

NURSE SUPPORT PROGRAM II

Request for Applications

FY 2026

Competitive Institutional Grants

DUE DATE:

Postmarked* & Emailed by Thursday, January 23, 2025

All proposals must be sent to:
Maryland Higher Education Commission
Attn: NSP II Competitive Institutional Grants
6 N. Liberty Street, 10th floor
Baltimore, MD 21201

AND

All proposals must be emailed to:
laura.schenk1@maryland.gov & kimberly.ford@maryland.gov

***Hand-delivered proposals cannot be accepted**

For more information:
nursesupport.maryland.gov

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SUMMARY TIMETABLE

Fall 2024	FY 2026 NSP II Competitive Institutional Grants RFA Released
October 1 & 2, 2024	NSP II Technical Assistance Meetings
January 23, 2025 *Hand-delivered proposals cannot be accepted. Overnight mail is strongly encouraged.	Proposals must be postmarked* & emailed to: Maryland Higher Education Commission Attn: NSP II Competitive Institutional Grants 6 N. Liberty Street, 10th Floor Baltimore, MD 21201 laura.schenk1@maryland.gov & kimberly.ford@maryland.gov
May 14, 2025	HSCRC Meeting on FY 2026 NSP II Proposals
June 11, 2025	Notification of Grant Awards after approval
July 1, 2025	Projects Begin: FY 2026 Grants
July 1, 2025	First Payment: FY 2026 Grants
August 31, 2025	Annual Reports Due: FY 2021-2025 Grants
September 30, 2025	Final Reports Due: Grants Ending FY 2025

NSP II Virtual Technical Assistance Meetings:

October 1, 2024, 1 PM - 3 PM and October 2, 2024, 10 AM - 12 PM

For more information about NSP II Technical Assistance meetings, visit the NSP website or contact kimberly.ford@maryland.gov

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OVERVIEW OF FUNDING OPPORTUNITY

Grant proposals for FY 2026 are being solicited for 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

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 was funded with approximately \$91 million for 2015-2020. 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%20Materials2.pdf>

The nursing workforce, with more than 3.5 million registered nurses (RNs) nationally and 81,238 registered in the state of Maryland (MBON, 2019), 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.

Maryland's Governor, 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 Total Cost of Care Model (2019-2026) and the previous All-Payer Model (2014-2018), collectively known as the "Maryland Model," the state has made significant strides in improving healthcare quality while controlling costs. On July 2, 2024, Governor Wes Moore announced that Maryland will participate in the Centers for Medicare and Medicaid Services' (CMS) new States Advancing All-Payer Health Equity and Development (AHEAD) Model.

The AHEAD Model will allow Maryland to build on the Maryland Model's successes, focusing on enhancing statewide healthcare quality and controlling costs. This model aims to curb healthcare cost growth, improve population health, and advance health equity by addressing disparities in health outcomes across all payers, including Medicare, Medicaid, and private insurance. Beginning in 2026 and running through 2034, the AHEAD Model will continue to leverage Maryland's unique all-payer hospital rate-setting system, with an expanded emphasis on primary care, population health, and health equity.

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 21st 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. FY 2026 proposals will be contingent on approved renewed funding. The program will be reviewed for renewed funding in February 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; Percentage of RNs with BSN in Maryland increased from 67.1% in 2018 to 69% in 2020)
- 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/>)

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 healthcare 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 return on investment of the NSP II funding will be measured through an analysis of 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, and developing a new cadre of academic and practice leaders to demonstrate to the HSCRC a true return on investment in a better prepared, capable, and readily available nursing workforce.

Both NSP I and NSP II fund programs to increase the strength and responsiveness of the nursing workforce. The NSP I and NSP II Advisory Board recognized the intersection of joint goals with the education of nurses to increase the numbers and preparation levels to overcome current and future barriers to capacity. The areas of nursing leadership, diversity, education, nursing and faculty workforce, resilience and retention of practicing nurses within the recent Future of Nursing: 2020-2030 (2021) report are integral to the goals of NSP. Nurse retention and turnover costs are the next priority concerns to be addressed by the NSP I and NSP II team.

