

Funding Opportunity

Applications Due: **Monday, January 31, 2022, by 11:59 pm**

Application Information Webinar: **Thursday, January 6, 2022, at 10 am**

Intent to Apply Due: **Friday, January 7, 2022, by 11:59 pm**

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| --- |
| School Nurse Workforce GrantPursuant to the [Coronavirus Preparedness and Response Supplemental Appropriations Act](https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf), 2020 CDC-RFA-TP18-1802 |

**Program Questions:**

Jacklyn Thompson, School Nurse Workforce Grant Coordinator

Thompson\_J@cde.state.co.us

**School Nursing Questions:**

Anita Brodecky, Regional Nurse Specialist

Brodecky\_A@cde.state.co.us

**Budget/Fiscal Questions:**

Tricia Miller, Grant Specialist

Miller\_T@cde.state.co.us



**Application Process Questions:**

Mandy Christensen, Competitive Grants and Awards

(303) 957-6217 | Christensen\_A@cde.state.co.us

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**School Nurse Workforce Grant**

**Applications Due: Monday, January 31, 2022, by 11:59 pm**

# Program Introduction and Purpose

As a result of the American Rescue Plan Act of 2021 (P.L. 117-2), March 22, 2021, the Centers for Disease Control and Prevention (CDC) activated CDC-RFA-TP18-1802 Cooperative Agreement for Emergency Response: Public Health Crisis Response to provide additional relief to address the continued impact of the COVID-19 pandemic. This funding is intended to establish, expand, train, and sustain the public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school nursing.

COVID-19 has highlighted the fact that school nurses are considered specialists in public health and uniquely qualified to address pandemic preparedness, management, and response efforts in the school setting. This program, funded through CDC’s COVID-19 Public Health Workforce Supplemental Funding, will support Local Education Providers in their efforts to recruit, hire, and retain school nurse staff.

Local Education Providers may apply for funding in any or all of the focus areas of the School Nurse Workforce Grant:

1. To help schools achieve adequate school nurse staffing to support the application of COVID-19 health guidance and to respond to the growing needs of students with chronic conditions.
2. To increase the school nurse’s capacity to successfully keep schools open for in-person learning while protecting the health and safety of school community members.
3. To support local education providers in their efforts to recruit and retain qualified school nurses.

# Eligible Applicants

Local Education Providers (LEPs) are eligible to apply for this opportunity. An eligible LEP is:

* A School District;
* A Board of Cooperative Services (BOCES);
* A Charter School authorized by a School District;
* A Charter School authorized by the Charter School Institute;
* Indian tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Act (25 U.S.C. 450b));
* The Colorado School for the Deaf and Blind or
* A consortium of two or more such local education providers.

Applications will not be accepted from individual non-charter schools. Those schools must be included in an application submitted by their district. Only one application per LEP will be accepted (not including charter school applicants).

Charter schools may submit a stand-alone application but must receive sign-off from their authorizer. The authorizing district or CSI will be the fiscal agent, if funded.

Available grant funding will be distributed to LEPs (as indicated in the lists above) with school(s) demonstrating high need based on Priority Criteria. Priority will be given to applicants that demonstrate one or more of the following needs:

* Need for additional full time school nurses demonstrated by a student-to-full-time school nurse ratio greater than 1:225;
* Need for additional full time Registered Nurse (RN) staff based on county COVID-19 vaccination rates for individuals ages 12 years and older; and/or
* Need for school nurse retention incentives based on 2020-2021 school nurse attrition rate.
* LEP serves a high percentage (greater than 40%) of students eligible for free or reduced-price lunch (FRL). ([See the CDE District and School Dashboard for FRL data](https://www.cde.state.co.us/district-school-dashboard))
* The LEP serves students:
	+ in communities with moderate to high levels of social vulnerability based on the CDC Social Vulnerability Index 2018 ([link to SVI map](https://svi.cdc.gov/map.html)),
	+ in a rural, frontier, or rural area in an urban county community as designated by the Colorado Rural Health Center ([link to rural health map](http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf)),
	+ in a county/community designated as a Medically Underserved Area (MUA) ([link to MUA map](https://data.hrsa.gov/tools/shortage-area/mua-find)),
	+ in a county/community designated as a Geographic or Low Income Population Health Professional Shortage Area by the HRSA ([link to HPSA map](https://data.hrsa.gov/tools/shortage-area/hpsa-find)), and/or
	+ who live on a Colorado Native American reservation.

