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**Vermont Health Care Employer**

**Nursing Apprenticeship and Pipeline Grant Program**

**Grant Application and Cover Sheet**

**Cover Sheet**

**Applicant Information**

Application is submitted by:

Single health care employer organization

Partnership between two or more health care employer organizations

Applicant/Lead Partner Business Legal Name:

DBA *(Doing Business As):*

Unique Entity Identifier (from SAM.Gov):

Business Legal Name(s) of partner health care employer organization(s):

**Applicant/Lead Partner Contact Information**

**Primary Contact Person**

First and Last Name:

Title:

Role at Applicant Organization:

Business Email Address:

Business Phone Number:

**Secondary Contact Person**

First and Last Name:

Title:

Role at Applicant Organization:

Business Email Address:

Business Phone Number:

**Nursing Apprenticeship or Pipeline Program Summary**

Please ensure that the details provided here match those put forward in the narrative response to the Grant Application Questions.

This application requests funding for a:

**Nursing Apprenticeship Program** – Program does include employer-based clinical education

**Nursing Pipeline Program** – Program does not include employer-based clinical education.

Requested funding will be used to:

Expand an existing nursing apprenticeship or pipeline program

Launch a new nursing apprenticeship or pipeline program

Academic Degree/Certificate Program(s) to be supported (please check all that apply):

Formal academic preparation program

Practical Nursing (PN) certificate program

Associate of Science in Nursing (ADN) degree program

Bachelor of Science in Nursing (BSN) degree program

Master of Science in Nursing (MSN) degree program

Name of Academic Partner(s):

Letter(s) of Commitment included with application

Letter(s) of Commitment to be provided within three months of Program award or prior to staff participants’ academic start date

Expected cohort size / total number of expected staff participants per year:

**Grant Request Summary**

Please ensure that the amounts provided here match the amounts identified in the Budget Form submitted as part of this application.

Total years funding requested:

Total funds requested:

Total program design and administration funds requested:

Total employer-based clinical education funds requested:

Total tuition and fees funds requested:

Total funds for Staff Participant living expenses requested:

Total matching funds committed:

**Authorized Signature**

Signature:

Name:

Title:

Date:

**Grant Application Questions**

Supplemental materials including but not limited to diagrams and visual depictions of program models, organizational charts, timelines, course schedules, and resumes/curriculum vita may be provided as attachments as indicated below. Applicants that intend to require a service commitment of Staff Participants and will use Grant Program funds to cover the costs of tuition and fees and/or living expenses for such Staff Participants may provide their service commitment requirements for AHS pre-approval in a separate attachment.

1. **Please provide a summary of your organization’s history, mission, and scope of services.** Please be sure to identify any unique aspects of the services you provide and the individuals and communities you serve. Applicants comprised of partnerships of two or more health care employer organizations should identify all partners by name and provide a brief summary of the history, mission, and scope of services for each partner. (Max. 500 words for single organization applicants; Max. 1,000 words for multi-organization applicants)
2. **Please briefly describe the purpose of your funding request.** Please describe the impact you are hoping to achieve by introducing or expanding a nursing apprenticeship or pipeline program at your organization(s), including the intended goals or outcomes for your organization(s), for staff participants, and for the individuals and communities you serve. Please feel free to include any background context or details that might be helpful to understanding your intention in applying for this funding. (Max. 350 words)
3. **Please describe the academic partnership that will be fundamental to the nursing apprenticeship or pipeline program you intend to implement or expand.** Please be sure to identify the Vermont nursing school(s) with which you intend to partner and briefly explain why you selected this school as the academic partner for your program. If known at this time, the description you provide should identify key elements of the partnership agreement, as well as a general outline of the coursework that staff participants will be expected to complete as they advance through the academic portion of the program. If the academic partnership is still being developed, the description should include the steps you have taken so far to move forward the partnership. (Max. 500 words plus attachments)
4. **If you are applying for funding to establish or expand a nursing apprenticeship program that includes employer-based clinical education, please outline your plan for ensuring high-quality employer-based clinical education for staff participants.** Please describe how you intend to recruit, onboard, and support clinical instructors and how your plan for providing employer-based clinical education complements or intersects with the academic portion of the program. Please be sure to include a level of detail that enables reviewers to better understand your approach to providing employer-based clinical education. (Max. 500 words plus attachments)