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.

Nursing Workforce Projections

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. The MBON posts pass rates here:

<https://mbon.maryland.gov/Pages/education-nclex-stats.aspx>

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 2020-2021 Covid-19 challenges.

PROGRAM AUTHORIZATION

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

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 scholarships and awards, 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. (Appendix E) 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.

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

COMPETITIVE INSTITUTIONAL GRANT PRIORITIES

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 underrepresented groups- racial and ethnic minorities and men to nursing and nurse faculty careers and then retain them in nursing and nurse faculty careers throughout Maryland. The six types of initiatives for 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 required 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 required each year and important for synergy and collaboration to demonstrate the return on investment in programs, nurses, and faculty. The evaluation of NSP I in 2021-2022 and NSP II in 2024-2025 will assist HSCRC in making future funding decisions.

COMPETITIVE INSTITUTIONAL GRANT INITIATIVES

With the 2020 program evaluation, NSP II stakeholders and the Maryland Council of Deans and Directors of Nursing Programs endorsed continuation of the following 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 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 goal of 80% BSN by 2025. 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. Nursing does not have the capacity to meet the BSN 80% 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 must reflect the expected financial contribution or contribution in kind from each of the 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.

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. Any effort to increase nurse graduates is eligible.

2. Initiatives to advance the Education of RN-BSN, MSN, and Doctoral Level

NSP II funding will be available for individual or partnerships 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 considered until all required approvals by the Maryland Board of Nursing and the Maryland Higher Education Commission have been obtained. Significant program changes that require review and approval by the accrediting institution must also be included.**

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 is available for 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 is 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.

Opportunities are available to expand graduate nursing programs by developing 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. 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 II 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; develop Nurse Residencies with academic credits; 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 student onboarding requirements. Consider partnerships that cover a nurse liaison or methods to incorporate experienced nurses on units to provide instruction to students. Consider areas of concern to hospital administrators such as turnover, retention, environment of care, etc.

Funding is 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 www.leadnursingforward.org and <https://www.montgomerycollege.edu/academics/departments/nursing-tpss/maryland-clinical-simulation-resource-consortium.html> 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 pre-determined number of nurses enrolled in graduate degree programs who 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 clinical instructors, adjunct and experienced full-time faculty, as well as a limited number of 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 5 students/year- maximum 25 total 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, small stipends for mentors, and indirect institutional support. Only one funded Cohen Scholars grant is allowed per school. The program transitioned from the former Hal and Jo Cohen Graduate Nurse Faculty Scholarship (GNF) in preparing the next generation of nurse educators for Maryland. **All proposals for the Cohen Scholars Cohort Model must include sufficient evidence that new student awards will be prioritized for current nurse educators or those committed to a faculty career path.**

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 realistic, reasonable and justified by the scope, outcomes and matching institutional investment in the project.** In general, consideration should be made that 30 schools of nursing in Maryland may be 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 remain dedicated to NSP II initiatives.

GRANT PERIOD

Implementation grants will be funded for a period of one (1) to four (4) years. Planning grants are limited to one (1) to two (2) years and resource grants are limited to one (1) year. Grants funded in FY 2026 will begin on July 1, 2025 and end no later than June 30, 2029. Funding for FY 2026 grants will be contingent on approved renewed NSP II program funding.

GRANT TYPES

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. The budget must be justified by the scope and outcomes of the project addressing one of the six initiatives. Grants will be funded for a period of one (1) to four (4) years.

Resource Grants

Resource grant awards of 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. If the NCLEX-RN first-time pass rates are under the required state average for two successive years, the only grant option available for pre-licensure nursing programs is the Resource grant. 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. If the nursing program has remediation plans with MBON or an accrediting board, these need to be included. 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.

Professional Development (P.D.) Resource Grant

Professional Development (P.D.) resource grant awards of up to \$50,000 are available for nursing programs for **full-time nurse faculty** members to attend national and/ or state nursing conferences. These funds are intended to supplement any existing funds provided by the institution for nurse faculty professional development. Proposals must include a detailed narrative and reasonable budget request in accordance with each faculty member's needs that exceed institutional resources. The budget narrative must include a breakdown for each faculty member with conference details, dates, registration fees and travel expenses (refer to **ineligible expenses*** described below). The application budget summary and budget narrative must reflect any institutional funding being used for each faculty member. Proposal narrative must describe how grant expenditures are expected to contribute to the nursing program's outcomes. (For example: increased NCLEX-RN pass rates, graduation rates, and/ or student & faculty retention rates). Schools are limited to one (1) P.D. resource grant per year. Requests for funding must be supported with details on why the P.D. resource grant is being requested.

***Ineligible expenditures for resource grants** include: personnel expenses (except for personnel-related expenses for programs that are limited to resource grants due to NCLEX-RN pass rates below the required Maryland RN passing rate), clinical simulation equipment and virtual reality programming materials, student retention, student-focused materials, and indirect costs. Please note this list is not considered exhaustive.

***Ineligible expenditures for P.D. resource grants** include: international travel, rental car fees, first-class airfare, food that exceeds the MD per diem rate (<https://dbm.maryland.gov/pages/mealtipreimbursement.aspx>), course fees, journal

subscriptions, professional membership dues, and/ or certification fees. Please note this list is not considered exhaustive.

In general, 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. The annual/ final report for P.D. resource grants must include a summary of the professional development activities, the benefits provided to the nursing program and how it contributed to the nursing program's outcomes (For example: increased NCLEX-RN pass rates, graduation rates, and/ or student & faculty retention rates).

Continuation Grants

Continuation grants are by invitation only and available for projects with proven outcomes and high potential to impact state level needs. 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. Invitations for NSP II Continuation Grants will be sent to project directors during the final year of funding and will require submission of a modified grant proposal for the panel review. With notification of the approval of the continuation grant, the concluding grant ends and all funds must be returned.

ELIGIBILITY INFORMATION

Eligible applicants for competitive grants funded by NSP II are one of the following:

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

APPLICATION SUBMISSION

- One signed original proposal and eight two-sided copies must be submitted to MHEC.
- **No Binding**- use paper clips or binder clips on the left top corner.
- 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 emailed by the due date to: laura.schenk1@maryland.gov and kimberly.ford@maryland.gov.
- Proposals for the NSP II FY 2026 Competitive Institutional Grants must be postmarked by Thursday, January 23, 2025 and sent to Maryland Higher Education Commission, Attn: NSP II Competitive Institutional Grants, 6 N. Liberty Street, 10th floor, Baltimore, MD 21201; and emailed to laura.schenk1@maryland.gov & kimberly.ford@maryland.gov. 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 near June 11, 2025, 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

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

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. If sustainability is not addressed in proposals whose initiatives are expected to continue when the grant ends, the proposal may be rejected by the review panel.

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.

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 zero (\$0), the proposal will not be reviewed.

PROPOSAL FORMAT

- The proposal narrative must be limited to a **maximum of 15 single-spaced pages. All required pages for scoring the proposal must be within this limit.**
- 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 the proposal.
- Appendix material must only include relevant information like Mandatory Data Tables, brief resumes, etc. (The appendices do not count in the 15-page proposal limit.)
- One signed original proposal and eight two-sided copies must be submitted to MHEC.
- No Binding- use paper clips or binder clips on the left top corner.
- 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 emailed by the due date to: laura.schenk1@maryland.gov and kimberly.ford@maryland.gov.