# Available Funds

Approximately $8 million is available for the 2021-2022 and 2022-2023 school years. CDE anticipates awarding grants for an 18-month period.

CDE anticipates awarding grants in the amount of $20,000 - $350,000 over an 18-month period. Funding requests may be lower than $20,000 but should not exceed $350,000.

Funding in subsequent years for grantees is contingent upon continued appropriations and upon grantees meeting all grant, fiscal and reporting requirements.

# Allowable Use of Funds

A Local Education Provider that receives a grant under the program shall use the monies to:

* Hire adequate school nurse staffing to support the application of COVID-19 health guidance and to respond to the growing needs of students with chronic conditions;
* Increase current school nurse capacity to successfully keep schools open for in-person learning while protecting the health and safety of school community members; and/or
* Recruit and retain qualified school nurses.

Funds may not be used to supplant funding from other federal sources or matching on other federal awards.

CDE anticipates awarding the following approximate amounts for the allowable activities identified below:

* $3,944,000 to hire full time nurses for two years (2021-2022, 2022-2023), including:
	+ Hiring full time RNs to perform the duties of a school nurse
	+ Full time RN devoted to managing COVID-19 related needs for the school and/or district
	+ Full time District Lead RN devoted to supervising school nursing staff, managing COVID-19 efforts and building strong school nursing infrastructure focused on retaining school nursing staff
* $1,972,000 to increase part-time school nurse positions to full-time positions for two years (2021-22, 2022-23), including:
	+ Conversion of part time positions to full time positions
* $240,000 to support recruitment efforts for school nurses, including:
	+ Hiring bonuses
* $1,878,000 to support retention of school nurses, including:
	+ Retention bonuses

**Note:** Funding may not be used for food.

# Duration of Grant

Grants will be awarded for an 18-month term beginning in the 2021-2022 fiscal year and ending in the 2023 fiscal year. Additional grant funding for subsequent years will be contingent upon continued funding appropriations from the Centers for Disease Control and Colorado Department of Public Health and Environment. Funded applicants for the 2021-2022 school year are not guaranteed any additional funding beyond the 2021-2022 school year at this time. Funds must be expended by **June 30, 2023**. There will be no carryover of funds.

# Evaluation and Reporting

Each Local Education Provider (LEP) that receives a grant through the School Nurse Workforce Grant Program is required to report specific program information to the Department on or before July 8, 2022. See **Attachment A: Reporting Templates** for year end, mid-year, and final reporting requirements.

In addition, funded LEPs are required to complete and submit an action plan to the Department within 45 days of the grant award date. See **Attachment B: School Nurse Workforce Grant FY 21-22 Action Plan Template**.

Due to the dynamic nature of the pandemic response, some aspects of the evaluation timeline and reporting requirements are still under development and may be subject to change.

*Information reported to CDE in relation to grant activities is not confidential and is subject to public request. Grantees should ensure reported information does not contain PII or confidential information.*

# Data Privacy

CDE takes seriously its obligation to protect the privacy of student and educator Personally Identifiable Information (PII) collected, used, shared, and stored. PII will not be collected through the School Nurse Workforce Grant Program. All program evaluation data will be collected in the aggregate and will be used, shared, and stored in compliance with CDE’s privacy and security policies and procedures.

**Note:** Documents submitted must not contain any personally identifiable student or educator information including names, identification numbers, or anything that could identify an individual. All data should be referenced/included in the aggregate and the aggregate counts should be redacted to remove small numbers under n=16 for students or n=5 for educators.

Information reported to CDE in relation to grant activities is not confidential and is subject to public request. Grantees should ensure reported information does not contain Personally Identifiable Information (PII) or confidential information.

# Application Assistance and Intent to Apply

An application information webinar will be held via Zoom on **Thursday, January 6, 2022, at 10:00 a.m.** This webinar can be accessed at: <https://us02web.zoom.us/j/82278683423?pwd=aEpFZm1kbEdFQVpaS0krdWhwTzU1QT09>.

You may also contact the grant coordinator, Jacklyn Thompson at Thompson\_J@cde.state.co.us with questions or if you need assistance with the application.

If interested in applying for this funding opportunity, submit the [Intent to Apply](https://app.smartsheet.com/b/form/4e2ea09b2b314c0a9049ed3b8c0fd95e) by **Friday, January 7, 2022, by 11:59 p.m**. Completion of the Intent to Apply form is encouraged, but not required to submit an application.

# Review Process and Timeline

Applications will be reviewed by CDE staff and peer reviewers to ensure they contain all required components. Applicants will be notified of final award status no later than **Friday, February 25, 2022**.

**Note:** This is a competitive process – applicants must score at least 70 points out of the 100 possible narrative points to be approved for funding. Applications that score below 70 narrative points may be asked to submit revisions that would bring the application up to a fundable level. *The Selection Criteria and Evaluation Rubric can be found on pages 13-14 of this document*.

There is no guarantee that submitting an application will result in funding or funding at the requested level. All award decisions are final. Applicants that do not meet the qualifications may reapply for future grant opportunities.

# Submission Process and Deadline

Information must be completed (including all elements outlined below) and submitted through the [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication)by **Monday, January 31, 2022, at 11:59 p.m.** The Program Assurances Form must also be uploaded to the online application at the time of submission.

# Required Elements

The School Nurse Workforce Grant [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication)includes the following elements, all of which must be completed.

* **Part IA: Applicant Information**
* **Part IB: Recipient School Information:** Complete and upload the Recipient School Information Form (PDF or Word file) within the online application.
* **Part II: Application Narrative and Excel Budget Workbook**
* **Part III: Program Assurances Form:** Upload the Program Assurances Form (PDF or Word file) within the online application. Funding will not be awarded until all signatures are in place. Applications may be submitted without signatures; however, please attempt to obtain all signatures before submitting the application.
* **Part IV: Financial Management Survey:** Complete and upload the Financial Management Survey (PDF or Word file) within the online application.

**School Nurse Workforce Grant**

**Applications Due: Monday, January 31, 2022 by 11:59 pm**

**\*\*Please provide the following within the** [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication)**\*\***

The application form does not save works in progress, so applicants may find it useful to complete the application in the tables below and paste the responses into the online application.

# Part IA: Applicant Information

|  |
| --- |
| **Lead Local Education Provider (LEP) Information** |
| **LEP Name:** |  | **LEP/BOCES Code:** |  |
| **Mailing Address:** |  |
| **LEP/BOCES DUNS Number:** |  | **DUNS Expiration Date:** |  |
| **Type of Education Provider**[check box below that best describes your organization or authorizer] |
| ☐ School District ☐ BOCES ☐ Charter School Institute |
| **Region**[indicate the region of Colorado this program will directly impact] |
| ☐ Metro ☐ Pikes Peak ☐ North Central ☐ Northwest☐ West Central ☐ Southwest ☐ Southeast ☐ Northeast |
| Authorized Representative Information |
| **Name:** |  | **Title:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Program Contact Information** |
| **Name:** |  | **Title:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Fiscal Manager Information** |
| **Name:** |  |
| **Telephone:** |  | **E-mail:** |  |
| **Funding Request** |
| **Requesting funding to:**[check all that apply] | ☐ Hire adequate school nurse staffing☐ Increase current school nurse capacity☐ Recruit and/or retain qualified school nurses |
| **Amount of Funding Requested:** | $ |

# Part IB: Recipient School Information

**\*\* Upload the completed Part IB: Recipient School Information Form within the** [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication)**.\*\***

Complete information for each recipient school. List all schools and school codes included in this grant. Example: "Alphabet Elementary School – 2923 – No.” [School Codes can be found on CDE’s website](https://cedar.cde.state.co.us/edulibdir/School%20Building%20Codes-en-us.xlsx).

Please add as many additional rows as needed.

|  |
| --- |
| **Recipient School Information** |
| **School Name:** |  | **School Code:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **School Name:** |  | **School Code:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **School Name:** |  | **School Code:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **School Name:** |  | **School Code:** |  | **Charter School:** | [ ]  Yes [ ]  No |
| **School Name:** |  | **School Code:** |  | **Charter School:** | [ ]  Yes [ ]  No |

# Part II: Application Narrative and Budget

Applicants will be asked to complete the following questions in the School Nurse Workforce Grant [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication). The application form does not save works in progress, so applicants may find it useful to complete the application in the tables below and paste the responses into the online application. See the Evaluation Rubric on page 13 for the criteria to be used by application reviewers.

1. **Describe the LEP’s need to increase School Nurse capacity and/or retain current qualified staff.**

|  |
| --- |
|  **(No more than 500 words)** |

1. **Provide a brief program narrative and plan for how School Nurse Workforce Grant funding will be used to recruit, hire and/or retain qualified School Nurses and reduce the impacts of COVID-19 on the LEP. Include information about how the program will:**
	1. **recruit from diverse applicants;**
	2. **address principles of equity, diversity, and inclusion in recruitment, hiring, and/or retention processes;**
	3. **collaborate with and/or outreach to relevant organizations and stakeholders; and**
	4. **track School Nurse recruitment, hiring and/or retention.**

|  |
| --- |
|  **(No more than 1,250 words)** |

School Nurse Workforce funding will be used to (check all that apply):

* Hire full time RNs to perform the duties of a school nurse
* Hire full time RNs devoted to managing COVID-19 related needs for the school and/or district
* Hire full time District Lead RN devoted to supervising school nursing staff, managing COVID-19 efforts and building strong school nursing infrastructure focused on retaining school nursing staff
* Convert part time school nurse positions to full time school nurse positions
* Provide hiring bonuses to recruit and retain new nursing staff
* Provide retention bonuses to retain existing nursing staff
1. **Complete the Excel Budget Workbook, and upload in the** [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication)**. Ensure that all costs included in the budget are linked to the program plan within the narrative for funding.**
2. **Please answer the following questions to help us determine needs within your district and prioritize funding requests. The data provided should be the most current data available as of the date of the application.**
3. How many FTE (full time equivalent) school nurses are employed by the Local Education Provider LEP? \_\_\_\_ (number)
4. What is the current student-to-full time school nurse ratio in the Local Education Provider (LEP)? To calculate the ratio, divide the total number of students in the LEP by the total number of FTE school nurses: \_\_\_\_ (number)
5. How many school nurse staff in the LEP terminated employment (voluntary/involuntary) within the last school year (2020-2021)? \_\_\_\_ (number)
6. How many school nurse positions are vacant? \_\_\_\_ (number)
7. Is the county’s COVID-19 vaccination rate for individuals ages 12 years and older less than 80%? ([Colorado Vaccine Data](https://covid19.colorado.gov/vaccine-data-dashboard)):\_\_\_\_ (yes/no)
	1. If yes, what is the percentage? \_\_\_\_ (percentage)
8. Do more than 40% of students qualify for free or reduced lunch? \_\_\_\_\_ (yes/no) ([data dashboard](https://www.cde.state.co.us/district-school-dashboard))
	1. If yes, what is the percentage? \_\_\_\_\_ (percentage)
9. Is the county’s Overall 2018 Social Vulnerability Index Score greater than 0.49? ([SVI map](https://svi.cdc.gov/map.html)): \_\_\_\_\_\_\_\_\_ (yes/no)
	1. If yes, what is the county’s Overall 2018 Social Vulnerability Index Score? \_\_\_\_\_\_\_\_\_\_\_ (number)
10. Does your LEP serve students who live in a rural, frontier, or rural area in an urban county community? ([rural health map](http://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf)): \_\_\_\_\_\_\_\_\_\_\_ (yes/no)
11. Does the LEP serve students from a Medically Underserved Area? ([MUA map](https://data.hrsa.gov/tools/shortage-area/mua-find)): \_\_\_\_\_\_\_\_\_\_\_ (yes/no)
12. Does the LEP serve students from a geographic or low-income population Health Professional Shortage Area? (any discipline) ([HPSA map](https://data.hrsa.gov/tools/shortage-area/hpsa-find)): \_\_\_\_\_\_\_\_\_\_\_ (yes/no)
13. Does the LEP serve students from a Native American reservation? \_\_\_\_\_\_\_\_\_\_\_ (yes/no)
	1. If yes, which reservation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part III: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application **School Nurse Workforce Grant**, and the receipt of program funds.

|  |  |  |  |
| --- | --- | --- | --- |
| On | (date) | , 2022, the Board of | (district/BOCES/CSI) |

hereby agrees to the following assurances:

1. The grantee will annually provide the Colorado Department of Education the evaluation information required in the Mid-Year Report and the Year End Report (**Attachment A**) of the Request for Applications.
2. The grantee will work with and provide requested data to CDE for 18 months within the time frames specified.
3. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
4. Funds will be used to supplement and not supplant any funds currently being used to provide school nursing services and/or to recruit, hire, convert, or retain FTE school nurses.
5. School Nurse Workforce Grant dollars will be administered by the appropriate fiscal agent.
6. Funded projects will maintain appropriate fiscal and program records and that fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
7. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
8. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

