above responses.

   Please choose one of the following responses:

   1
   2
   3
   4
   5
   6
   7
   8
   9
   10
   Other

New Careers in Nursing (NCIN): 2013 Call for Applications

Executive Summary *

Title * _____

Total Funding Requested $ * _____

Start Date 09/01/2013

Duration 12 months

Executive Summary *

Describe how your school of nursing intends to use scholarship funding provided through this program. In no more than one paragraph of 2,000 characters including spaces, this summary should address your institution's ability to:

- Recruit students from groups that are underrepresented in nursing or from disadvantaged backgrounds
- Select scholarship recipients
- Expand enrollment of students from groups underrepresented in nursing and/or disadvantaged backgrounds in your accelerated baccalaureate and/or master's program in nursing
- Provide mentorship and leadership development experiences for scholarship recipients
- Describe your organizational commitment to diversity in nursing. Include your plans for sustaining this commitment

Note: If you paste directly from Word or another program, the character count shown may not be accurate, as there is "hidden" code included in text when cut/pasted directly from these programs. For an accurate character count, type your summary directly into the area below instead of pasting from Word or another program. For additional information, refer to the Troubleshooting Tips (link on left), "Pasting into a text box" section.

New Careers in Nursing (NCIN): 2013 Call for Applications

Proposal and Additional Documents *

<div align="right">* Indicates required</div>

Complete the templates as per the instructions on the template documents. Except for the Program Statistics Template, those instructions are available in a separate template below. Please note that all templates can be accessed by clicking on the links in "Template" column.

All documents uploaded, must be conferted to PDF prior to uploading.

For additional information regarding converting your document to PDF, refer to the Applicant Guide (link on the left), "Upload a Document" section. You may also refer to the "File Formats" section of the Troubleshooting Tips (link on the left).

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" your proposal from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
Proposal Narrative * Complete the proposal narrative as per the instructions on the template. A link to the template is available in the next column. All sections of the proposal narrative must be addressed. Failure to provide a complete narrative will render the application non-responsive and the application will not be sent forward for review or be considered for funding under this announcement. *It is recommended that you convert your proposal to PDF format prior to uploading, in order to preserve your original document formatting. This system does not accept upload of .docx and .xlsx documents.*	Proposal Narrative	
Bibliography * Complete the bibliography as per the instructions on the template. Use the bibliography template to cite references from the proposal narrative. A link to the template is available in the next column.	Bibliography	
Program Statistics Instructions Detailed template instructions for the program statistics template are provided in the link in the next column. Read all instructions prior to completing the program statistics template.	Program Statistic Instructions	
Program Statistics Template * Prior to completing the program statistics template read all instructions provided in the program statistics instructions document located above this item. A link to the program statistics template in provided in the next column. Failure to complete and upload this template will render the application incomplete and the application will not be sent forward for review or be considered for funding under this announcement. *Save your completed Statistics document in the PDF format. This system does not accept upload of .docx and .xlsx documents.*	Program Statistics Template	
Curricula Vitae/Resume * Complete the Curricula Vitae/Resume as per the instructions on the template. A link to the template is available in the next column.	Resume	
Optional Appendices Appendices are optional. Examples of materials you may submit in this appendices template include letters of support from stakeholder groups or other organizations, fact sheets, press clippings outlining your efforts, description(s) of the organizations with whom you will work or	Appendices	

other documents directly related to the proposed project. See complete instructions/requirements on the template. A link to the template is available in the next column.		

New Careers in Nursing (NCIN): 2013 Call for Applications

Accreditation and Supporting Documents *

Please convert your document to PDF format prior to uploading.

For additional information regarding converting your document to PDF, refer to the Applicant Guide (link on the left), "Upload a Document" section. You may also refer to the "File Formats" section of the Troubleshooting Tips (link on the left).

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" your proposal from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
Certificate of Accreditation * *Schools of nursing must provide proof of being accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education. Failure to provide proof of accreditation with this application will render the application non-responsive, and the application will not be sent forward for review or be considered for funding under this announcement.*		
University Letter of Support * *Please submit a letter of support from an academic executive officer from your university. (For example, President, Provost, Chancellor or Academic Dean). Failure to provide this letter of support will render the application non-responsive, and the application will not be sent forward for review or be considered for funding under this announcement.*		

New Careers in Nursing: Round 6 2013-2014
Brief Proposal
Proposal Narrative Template

Instructions for using this template.

Please use 1-inch margins and a 12-point Arial font. You may single-space or double-space your proposal. Please delete these general instructions and the italicized ones below before uploading your completed narrative to the online grant system.

You should:
- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Delete this block of instructions prior to uploading this template.
- **Save your final Proposal Narrative in the PDF format. Refer to the Troubleshooting Tips section of the online system for additional information.** Specifics on acceptable file formats are available in the online Applicant Guide
- Upload the PDF file to the Proposal Narrative and Supporting Documents section of the online system.

NOTES:
- Your narrative should be typed in black, 12 point Arial font.
- The entire narrative, including the section headings, should have single or double-line spacing, one-inch margins top, bottom and sides, and be no longer than 8 pages. We will not review narratives that exceed the 8-page limit—or that do not conform to the formatting instructions above.
- Enter your responses under the section headings shown below. These Section headings should remain but italicized section instructions should be deleted.
- Specifics on acceptable file formats are available in the online Applicant Guide.
- Do not adjust the margins or font style/size of this template.

   Don't forget…delete this block of instructions before uploading this template.

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here)
Applicant Name: (your name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

(Your proposal narrative goes here)

1. BACKGROUND
Instructions:

Identify the applicant current mission and structure, scope of current activities, and describe how these all contribute to the ability of the organization to meet NCIN program expectations.

- *Briefly provide background statement about your school of nursing, with special attention given to your institution's experience with offering accelerated entry-level nursing programs.*
- *Include your program's successes and challenges.*
- *Discuss your organization's commitment to diversity, i.e. administrative policies or procedures, staffing and faculty.*
- *Briefly describe the composition of your nursing school faculty, including race, ethnicity and gender.*

(Approximately 1 page)

*(*Insert your response here in black font and delete the italicized instructions.*)*

2. EXPANDING PROGRAM CAPACITY
Instructions:

- *State whether receiving scholarship funding through this program will enable you to increase the number of students who are members of groups underrepresented in nursing in your accelerated nursing program beyond the current enrollment level and/or to expand your capacity.*
- *Describe changes in your nursing school enrollment and/or applicant pool as a result of receiving previous NCIN funding (for previous grantees)*
- *Describe how this funding might give you leverage to expand faculty resources and make other programmatic changes.*
- *Explain the impact if you do not receive the full amount being requested.*

(Approximately 1 page)

*(*Insert your response here in black font and delete the italicized instructions.*)*

3. DIVERSITY
Instructions:

We expect applicant institutions to actively recruit students from groups underrepresented in nursing or from disadvantaged backgrounds.

▯ *As defined by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS),"underrepresented minorities" are racial and ethnic populations who are underrepresented in the registered nurse population relative to the percentage of that racial or ethnic group in the total population. This would include Black or African American, Hispanic or Latino, American Indian or Alaska Native, and any Asian or Pacific Islander group other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai. According to National Sample Survey of registered nurses, males also are underrepresented in the registered nurse population relative to their number in the total population.*

[2] *As defined by HRSA, an "economically disadvantaged" person comes from a "low income family," meaning a family with an annual income that does not exceed 200 percent of HHS's poverty guidelines; a family is a group of two or more individuals related by birth, marriage or adoption who live together, or an individual who is not living with any relatives.*

□

- *Address specifically how you plan to recruit this population of students*
- *Identify any specific recruitment strategies as described in the NCIN Recruitment Toolkit that you have used or plan to use as part of your overall recruitment plan.*
- *Describe how you have used/plan to use the Pre-Entry Immersion (PIP) Toolkit as an academic retention strategy.*
- *How will you continue to sustain these recruitment and enrollment efforts beyond the term of this grant?*
- *Describe changes to your organizational culture as a result of previous NCIN grant awards.*