PROPOSAL CONTENT

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) (Appendix A including Mandatory Data Tables)** Four separate names and signatures are required on the second page of the cover sheet. An original signature from the President, Vice President, or Dean is required in the proposal authorization line. Other staff signatures are not accepted on the authorization line (ex: Project Director, Grants Staff, and Finance Staff). Separate names must be listed under each role of: Project Director, Grants Office, and Finance office. The same name should not be listed for the Grants Office and the Finance Office.
- 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)**
- 4. Proposal Narrative: (75 Points) (Proposal Narrative a-e is limited to 15 single-spaced pages)**
 - 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 for two successive years, the only grant option available for pre-licensure nursing programs is the Resource grant.**
 - Data should include but not be limited to:
 - o Number of nursing enrollments of each nursing program
 - o Number of graduates and graduation rate for each nursing program

- o Passage rate of graduates of each nursing program on any required nursing licensing exams
- o Number and type of full-time and part-time nursing faculty
- o 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 resumes** 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 key staff before the application is submitted. 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 have 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.

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 Mandatory Data Tables (Appendix A) and maintain reporting related to proposed 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: excessive budgets will disqualify proposals.** If the NSP II Review Panel would like to recommend funding for a proposal but have serious concerns about excessive budget, it will not be recommended for funding. Required budget forms can be found on the NSP website.

Required Budget Forms

- Application Budget Summary with original signatures (photocopies and email copies not acceptable)
- An annual application budget and annual budget narrative 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). All salary increases for grant personnel (up to 3% annually) should be included in the original approved budget. Requests to amend budgets to include annual salary increases beyond 3% will not be considered.**
- 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

These are considered the responsibility of the institution. Applicants may not request funds for the following purposes:

- Existing programming
- Non-instructional equipment
- Clinical Simulation or Virtual Reality equipment, materials, supplies, high fidelity or other manikins as this is addressed by the MCSRC:
<https://www.montgomerycollege.edu/academics/departments/nursing-tpss/maryland-clinical-simulation-resource-consortium.html>
- Standardized patients
- Duplicating previously funded projects
- Student retention/ academic success
- Construction and renovation of facilities; phone lines
- Capital equipment for new facilities, ex: furniture
- High school student programs
- Student supplies and materials required by the program, ex: textbooks
- Student funds for electronic resources or reimbursements for testing, ex: HESI, Kaplan, ATI, Nurse Tim, UWorld, Review Courses, licensure, and other student fees
- Tuition & fees (with the exception of the Cohen Scholars program)
- Marketing
- Activities that generate revenue
- Entertaining (excludes light fare for faculty recruitment sessions, professional development sessions, conferences, etc.)
- Incentives

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; and/or
- **Demonstrate a budget transition towards self-sufficiency. If sustainability is not addressed in proposals whose initiatives are expected to continue when the grant ends, the proposal may be rejected by the review panel.**

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;
- 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.
- A Budget Narrative is required each year with the annual report to track along with the approved budget and any approved changes.

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 the President, Vice President, or Dean. Other staff signatures are not acceptable.

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

DATA REQUIREMENTS

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 definitions for Mandatory Data Tables are in Appendix A. This is a required Data Set for all Programs.

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

A virtual Technical Assistance meeting will be held on two selected dates each year to afford potential applicants pre-submission assistance. Topics will be the same at each meeting and will include a program overview, an overview of this RFA, and discussion of the RFA requirements.

Technical Assistance meeting links will be sent to the Dean/Director of each nursing program in Maryland. Please coordinate with the Dean/Director of Nursing at the institution to receive the virtual meeting link to join one of two virtual meetings on Tuesday, October 1, 2024, 1:00 pm to 3:00 pm or Wednesday, October 2, 2024, 10:00 am to 12:00 pm. For more information about NSP II Technical Assistance meetings, visit the NSP II website or contact kimberly.ford@maryland.gov.

If in writing the proposal you have questions about the proposal format or require other technical 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

- Applications must be postmarked and emailed by the deadline to: Maryland Higher Education Commission, Attn: NSP II Competitive Institutional Grants, 6 N. Liberty Street, 10th floor, Baltimore, MD 21201 and by email to laura.schenk1@maryland.gov & kimberly.ford@maryland.gov
- 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 (ex: NSP II 25-xxx) which must be used to refer to the project in future communications. **It is mandatory that all communication regarding**

the grant include this number, including in the email subject line and must be sent from the Project Director’s email address (not other grant staff).