The Colorado Department of Education may terminate a grant award upon thirty days’ notice if it is deemed by CDE that the applicant is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by the CDE before modifications are made to the expenditures. Contact Tricia Miller (Miller\_T@cde.state.co.us) and Jacklyn Thompson (Thompson\_J@cde.state.co.us) for any modifications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Organization Board President(School Board, BOCES, Charter School) |  | Signature |  | Date |
|  |  |  |  |  |
| Name of Organization Authorized Representative(Superintendent, Charter School Institute, BOCES Executive Director) |  | Signature |  | Date |
|  |  |  |  |  |
| Name of LEP Program Contact |  | Signature |  | Date |

**Note:** Upload the Program Assurances Form within the [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication). Funding will not be awarded until all signatures are in place. Applications may be submitted without signatures; however, please attempt to obtain all signatures before submitting the application.

# Part IV: Financial Management Survey

**\*\* Upload the completed Part IV: Financial Management Survey within the** [**online application**](http://www.cde.state.co.us/healthandwellness/schoolnurseworkforceapplication).**\*\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Entity Name:** |  | **DUNS #:** |  | **Date:** |  |

**Purpose**

This survey is intended to collect information about the capacity and ability of the applicant to manage federal and/or state grant funds. Information from the report will be used to assess an organization’s structure and capacity-building needs and identify any appropriate technical assistance and/or resources to strengthen operations.

**Procedure**

Completion of this report is required. Applicant organizations are advised to make sure that the person or persons completing this form are those responsible for and knowledgeable about the organization’s financial management functions. This information will be taken into consideration as part of the grant application. Scores will determine if the organization’s level of risk to manage federal grant funds is high, medium, or low, and these scores will be utilized in determining potential awards.

**Risk Assessment**

The risk score determines the order in which state staff will evaluate and monitor the grant program.

**High Risk -** A score over 20 requires **intensive monitoring and improvement** based on a thorough evaluation of the grant project.

**Medium Risk -** A score between 8 and 20 requires evaluation of areas that **need improvement** and improving those areas based on the approved action plan.

**Low Risk -** A score below 8 generally identifies that the program is at **lower** risk for potential waste, mismanagement, non-compliance, or fraud.

**Scoring: The following questions will be awarded a score ranging from 0 to 5. 5 - High Risk / 0 - Low Risk**

|  |  |
| --- | --- |
| **Financial Management Survey** | **SCORE** |
| 1 | Is the Applicant on the Federal or State Debarment List, including the USDA National Disqualified List and State 501C3 list? (If yes, no need to go further) | Yes (25) No (0) |  |
| 2 | Is the entity in good standing on the State 501C3 list? | Yes (0) No (5) N/A (0) |  |
| 3 | Is this a Federal Grant Application (or Federal Funds pass-through)? | Yes (0) No (0) | N/A |
| 4 | Does entity have an active, no exclusion, DUNS Number? | Yes (0) No (10) |  |
| 5 | Has the agency or principals thereof ever been suspended or debarred from receiving state or federal grants or contracts? | Yes (5) No (0) |  |
| 6 | Has the agency ever had a government contract, project, or agreement terminated? | Yes (5) No (0) |  |
| 7 | Does the agency employ a finance director with at least three years of experience in accounting at this type of entity? | Yes (0) No (5) |  |
| 8 | Has there been changes in fiscal/program personnel in the previous year? | Yes (5) No (0) |  |
| 9 | Does the entity use a commercial/licensed financial software system?If yes, what system: | Yes (0) No (5) |  |
| 10 | Does this system ensure that grant funds are not commingled with general operating funds? | Yes (0) No (5) |  |
| 11 | How many years has the organization been in existence? | Fewer than two years (4)2-5 years (3)6-10 years (2)11-14 years (1)15 years or more (0) |  |
| 12 | Does the Agency have experience managing other federal, state, local or private funds? | 0-1 years of experience (4)2-4 years of experience (3)5-7 years of experience (2)8-10 years of experience (1)10+ years of experience (0) |  |
| 13 | Does the Agency have experience administering federal funds or other grants that provide funds for services to a comparable target population? | 0-1 years of experience (4) 2-4 years of experience (3) 5-7 years of experience (2) 8-10 years of experience (1)10+ years of experience (0) |  |
| 14 | Has the entity received federal awards from CO Department of Education in the past?If Yes, which program and year? | Yes (0) No (1) |  |
| 15 | Number of years that the Program Fiscal Contact has been in the position as of the application date? | 0-1 years of experience (4) 1-2 years of experience (3) 3-5 years of experience (2) 6-9 years of experience (1) 10+ years of experience (0) |  |
| 16 | Does the entity have written procedures for procurement, time and effort (federal), and fiscal management (to include internal control procedures) of Federal or State grant funding that specifically comply with the Uniform Grants Guidance? | Yes (0) No (5) |  |
| 17 | Amount of grant award requested for this project: | $300,000 + (4)$200,000 - $299,999 (3)$100,000 - $199,999 (2)$50,000 - $99,999 (1)$0 - $49,999 (0) |  |
| 18 | Single Audit Status (answer only if you receive MORE THAN $750k in ***federal*** funding from other resources):\*Finding refers to a material weakness, significant deficiency, or questioned costs. | No single audit performed (5)Received a Program and Fiscal audit finding (4)Received a Fiscal audit finding (3)Received a Program audit finding (2)No findings (0) |  |
| 19 | Financial Audit Status (answer if ***not*** required to have a Single Audit, but instead a standard financial audit): | No audit performed for prior year (5)Financial Audit completed for prior year (0)IRS 990 Form Submitted for Review (0) |  |
| 20 | Please Submit a copy of most recent financials. Based on this submission, please indicate the percentage of grant budget being applied for as compared to total operating budget. (grand budget divided by total operating budget). | < 5% (0)6%-19% (1)20%- 30% (2)31% - 39% (3)40% or greater (4) |  |
|  |  | **TOTAL** |  |