(Approximately 1 page)
(Insert your response here in black font and delete the italicized instructions*.)*

4. USE OF RWJF SCHOLARSHIP FUNDS
Instructions:
- *We expect applicant institutions to allocate RWJF scholarship funds to enrolled students accepted into accelerated baccalaureate or masters' degree nursing programs and meet the RWJF qualifications criteria.*
- *Our intent is to support students and offset expenses incurred as a result of participating in an accelerated degree program.*
- *These funds must first be applied to any unmet need in the student's aid package. Adjustments to students' financial aid packages as a result of receipt of RWJF scholarship funds must be made only to comply with federal regulations or other aid program provisions. When an adjustment is necessary, aid programs should be reduced in the following order to resolve the over award:*
  - o *Loans and/or need-based employment, at the school's discretion, unless the student specifies a preference.*
  - o *Scholarships and grants over which the institution has control.*
- *Describe your approach to the selection of scholarship recipients and how your office of financial aid or the designated university department will allocate scholarships to student from "underrepresented or disadvantaged background" and reduce their overall financial burden while in school.*

(Approximately 1 page)
 (Insert your response here in black font and delete the italicized instructions.)

5. MENTORSHIP & LEADERSHIP DEVELOPMENT
Instructions:

- *Describe your plans for mentorship activities that will be made available to increase rates of retention for these scholarship recipients.*
- *Indicate how you will use the NCIN Mentoring Toolkit to support program planning for mentoring.*
- *Describe leadership development activities, beyond the required course work, that you will implement to develop leadership potential for scholarship recipients in your accelerated program.*
- *Include a brief description of how you will use the NCIN Leadership Development Toolkit.*

(Approximately 1 page)

(Insert your response here in black font and delete the italicized instructions*.)*

6. PROGRAM EVALUATION
Instructions:
Most nursing schools have implemented an evaluation plan for the overall program. We are interested in your description of how you plan to evaluate implementation of the NCIN grant program.

- *Describe how your plan for evaluation will allow you to assess your program and make necessary adjustments for program improvement. Identify specific qualitative and/or quantitative evaluation measures for each objective and activity*
- Applicants should explain what data will be collected, methods for collection, and how data will be analyzed and reported.

(Approximately 1 page)
(Insert your response here in black font and delete the italicized instructions.)

7. Program Sustainability
Instructions:
- *Describe your plans for sustaining your institutions commitment to education and training of students from disadvantaged and underrepresented backgrounds.*
- *Discuss potential challenges you for see in implementing this plan.*
- *Identify progress made towards sustainability.*
- *Discuss challenges encountered in the implementation of the original plan for self-sufficiency and remaining work to be done.*
   (Approximately 1 page)
   (Insert your response here in black font and delete the italicized instructions.)

8. Proposal Summation:

Instructions:

Answer only set one of the following questions.
Failure to include this discussion will render this application incomplete and it will not advance to the review stage.

   A. **Previous Grantees**
- *If you are a past grantee summarize the annual report you submitted to the Foundation at the conclusion of your previous grant.*
- *Describe outcomes, success and challenges of your previous grant(s).*
- *Include a discussion of how you plan to address challenges you may have experienced and highlights of lessons learned and your past efforts to leverage this grant.*
- *Include a discussion of efforts to leverage this grant.*

(Approximately 1 page)

   ☐

  Or

   B. **Prospective Grantees**
- *If you have never been awarded a NCIN grant explain why you think your institution is well positioned to meet the goals and objectives of the New Careers in Nursing program.*
- *Describe faculty qualifications, program resources, student services, program growth potential, and related factors, and mention any perceived challenges your program may face.*

(Approximately 1 page)

(Answer only one of these questions here in black font and delete the italicized instructions.)

New Careers in Nursing
Brief Proposal
Bibliography Template

Instructions for using this template.

This is a blank template that will allow you to cite references from the Proposal Narrative. Citations should follow the style of the American Psychological Association. The Bibliography Template must be typed in 12 point Arial font, single line spacing, with 1 inch top, bottom and side margins. The Bibliography Template is limited to one page.