- 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

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 consideration of 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.

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

NOTIFICATIONS OF AWARDS

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 after approval by the Health Services Cost Review Commission at their monthly meeting in May. 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: Dr. Laura Schenk, laura.schenk1@maryland.gov and Kimberly Ford, 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, Samuel Durai Pandian at 410-767-3044, samueldurai.pandian1@maryland.gov

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.

<p><u>ACH Instructions:</u></p> <p>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 Street, San Francisco, CA 94101 ABA Routing Number: 121000248</p>	<p><u>Wire Instructions:</u></p> <p>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 Street, San Francisco, CA 94101 ABA Routing Number: 121000248 Swift Code: WFBIUS6S Chips Code: 0407</p>
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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

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 from MHEC for any change to the scope, objectives or budget of the approved project. This includes any changes resulting in additions, deletions or modifications related to or resulting in a need for budget reallocation. The grant recipient must submit all applicable project amendment forms (as described below) to NSP II staff (which can be found on the NSP website).

Project Amendment Requests

Written approval must be obtained to:

1. Replace the project director (or any other persons named and expressly identified as a key project person in the proposal) or to permit any change in percentage of effort for grant personnel. *Submit a Project Amendment Form & a brief resume for new Project Director;* or
2. Make budget changes exceeding \$1,000 or 10% in any category, whichever is greater. Budget amendment requests should focus on adjustments in existing line items and should include strong evidence that the adjustments would support the achievement of project goals and outcomes. *Submit a Project Amendment Form & Budget Amendment Request form.*

Budget amendment requests may only be submitted once per fiscal year. No changes can be requested in the first year of award. In addition, ineligible expenses cannot be requested after awarding in reallocations. NSP II staff will review all project amendment requests and the Project Director will be notified in writing if it is approved or not.

Grant Extensions

Grantees must request written approval before the end of the grant if additional time beyond the established termination date is required to ensure projected outcomes are met 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 31st. The request must explain the need for the extension with valid outcomes data and projected outcomes with additional time. Please 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 reasonable expectation of meeting the

proposed outcomes, the funds will need to be returned and the grant closed on the original end date. *Submit a Project Amendment Form, Budget Amendment Request form, and Projected & Actual Outcomes table.*

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 partner 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. *Submit a Project Amendment Form & Budget Amendment Request form.*

Situations where no carryover requests are allowed 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. A remaining fund balance at the end of the fiscal year of \$50,000 or more; 4. Did not submit mandatory data tables; 5. Did not submit annual mandatory dissemination citations and supporting materials, and/or 6. Project is not meeting proposed outcomes and has no likelihood of success either through overstatement of proposed outcomes or unexpected changes in the institution. Excessive remaining funds need to be returned in full to rebalance the original budget. 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.

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 returning any unused funds should be directed to the MHEC Finance Director, Samuel Durai Pandian, 410-767-3044, samueldurai.pandian1@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, NSP II Grant #, Title.

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

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.

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 in-person or virtual site visits, or request written materials for periodic reports of grant progress.

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
- The annual report includes a budget form and a budget narrative form. The budget shows how much of the grant has been spent and how much remains in each line item of the original accepted budget proposal. Annual reports are required to be submitted through USPS hard copy original and electronic PDF file with electronic excel annual budget forms. In the event of remote working or interruptions of normal business operations, electronic signatures will be accepted.
- 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

The final report must include:

- Final reports must be submitted. Failure to submit a final report will make the project director ineligible to apply for future grants.
- The final report includes a budget form and a budget narrative form. The budget shows how much of the grant has been spent and how much remains in each line item of the original accepted budget proposal. Final reports are required to be submitted through USPS hard copy original and electronic PDF file with electronic excel final budget forms. In the event of remote working or interruptions of normal business operations, electronic signatures will be accepted.
- 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 with 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. Annual Budget Summary
3. Projected and Actual Outcomes Table Template
4. Mandatory Data Tables Template
5. Project Amendment Form
6. Budget Amendment Form
7. Final Report Template
8. Final Report Budget Summary

All forms are available on the NSP website.