\*As indicated on the entities most recent single audit review.

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject this entity to immediate termination of a grant award agreement up to and including return of any disbursed funds.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Preparer: Typed Name and Title |  | Signature |  | Date |
|  |
| Entity Name |

**School Nurse Workforce Grant**

**Application Scoring**

# Application Scoring

CDE Use Only

|  |  |  |
| --- | --- | --- |
| **Part I:** | **Application Introduction** | Not Scored |
| **Part II:** | **Narrative**  |
| Section A: | Assessment of Needs | /20 |
| Section B: | Quality of Services and Programming | /70 |
| Section C: | Excel Budget Workbook and Budget Narrative  | /10 |
| **Narrative Total** | **/100** |
| **Priority Consideration Points** | **/70** |
| **Narrative Points + Priority Points Total** |  |

|  |
| --- |
| **Priority Considerations**CDE will indicate whether this application met the priority criteria (see page 3 of the RFA). This application demonstrates: |
| **Criteria** |
| County vaccination rate </= 80% | ☐ Yes - 10 Points | ☐ No - 0 Points |
| Free or reduced lunch rate >/= 40% | ☐ Yes - 10 Points | ☐ No - 0 Points |
| CDC SVI Rate >/=0.50 | ☐ Yes - 10 Points | ☐ No - 0 Points |
| Rural, frontier, or rural area in an urban county community | ☐ Yes - 10 Points | ☐ No - 0 Points |
| Medically Underserved Area | ☐ Yes - 10 Points | ☐ No - 0 Points |
| Health Professional Shortage Area | ☐ Yes - 10 Points | ☐ No - 0 Points |
| Native American serving | ☐ Yes - 10 Points | ☐ No - 0 Points |
| **Total** |  |

**GENERAL COMMENTS:** Indicate support for scoring by including overall strengths and weaknesses. These comments will be provided to applicants with their final scores.

**Strengths:**

**Weaknesses:**

**Required Changes:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RECOMMENDATION:** | Funded |[ ]   | Funded with Changes |[ ]   | Not Funded |[ ]

# Selection Criteria and Evaluation Rubric

The following criteria will be used by reviewers to evaluate the application as a whole. In order for the application to be recommended for funding, it must receive at least 70 points out of the 100 possible narrative points. Applications that score below 70 narrative points may be asked to submit revisions that would bring the application up to a fundable level. An application that receives a score of zero on any narrative element will not be funded without required changes.