***If you are applying for funding to establish or expand a nursing pipeline program, please respond N/A to the question above.***

1. **Please identify the additional supports (e.g., academic support, wraparound support, employer-based mentorship, etc.) that you intend to make available for staff participants in your nursing apprenticeship or pipeline program, if any.** Please be sure to describe what these supports will entail with as much specificity as possible, and please briefly explain why you have elected to offer these supports. If you intend to provide assistance that better enables staff participants to identify and successfully apply for scholarships or grants to help cover their nursing school tuition and fees, your plan for providing such assistance should be briefly outlined here. If you have decided not to provide additional supports for staff participants at this time, please provide a brief rationale for this decision. (Max. 500 words plus attachments)
2. **Please outline your plan for selecting staff participants from among your organization(s)’ existing employees or new hires.** Please be sure to identify any selection criteria you will utilize to guide decision making and to describe the process by which you will make selection decisions. (Max. 500 words plus attachments)
3. **Please briefly describe how your plan for selecting staff participants or for implementing the nursing apprenticeship or pipeline program in general will help advance the professional development of employees from marginalized communities within your organization(s).** Please be sure to highlight any past, ongoing, or expected efforts at your organization(s) towards advancing the professional development of employees from marginalized communities in your response to this question. (Max. 350 words)
4. **Please outline your plan for designing, launching, or administering the nursing apprenticeship or pipeline program you intend to establish or expand at your organization(s).** The response you provide must outline the leadership and staffing structure for the program and include brief bios or curriculum vita for program leaders and any other key personnel. The response must also provide a timeline for achieving key program milestones, including but not limited to: execution of a contract with the academic partner; recruitment and onboarding of clinical instructors *(for nursing apprenticeship programs, only);* selection of staff participants; academic term start-dates; and dates by which staff participants will be expected to earn certificates or degrees. (Max 500 words plus attachments)
5. **Please describe how you intend to approach planning for sustainability of your nursing apprenticeship or pipeline program beyond the grant period.** If seeking to become an apprenticeship program registered with the State of Vermont is or might be a part of your sustainability plan, please be sure to outline the steps you will take to pursue registration, including identifying any outside resources or consultants that you might leverage in this process. (Max 500 words, plus attachments)
6. **Please briefly highlight the key challenges you believe your organization(s) may encounter in establishing or expanding and managing a nursing pipeline or apprenticeship program, as well as your approach to overcoming these challenges**. (Max 350 words)
7. **Please feel free to share any other information you feel might be helpful to assessing your request for funding.** (Max 350 words)

***The following questions will allow the Agency of Human Services to more quickly complete pre-award activities and process your grant award if you are selected.***

1. **What type of accounting system does your organization use?**

Automated

Manual

Combination

1. **Would this grant award be the first award you have received from the State of Vermont?**

Yes

No

1. **If you have previously received an award from the State of Vermont, did your organization adhere to all terms and conditions of prior grant awards from the State of Vermont?**

Yes

No

Not applicable

1. **Does your organization have adequate and qualified staff to comply with the terms of the agreement?**

Yes

No

1. **Does your organization have prior experience with similar programs?**

Yes

No

1. **Does your organization maintain policies which include procedures for assuring compliance with the terms of the award?**

Yes

No

1. **Does your organization have an accounting system that will allow you to completely and accurately track the receipt and disbursements of funds related to this award?**

Yes

No

1. **Does your organization have a system in place that will track and account for 100% of each employee’s time?**

Yes

No

1. **Have there been any significant changes to your organizational structure or service delivery in the last three years?** (e.g., organizational restructuring, new or substantially changed systems, rapid growth, loss of license or accreditation)

Yes

No

1. **If applicable, please provide any relevant information related to responses to questions 12-22.** (Max. 350 words):