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, receipts, payment vouchers, statements, cancelled checks, payroll records, employment contracts, other 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.

REFERENCES

National Academies of Medicine and Robert Wood Johnson Foundation, The Future of Nursing 2020-2030; Charting a Path to Health Equity (2021) report.

<https://www.nmnec.org/wp-content/uploads/2021/05/Future-of-Nursing-2020-2030.pdf>

National Academies of Medicine and Robert Wood Johnson Foundation, The Future of Nursing; Campaign for Action: Education Maps (2018 & 2020)

<https://campaignforaction.org/wp-content/uploads/2019/02/Education-map-2018.pdf>;

<https://campaignforaction.org/maps-illustrate-decade-progress-nursing-education/>

Institute of Medicine (US) Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. The Future of Nursing: Leading Change, Advancing Health. Washington (DC): National Academies Press (US); 2011. PMID: 24983041

<https://pubmed.ncbi.nlm.nih.gov/24983041/>

Lead Nursing Forward, www.leadnursingforward.org

Maryland Board of Nursing, NCLEX-RN Pass Rates,

<https://mbon.maryland.gov/Pages/education-nclex-stats.aspx>

Maryland Nursing Workforce Center, <https://www.nursing.umaryland.edu/mnwc/>

Nurse Support Program I and II, www.nursesupport.org

NSP II Forms, <https://nursesupport.org/nurse-support-program-ii/forms/>

NSP II Meetings, <https://nursesupport.org/nurse-support-program-ii/meetings/>

NSP II Project Dissemination at the Maryland Action Coalition,

<https://nursesupport.org/nurse-support-program-ii/maryland-action-coalition/>

APPENDICES

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

Nurse Support Program II FY 2026 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: <input type="checkbox"/> Planning <input type="checkbox"/> Implementation <input type="checkbox"/> Continuation <input type="checkbox"/> Resource Grant <input type="checkbox"/> P.D. Resource Grant	
Type of Competitive Grant Initiative (CHOOSE ONLY ONE): <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	
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 (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 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 2026 – Competitive Institutional Grants

Mandatory Data Tables

Required Data Set for all Programs

These definitions and metrics are consistently collected and reported by nursing programs in annual Maryland Board of Nursing (MBON) or accreditation reports.

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, 2024	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 BS			
Clinical Nursing Faculty with MS			

How many vacant faculty positions does your program have?

As of Oct. 15, 2024	Full-Time	Part-Time
Number of Vacant Faculty Positions		
Faculty Retention Rate (if known)		

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.

Certified Nurse Educators As of Oct. 15, 2024	# with CNE	% of FT Faculty
Number of FT Faculty with NLN CNE credential		

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 2026 RFA (AY 2023-2024)

Enrollment: Unduplicated headcount for academic year as of Oct. 15, 2024.

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

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).

Pass Rates (NCLEX-RN)	
Employment Rate	

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 100% 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
Graduates								

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.**

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

Underrepresented Groups in Nursing	Age		
	Less than age 30	Greater than age 60	Total Number
Nursing Faculty (full-time)			
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, 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:

Institution: _____

Contact Info:

Phone: _____

Email address: _____

APPENDIX B: SAMPLE BUDGET SUMMARY & SAMPLE BUDGET NARRATIVE

Prepare in Excel and submit:

- Separate Application Annual Budget Requests for **each year** (see below), &
- A Total Application Budget Summary for all years (see next page)

Forms and Report Templates available on the NSP website.