You should:
- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Delete this block of instructions prior to uploading this template.
- **Save your final Bibliography Template in the PDF format. Refer to the Troubleshooting Tips section of the online system for additional information.** Specifics on acceptable file formats are available in the online Applicant Guide
- Upload the PDF file to the Proposal Narrative and Supporting Documents section of the online system.

NOTES:
- This document is limited to one page.
- Specifics on acceptable file formats are available in the online Applicant Guide.
- Do not adjust the margins or font style/size of this template.

 Don't forget…delete this block of instructions before uploading this template.

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here)
Applicant Name: (your name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

<u>Program Statistic Template Instructions for NCIN 6</u>
Failure to complete and submit this template will render the application incomplete

This table requests both historical and current data about your school's accelerated programs. You are requested to submit data on applications, enrollment, graduates, NCLEX pass rates, dropout rates, and diversity within your student body. The 'years' columns refer to **academic**, not calendar, years. Please follow these instructions to answer all questions accurately and completely.

1. Please enter the Legal name of your organization and applicant ID on the table.

2. Please answer with both a **whole number** and a percent in separate cells. For example, if there were 7 male students representing 20% of your student body in 2007-2008, enter "7" in the **N** cell and "20" in the **%** cell.

3. Please use a "0" to represent instances when you have data for a particular question (e.g. Applicants) but there are no members of a particular group (e.g. American Indian or Alaska Native).

4. If your program was not in existence during a particular year please indicate with a -2.

5. *If a question does not apply to your institution or you do not have the information to correctly answer it, enter "-9"*

6. Dropout/Withdrawal: This refers to students who are **no longer** enrolled in the nursing program. The student may have been dismissed from the program or have chosen to leave voluntarily. This DOES NOT include students who have moved to delayed progression, i.e. to a traditional program.

7. Use this formula to calculate Retention Measure:

Retention of nursing students in the accelerated nursing program.	
Numerator	Number of declared accelerated nursing students who have completed the academic nursing program plus the number of accelerated nursing students who are still enrolled (accelerated or traditional) at the beginning of the following Fall semester
Denominator	Number of accelerated nursing students enrolled at the beginning of the Fall semester
Example	There are 200 students enrolled in the accelerated nursing program in Fall 2008. Prior to the start of the Fall 2009 semester, 40 students have graduated and 18 are no longer enrolled, leaving 142 continuing students.

New Careers in Nursing Scholarship Program

	The Retention Performance Measure for 2009 would be calculated as: Retention = (40 + 142) / 200 = 91.0%

8. Please provide NCLEX Pass Rate data for all Nursing School programs (Combined) as well as for Entry-level programs and Accelerated programs.

9. When filling information concerning Economically Disadvantaged students, please use the HRSA definition provided below.

> *As defined by HRSA, an "economically disadvantaged" person comes from a "low income family," meaning a family with an annual income that does not exceed 200 percent of HHS's poverty guidelines; a family is a group of two or more individuals related by birth, marriage or adoption who live together, or an individual who is not living with any relatives.*

Program Statistics Template

Application I.D.: (your application ID goes here)

Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

Accelerated Baccalaureate Programs												
Applicants	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
American Indian or Alaska Native												
Asian												
Black or African-American												
Hispanic											N/A	
Native Hawaiian or other Pacific Islander												
Other/Unknown												
White												
Economically Disadvantaged												
TOTAL number of applicants		N/A		N/A		N/A		N/A		N/A		
Enrolled	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
American Indian or Alaska Native												
Asian												
Black or African-American												
Hispanic												
Native Hawaiian or other Pacific Islander												
Other/Unknown												
White												
Economically Disadvantaged												
TOTAL number of enrollees		N/A		N/A		N/A		N/A		N/A		N/A
Overall Retention Measure	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Overall Retention Measure	N/A		N/A		N/A		N/A		N/A		N/A	
Student Withdrawal/ Dropout	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
American Indian or Alaska Native												
Asian												
Black or African-American												
Hispanic												
Native Hawaiian or other Pacific Islander												
Other/Unknown												
White												
Economically Disadvantaged												
TOTAL number of withdrawals/dropouts		N/A		N/A		N/A		N/A		N/A		N/A
Graduates	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
American Indian or Alaska Native												
Asian												
Black or African-American												
Hispanic												
Native Hawaiian or other Pacific Islander												
Other/Unknown												
White												
Economically Disadvantaged												
TOTAL number of graduates		N/A		N/A		N/A		N/A		N/A		N/A
Graduate in the expected time frame												
NCLEX Rates	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Combined first-time pass-rates												
Entry-level programs												
Accelerated programs												