**Scoring Definitions**

Minimally Addressed or Does Not Meet Criteria - information not provided

Met Some but Not All Identified Criteria - requires additional clarification

Addressed Criteria but Did Not Provide Thorough Detail - adequate response, but not thoroughly developed or high-quality response

Met All Criteria with High Quality - clear, concise, and well thought out response

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section A: Assessment of Needs** | **Minimally Addressed or Does Not Meet Criteria** | **Met Some but Not All Identified Criteria** | **Addressed Criteria but Did Not Provide Thorough Detail** | **Met All Criteria with High Quality** | **TOTAL** |
| 1. Applicant described how School Nurse Workforce Grant funding will be used to reduce the impacts of COVID-19 on the LEP.
 | 0 | 3 | 7 | 10 |  |
| 1. Applicant described a need to increase School Nurse (SN) capacity and/or identified student to SN ratio greater than 1:225.
 | 0 | 3 | 7 | 10 |  |
| **Total** | **/20** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section B: Quality of Services and Programming** | **Minimally Addressed or Does Not Meet Criteria** | **Met Some but Not All Identified Criteria** | **Addressed Criteria but Did Not Provide Thorough Detail** | **Met All Criteria with High Quality** | **TOTAL** |
| 1. Applicant described plan/strategies to recruit, hire, convert, and/or retain at least one FTE SN.
 | 0 | 3 | 7 | 10 |  |
| 1. Applicant demonstrated the ability of the LEP/BOCES to implement proposed plan/strategies.
 | 0 | 3 | 7 | 10 |  |
| 1. The application describes efforts to recruit from diverse applicants and how diversity and inclusion are addressed in applicable recruitment, hiring, and/or retention processes.
 | 0 | 3 | 7 | 10 |  |
| 1. The application indicated collaboration with and/or outreach to relevant organizations and stakeholders.
 | 0 | 3 | 7 | 10 |  |
| 1. The application described how the LEP/BOCES will track hiring and retention data.
 | 0 | 3 | 7 | 10 |  |
| 1. The program presented in the application is likely to address the needs described.
 | 0 | 3 | 7 | 10 |  |
| 1. The activities and services described in the application are the type and intensity likely to meet the needs described.
 | 0 | 3 | 7 | 10 |  |
| **Total** | **/70** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section C: Excel Budget Workbook and Budget Narrative** | **Minimally Addressed or Does Not Meet Criteria** | **Met Some but Not All Identified Criteria** | **Addressed Criteria but Did Not Provide Thorough Detail** | **Met All Criteria with High Quality** | **TOTAL** |
| 1. Applicant addressed how School Nurse Workforce funds will be used and the proposed use of funds are in alignment with the allowable listed above under Allowable Use of Funds.
 | 0 | 3 | 7 | 10 |  |
| 1. Applicant submitted the Excel Budget Workbook in the required format.
 | **Information Not Provided or More Information Needed**☐ | ***Information Provided***☐ |
| **Total** | **/10** |

# Attachment A: Reporting Templates

Reports will be completed in an Excel template. Images of the requested information are provided below for reference.

|  |
| --- |
| **School Nurse Workforce Grant Year End Report FY22** |
| Report completion date: |   |
| **Current Contact Information** |
| Name of Local Education Provider (LEP): |   |
| Name of person completing report: |   |
| Grant contact phone: |   |
| Grant contact email: |   |
| **Program Data(Reporting timeframe: January - June 2022)** |
| Number of new School Nurse (SN) hires: |   |
| Number of part time SN converted to full time SN: |   |
| Number of full time SN retained: |   |
| **Program Information (Reporting timeframe: January - June 2022)** |
| Depending on the established goals of your program, briefly describe the LEP's efforts to recruit, hire, convert, and/or retain school nurses. |   |
| Please briefly describe the LEP's equity, diversity, and inclusion efforts relevant to the School Nurse Workforce Grant. |   |
| Share 1 - 2 program successes. |   |
| Share 1 - 2 program challenges. |   |
| Describe any support needed from CDE at this time. |   |

|  |
| --- |
| **School Nurse Workforce Grant Mid Year Report FY23** |
| Report completion date: |   |
| **Current Contact Information** |
| Name of Local Education Provider (LEP): |   |
| Name of person completing report: |   |
| Grant contact phone: |   |
| Grant contact email: |   |
| **Program Data(Reporting timeframe: July - December 2022)** |
| Number of new School Nurse (SN) hires: |   |
| Number of part time SN converted to full time SN: |   |
| Number of full time SN retained (Jan - June 2022): |   |
| **Program Information (Reporting timeframe: July - December 2022)** |
| Depending on the established goals of your program, briefly describe the LEP's efforts to recruit, hire, convert, and/or retain school nurses. |   |
| Please briefly describe the LEP's equity, diversity, and inclusion efforts relevant to the School Nurse Workforce Grant. |   |
| Share 1 - 2 program successes. |   |
| Share 1 - 2 program challenges. |   |
| Describe any support needed from CDE at this time. |   |