SAMPLE APPLICATION ANNUAL BUDGET REQUESTS (Submit one for each year)

Nurse Support Program II – Competitive Grant Program Application Annual Budget Request

Institution: _____
 Partner Institutions or Organizations: _____
 Project Title: _____
 Year # of grant & FY 202__ : _____

	SOURCE OF FUNDS		
	COLUMN 1 NSP II FUNDS REQUESTED*	COLUMN 2 INSTITUTION'S MATCH FUNDS	COLUMN 3 OTHER FUNDS**
A. Salaries & Wages			
Professional Personnel			
List each by name and title			
1			
2			
3			
4			
Other Personnel (list by job category & note # of each)			
5			
6			
7			
8			
Total Salaries and Wages	\$ -	\$ -	\$ -
B. Fringe Benefits			
C. Travel			
D. Participant Support Costs (specify)			
1. (REQUIRED) Mandatory Dissemination Activities			
Total Participant Costs	\$ -	\$ -	\$ -
E. Other Costs			
1. Materials and Supplies			
2. Consultant Services			
3. Computer Services			
4. Other (specify)			
Total Other Costs	\$ -	\$ -	\$ -
F. Total Direct Costs (A through E)	\$ -	\$ -	\$ -
G. Indirect Costs (cannot exceed 8% of F)	\$ -	\$ -	\$ -
H. Total (F & G)	\$ -	\$ -	\$ -

**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.*

SAMPLE APPLICATION BUDGET SUMMARY (Includes all years)

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	Total Amount of Funds	Total Institution Funds Over	
	FY 202__	FY 202__	FY 202__	FY 202__		Match or In Kind Contribution	Other Funds
A. Salaries & Wages							
Professional Personnel : List by name & title							
1							
2							
3							
4							
Other Personnel:							
List by job category & note number of each							
5							
6							
7							
8							
Total Salaries & Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
B. Fringe Benefits							
C. Travel							
D. Participant Support Costs							
1. (REQUIRED) Mandatory Dissemination Activities							
E. Other Costs							
1. Materials and Supplies							
2. Consultant Services							
3. Computer Services							
4. Other costs (list)							
Total Other Costs	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
F. Total Direct Costs (A through E)	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -
G. Indirect Costs (cannot exceed 8% of F)	\$ -	\$ -	\$ -		\$ -		
H. Total Costs	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -

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 ANNUAL BUDGET NARRATIVE (Submit one for each year)

Nurse Support Program II – Competitive Institutional Grants

Lead Institution: _____

Project Title: _____

Year # of grant & FY 202__ : _____

(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 on 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* (as needed for travel within MD needed for grant activities)

- 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. ****This is not for travel associated with mandatory dissemination activities, which should be included under D. Participant Support Costs.***

D. Participant Support Costs

Mandatory Dissemination Activities (REQUIRED):

- Column 1: 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.

Other Participant Support Costs (as needed):

- Column 1: Hospital partner sub-award \$1,000 per site x 10 = \$10,000. Separate sub-award budgets are required if partners receive sub-awards and report to the lead school.
- Column 3: Hospital partner is dedicating NSP I funds \$1,000 per site x 10 = \$10,000. If grant partners are committing funds to the grant project, they should be included in column 3 (other funds).

E. Other Costs (as needed)

Materials & Supplies:

- Column 1: Office supplies needed to conduct monthly partner site visits. Request = \$500

Computer Services:

- Column 1: Virtual platform to conduct weekly partner meetings. Request = \$150

Other (specify) *

- Column 2: The University will provide printed materials to recruit participants as a 100% in-kind contribution valued at \$3,000. In-kind = \$3,000 ****If needed, marketing related expenses should always be listed under column 2 as this is an ineligible cost.***

F. Total Direct Costs (A through E)

G. Indirect Costs (Cannot exceed 8% of F)

H. Total (F & 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

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.