Program Statistics Template

Application I.D.: (your application ID goes here)

Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

Accelerated Masters Programs												
Applicants	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
American Indian or Alaska Native												
Asian												
Black or African-American												
Hispanic											N/A	
Native Hawaiian or other Pacific Islander												
Other/Unknown												
White												
Economically Disadvantaged												
TOTAL number of applicants		N/A		N/A		N/A		N/A		N/A		
Enrolled	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
American Indian or Alaska Native												
Asian												
Black or African-American												
Hispanic												
Native Hawaiian or other Pacific Islander												
Other/Unknown												
White												
Economically Disadvantaged												
TOTAL number of enrollees		N/A		N/A		N/A		N/A		N/A		N/A
Overall Retention Measure	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Overall Retention Measure	N/A		N/A		N/A		N/A		N/A		N/A	
Student Withdrawal/ Dropout	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
American Indian or Alaska Native												
Asian												
Black or African-American												
Hispanic												
Native Hawaiian or other Pacific Islander												
Other/Unknown												
White												
Economically Disadvantaged												
TOTAL number of withdrawals/dropouts		N/A		N/A		N/A		N/A		N/A		N/A
Graduates	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
American Indian or Alaska Native												
Asian												
Black or African-American												
Hispanic												
Native Hawaiian or other Pacific Islander												
Other/Unknown												
White												
Economically Disadvantaged												
TOTAL number of graduates		N/A		N/A		N/A		N/A		N/A		N/A
Graduate in the expected time frame												
NCLEX Rates	**2007-2008**		**2008-2009**		**2009-2010**		**2010-2011**		**2011-2012**		**2012-2013**	
	N	%	N	%	N	%	N	%	N	%	N	%
Combined first-time pass-rates												
Entry-level programs												
Accelerated programs												

New Careers in Nursing
Brief Proposal
Resumes Template

Instructions for using this template.

Please use 1-inch margins and a 12-point Arial font. Please delete these general instructions and the italicized ones below before uploading your completed narrative to the online grant system.

You should:
- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown on the next page of instructions.
- Delete this block of instructions prior to uploading this template.
- **Save your final Curricula Vitae/Resumes in the PDF format. Refer to the Troubleshooting Tips section of the online system for additional information.** Specifics on acceptable file formats are available in the online Applicant Guide
- Upload the PDF file to the Proposal Narrative and Supporting Documents section of the online system.

NOTES:
- Complete this template to provide us with information for key staff members, this is a blank template that will allow you to upload curricula vitae/resumes. You may copy and paste each resume from an existing document into this template, or you may use your current NIH resume, if applicable.
- **Required resumes are for the Principle Investigator, Program Director and Program Liaison,** you may submit up to **four resumes;** each resume should not exceed **2 pages in length**. The total document **should not exceed 8 pages**.
- Complete the identifying header at the top of each page
- Provide a biographical sketch for the PD/PI or Senior Key Person identified. For each of these individuals a Biosketch should be attached which lists the individual's credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities.
- Save the information in a single file and attach by clicking Add attachment.
- Save the resumes as one document and then upload it following the instructions on the "Additional Documents" screen.
- Specifics on acceptable file formats are available in the online Applicant Guide.
- Do not adjust the margins or font style/size of this template.

Don't forget…delete this block of instructions before uploading this template.