|  |
| --- |
| **School Nurse Workforce Grant Year End Report FY23** |
| Report completion date: |   |
| **Current Contact Information** |
| Name of Local Education Provider (LEP): |   |
| Name of person completing report: |   |
| Grant contact phone: |   |
| Grant contact email: |   |
| **Program Data(Reporting timeframe January - June 2023)** |
| Number of new School Nurse (SN) hires: |   |
| Number of part time SN converted to full time SN: |   |
| Number of full time SN retained: |   |
| **Program Information (Reporting timeframe January - June 2023)** |
| Depending on the established goals of your program, briefly describe the LEP's efforts to recruit, hire, convert, and/or retain school nurses. |   |
| Please briefly describe the LEP's equity, diversity, and inclusion efforts relevant to the School Nurse Workforce Grant. |   |
| Share 1 - 2 program successes. |   |
| Share 1 - 2 program challenges. |   |
| Describe any support needed from CDE at this time. |   |

|  |
| --- |
| **School Nurse Workforce Grant Final Project Report January 2021 - June 2023** |
| Report completion date: |   |
| **Program Data(Reporting timeframe January 2022 - June 2023)** |
| Total number of new School Nurse (SN) hires: |   |
| Total number of par-time SN converted to full-time SN: |   |
| Total number of full time SN retained: |   |

# Attachment B: School Nurse Workforce Grant FY 21-22 Action Plan Template

**Guidance for Completion**

An initial action plan must be completed within 45 days of award notification. The action plan can be updated by the grantee as the program evolves. Contact the grant coordinator for support completing this plan.

Fill in the tables below with your program’s objectives and milestones. You do not need to complete all the tables or milestone rows, just what is applicable to your program.

**Program Goal**

By June 20, 2023, increase school nurse capacity and/or retain qualified school nurses to support the application of COVID-19 health guidance, keep schools open for in-person learning, and respond to the growing needs of students with chronic conditions, while protecting the health and safety of school community members.

**Program Objectives**

1. Hire full time registered nurses (RNs) to perform the duties of a school nurse
2. Hire full time RNs devoted to managing COVID-19 related needs for the school and/or district
3. Hire full time District Lead RN devoted to supervising school nursing staff, managing COVID-19 efforts, building strong school nursing infrastructure focused on retaining school nursing staff
4. Convert part time school nurse positions to full time school nurse positions
5. Provide hiring bonuses to recruit and retain new nursing staff
6. Provide retention bonuses to retain existing nursing staff

|  |  |
| --- | --- |
| **OBJECTIVE 1**Select from those listed above and include relevant details, such as the number of school nurses and/or position, dollar amounts, etc. | **KEY MILESTONES**Describe the activity necessary to achieve the objective and meet the Project Goal. Indicate the date of completion and person/people responsible for completion.  |
| Objective 1:  | 1a) |
| 1b) |
| 1c) |
| 1d) |

|  |  |
| --- | --- |
| **OBJECTIVE 2**Select from those listed above and include relevant details, such as the number of school nurses and/or position, dollar amounts, etc. | **KEY MILESTONES**Describe the activity necessary to achieve the objective and meet the Project Goal. Indicate the date of completion and person/people responsible for completion.  |
| Objective 2:  | 2a) |
| 2b) |
| 2c) |
| 2d) |

|  |  |
| --- | --- |
| **OBJECTIVE 3**Select from those listed above and include relevant details, such as the number of school nurses and/or position, dollar amounts, etc. | **KEY MILESTONES**Describe the activity necessary to achieve the objective and meet the Project Goal. Indicate the date of completion and person/people responsible for completion.  |
| Objective 3:  | 3a) |
| 3b) |
| 3c) |
| 3d) |

|  |  |
| --- | --- |
| **OBJECTIVE 4**Select from those listed above and include relevant details, such as the number of school nurses and/or position, dollar amounts, etc. | **KEY MILESTONES**Describe the activity necessary to achieve the objective and meet the Project Goal. Indicate the date of completion and person/people responsible for completion.  |
| Objective 4:  | 4a) |
| 4b) |
| 4c) |
| 4d) |