Institution

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

Name and Title, Printed	Date
--------------------------------	-------------

APPENDIX D: ANNUAL NARRATIVE REPORT TEMPLATE

**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

Attn: Nurse Support Program II

6 N. Liberty Street 10th Floor

Baltimore, MD 21201

2. Electronic copies (to the 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 the following:

- One **combined** PDF of the annual report narrative, signed annual budget summary, annual budget narrative, Mandatory Data Tables, **and**
- Excel spreadsheet of annual budget summary

E-mail: laura.schenk1@maryland.gov and kimberly.ford@maryland.gov

Type of Competitive Grant Initiative (see original proposal)

#1-6: _____ Initiative to: _____

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 (# of additional)	FY _____ Increase Year 1	FY _____ Increase Year 2	FY _____ Increase Year 3	FY _____ Increase Year 4	FY _____ Increase Year 5	Total Increase (# of additional)
Nursing Pre-Licensure Graduates							
Nursing Higher Degrees Completed							
Nursing Faculty at Doctoral Level							
Collaborative or Statewide Results							

Goals & Objectives

Please report on the annual progress of your NSP II project. For each initiative (hiring faculty, enrolling more students, graduating students, etc.) 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?

Additional Narrative for Cohen Scholars (initiative #6)

If you are a Cohen Scholars (initiative #6) project, please include the following additional items:

- Any new signed nomination forms and mentoring forms; and
- Notarized standard service agreement forms and promissory notes for all new students.

How many Cohen Scholars (# of students) has your program awarded in its entirety?

How many Cohen Scholars have been dismissed from the program (not met GPA, skipped mandatory meetings, etc.)?

Did you create a community for the CS in a LMS like Blackboard or Canvas? How was it implemented and received?

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

How many students completed the 9 SH of education coursework?

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

How many completed the 12 SH post graduate teaching certificate?

Provide feedback on the financial literacy requirement (include the type of program/course used, value of the program, etc.).

Provide feedback on how many Cohen Scholars completed the following activities this year (include total # of students for each activity):

- completed the financial literacy requirement
- attended a Certified Nurse Educator (CNE) Workshop
- paid an annual professional membership
- attended a scholarly conference (submitted a poster and/or presentation)
- attended Maryland Action Coalition (MDAC) Summit
- completed a profile on Lead Nursing Forward (LNF)
- found a teaching position through LNF
- achieved entry level NLN or ANPD competencies

Appendix

Appendix should include the Mandatory Dissemination; Annual Report Budget Narrative and Budget Summary; and Mandatory Data Tables.

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 it with the file so we may post the work on the NSP II website.

Annual Report Budget Narrative

Attach signed BUDGET SUMMARY (see below) with the following budget narrative descriptions of the approved expenditures in a budget narrative. For each line item in the budget, report the amounts budgeted and expended for the FY. Include details for each line item in the budget to explain differences between actual versus budgeted expenses.

- A. Salaries and Wages: List all personnel
- B. List fringe benefits for each person listed in section A.
- C. Travel: list place and purpose
- D. Participant support costs
 - 1. Mandatory dissemination costs
- E. Other costs
 - 1. Materials and supplies
 - 2. Consultant services
 - 3. Computer services
 - 4. Other (specify)
- F. Total direct costs (A through E)
- G. Indirect costs (cannot exceed 8% of total grant)
- H. Total F + G

If the total amount of remaining funds at the end of the fiscal year exceeds \$50,000, the expectation is that the excess funds will be returned to MHEC before August 31st. If you will be requesting to carryover less than \$50,000, please substantiate this request with strong evidence to support how the funds will be realistically spent in the next fiscal year. Carryover requests should focus on adjustments in existing line items and should include strong evidence that the adjustments would support the achievement of project goals and outcomes.

Annual Report Budget Summary

Use the Excel Spreadsheet template. Refer to the NSP website for the most recent version.

Mandatory Data Tables

Use the Word Document template. Refer to the NSP website for the most recent version.

APPENDIX E: STATEWIDE INITIATIVES PROGRAMS

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 Health Services 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.

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) Dr. Peg. E. Daw Nurse Faculty Annual Recognition (NFAR) Award provides an annual award to faculty recognized across nursing programs on five pillars of excellence determined by Maryland's Deans and Directors, (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, (10) Maryland Nursing Workforce Center (MNWC) and (11) Renewal, Resilience and Retention for Maryland Nurses (R3).

These Statewide Initiatives support the NSP II goals 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.

The Statewide Initiatives for faculty-focused programs and resources are available on the NSP website.