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here)
Applicant Name: (your name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

New Careers in Nursing
Curricula Vitae/Resumes Template

Principle Investigator (required): (Defined as the individual with primary responsibility for implementing the grant. Enter Principle Investigator's name here)
Applicant Organization: (Enter school of nursing name here)

Biographical sketch (limited to 500 words, within the 2 page maximum)
Provide a biographical sketch for the Senior Key Person identified. For each of these individuals a Biosketch should be attached which lists the individual's credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Delete these instructions.

Resume Requirements:

A. **Education (Degree, location and year of completion)**

B. **Teaching Experience**

C. **Related Work Experience**

D. **Selected Publications and Papers**

E. **Awards**

F. **Professional MembershipsNew Careers in Nursing**
     Curricula Vitae/Resumes Template

Program Director (required): (Defined as the individual at the institutional level with primary responsibility for the Accelerated Degree Program. Please include even if duplicate; Enter Program Director's name here)
Applicant Organization: (Enter school of nursing name here)

Biographical sketch (limited to 500 words, within the 2 page maximum)
Provide a biographical sketch for the Senior Key Person identified. For each of these individuals a Biosketch should be attached which lists the individual's credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Delete these instructions.

Resume Requirements:

A. **Education (Degree, location and year of completion)**

B. **Teaching Experience**

C. **Related Work Experience**

D. **Selected Publications and Papers**

E. **Awards**

F. **Professional Memberships New Careers in Nursing**
Curricula Vitae/Resumes Template

Program Liaison (required): (Defined as the Point of contact for communication between the New Careers in Nursing National Program Office and the institution. Please include even if duplicate; Enter Program Liaison's name here)
Applicant Organization: (Enter school of nursing name here)

Biographical sketch (limited to 500 words, within the 2 page maximum)
Provide a biographical sketch for the Senior Key Person identified. For each of these individuals a Biosketch should be attached which lists the individual's credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Delete these instructions.

Resume Requirements:

A. **Education (Degree, location and year of completion)**

B. **Teaching Experience**

C. **Related Work Experience**

D. **Selected Publications and Papers**

E. **Awards**

F. **Professional Memberships**

New Careers in Nursing

Curricula Vitae/Resumes Template

Dean/Director/Chair (optional): (Enter Dean name here; otherwise, delete this page if not submitted)

Applicant Organization: (Enter school of nursing name here)

Biographical sketch (limited to 500 words, within the 2 page maximum)

Provide a biographical sketch for the Senior Key Person identified. For each of these individuals a Biosketch should be attached which lists the individual's credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Delete these instructions.

Resume Requirements:

   A. **Education (Degree, location and year of completion)**

   B. **Teaching Experience**

   C. **Related Work Experience**

   D. **Selected Publications and Papers**

   E. **Awards**

   F. **Professional Memberships**

New Careers in Nursing
Brief Proposal
Optional Appendices Template

Instructions for using this template.

Please use 1-inch margins and a 12-point Arial font. Please delete these general instructions and the ones below before uploading your completed Appendices to the online grant system.

You should:
- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Delete this block of instructions prior to uploading this template.
- **Save your final Appendices in the PDF format. Refer to the Troubleshooting Tips section of the online system for additional information.** Specifics on acceptable file formats are available in the online Applicant Guide
- Upload the PDF file to the Proposal Narrative and Supporting Documents section of the online system.

NOTES:
- The first/cover page of the "Appendices Template" should list the materials that are being submitted.
- The "Appendices Template," including the cover page, may be no more than 5 pages in length.
- Examples of materials you may submit in this appendices template include letters of support from stakeholder groups or other organizations, fact sheets, press clippings outlining your efforts, description(s) of the organizations with whom you will work or other documents directly related to the proposed project.
- Appendices are optional and should be combined and uploaded as one comprehensive document. One way to do this is to print out the completed cover page and scan it, together with your appendices, thus creating one, all-inclusive, file. Be sure to use a low resolution setting.
- Specifics on acceptable file formats are available in the online Applicant Guide.
- Do not adjust the margins or font style/size of this template.

   Don't forget…delete this block of instructions before uploading this template.

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here)
Applicant Name: (your name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)
(Your list of appendices goes here)