**Attachment C**

**Notice of Intent-to-Apply Form**

**Private College and University Nursing Education Grant Program**

Enclosed is the Notice of Intent-to-Apply form, which is required to submit a proposal for the Private College and University Nursing Education Grant Program (“Nursing Education Grant Program”). The purpose of the Nursing Education Grant Program is to meet local, regional, and state workforce demand by recruiting faculty and clinical preceptors, increasing the capacity of high-quality nursing education programs, and increasing the number of nursing education program graduates who are prepared to enter the workforce.

To apply for the Nursing Education Grant Program, this Notice of Intent-to-Apply form must be completed and signed by an authorized agency official and submitted to [PCUNursingGrant@fldoe.org](mailto:PCUNursingGrant@fldoe.org) by **November 1, 2023**. Eligible organizations that file a Notice of Intent-to-Apply are not required to apply.

**Part I – Intent to submit proposal**

*Please print or type*

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Name: | | Agency Type: (Mark with X)  \_\_ Independent Colleges and Universities of Florida member  \_\_ Commission for Independent Education member | |
| Mailing Address: | | | |
| City: | | State: | Zip Code: |
| Name of Authorized Officer: | | Title of Authorized Officer: | |
| Phone Number of Authorized Officer: | | Email Address of Authorized Officer: | |
| *If multiple health care partners are anticipated, please provide the information below for each partner by copying and pasting the table* | | | |
| Health Care Partner Name: | | | |
| Mailing Address: | | Fund, Foundation, Assn. Name *(if applicable):* | |
| City: | State: | Zip Code: | Total cash contribution:  $ |
| **Part II – Evidence of eligibility based on minimum performance standards**  To be eligible for the Nursing Education Grant Program, licensed practical nurse (LPN), associate of science in nursing (ASN), and bachelor of science in nursing (BSN) programs must possess a first-time passage rate on the National Council of State Boards of Nursing Licensing Examination of at least 70 percent for the prior year.    To be eligible to apply, agencies must present data that demonstrates a performance metric has been met for at least one eligible, active program. Applicants with more than one program type are not required to have met performance metrics for every active program if at least one program meets the statutory requirement. Note: new programs that have not been active long enough to calculate performance on the metrics may not be used for eligibility determinations.  Please refer to the tables provided in Attachment B as a resource for agencies to use to determine Nursing Education Grant Program eligibility. First-time NCLEX passage rates provided by the Florida Board of Nursing for 2021 are included. Agencies that reference the Attachment B tables are not required to provide additional documentation.    Agencies wishing to provide alternative data to justify eligibility may do so when submitting this form. In addition to providing the rates in the tables below, agencies should provide a detailed description of the methodology used to arrive at the data provided. The department will review all information provided and will determine whether the criteria provided meet the performance metrics requirements. Agencies will be notified via email of the outcome of their eligibility within 10 business days.     |  |  |  |  | | --- | --- | --- | --- | |  | **Licensed Practical Nursing** | **Associate in Science in Nursing** | **BSN (Pre-licensure only)** | | Does your agency have an active program? (Mark with X) | Yes \_\_\_  No \_\_\_ | Yes \_\_\_  No \_\_\_ | Yes \_\_\_  No \_\_\_ | | If yes, what is the first-time passage rate on the National Council of State Boards of Nursing Licensing Examination for 2021? |  |  |  | | Data Source | Attachment B \_\_  Other (Please specify and provide documentation) \_\_ | Attachment B \_\_  Other (Please specify and provide documentation) \_\_ | Attachment B \_\_  Other (Please specify and provide documentation) \_\_ | | | | |
| I certify that the institution listed above has confirmed it is an eligible applicant and intends to submit a proposal for the Private College and University Nursing Education Grant Program. Additionally, it is understood that in order to apply for this program, the institution must have an eligible health care partner under section (s.) 768.38(2), Florida Statutes (F.S.), who has pledged a monetary contribution to the institution, to be spent on an eligible purpose, as defined in the 2023 General Appropriations Act.    Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                         Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |