**Instructions for Submitting the Application and Completing the Application Narrative**

This section details state requirements and must be used as a resource to prepare the grant application.

Within each Narrative Component, are ***Criteria***. *These are the bulleted, italicized statements used by proposal reviewers to assess and score each Narrative Component.*

The standard scoring *Criteria* are based on a 100-point scale, with a minimum score of 70 points required for an application to be considered eligible for funding.

For a list of all items to be included in the application package, please see the **Application Review Criteria and Checklist** in the **Attachments** section.

|  |
| --- |
| **APPLICATION NARRATIVE SECTION** |
| **Instructions for Completing the Narrative Information**Following the instructions within each narrative component, complete the application using the same sequence presented in this narrative section. 1. Before inserting any text or information into the Application Narrative Section, forms and charts, save the pages/charts in Word on your computer.
* Use size 12-point font.
* Responses should be brief, clear and concise.
1. Place all application items in the order specified in the **Application Checklist** (Refer to the last page of this RFP document).
2. Eligible agencies must download the **LINE Fund** Application and submit all documents via email to LINE\_Fund@fldoe.org.
3. NARRATIVE SECTIONS (1-5): MAXIMUM PAGE LIMIT IS TWENTY (20) PAGES.

**Narrative Section response format:**a) Font – Arial / Size – 12b) Margin size - 1” – both sides and top/bottom marginsc) Double spaced (this does not include charts)d) Complete the narrative using the same sequence presented in the **Application Narrative Components Section**. |

**1. Project Abstract 10 Points**

1. Complete the following chart for the proposed project.

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Agency Type: (Mark with X)** |  School district Florida College System institution    Independent Colleges and Universities of Florida member    Commission for Independent Education member |
| **Agency’s Active Programs (Mark with X)** |  Certified Nursing Assistant (CNA)   Licensed Practical Nursing (LPN)  Associate in Science in Nursing (ASN) Bachelor of Science in Nursing (BSN) (Pre-licensure)     |
| **Amount ($) of Funds Requesting** |  |
| **Basis for Eligibility Based on Intent-to-Apply (Mark with X all that apply)** |  Completion rate of 70 percent or higher for a CNA program NCLEX passage rate of 70 percent or higher for a pre-licensure LPN, ASN, or BSN program |

1. Provide a brief summary of the proposed project including general purpose, specific goals, purpose of requested funds, and significance to increasing the number of trained nurses that will fill the nursing shortage statewide or within your region.

*Criteria*

* *The project purpose is aligned with the funding opportunity intent.*
* *The goals are specific, realistic, and consistent with measurable objectives and outcomes.*
* *The populations served through the project are aligned to the funding opportunity intent.*

**2. Health Care Partnership**  **30 Points**

1. Describe the current or potential partnership agreement(s) between the agency and health care partner(s).
2. Provide the total amount of funds committed by the health care partner(s).
3. Describe the statement of need supporting this partnership.

*Criteria*

* *The collaborative partnership for developing and implementing the project are realistic and likely to be successful. The specific role, activities and expected contributions of each of the partners are clearly outlined and show strength to support the program.*
* *The need is evident, compelling, and clearly linked to the outcome(s) of the project.*

3. **Purpose of Requested Funds**   **40 Points**

*Note: Pursuant to Rule 6A-10.0352, F.A.C., “eligible purpose” is defined as “student scholarships, recruitment of additional faculty, equipment, and simulation centers.”*

1. Describe how the agency plans to use the funds, including the health care partner contribution and requested grant funds.
2. Describe how funds will be utilized to increase student enrollment.
3. Describe how such funds will be used to increase program completion.
4. Complete all applicable fields in the chart below to describe how funds, both the health care partner contribution and requested funds, will be used towards an eligible purpose. Agencies may add additional cost categories not listed above, as long as they meet an eligible purpose.

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Categories** | **Outcome** | **Expended Funds** | **Quarter(s) Completed** |
| **EXAMPLE**: Increase Student Enrollment  | Conduct joint outreach activities with health care partner  | $10,000 | Q1 |
| Increase Student Enrollment  |  |  |  |
| Increase Program Completion |  |  |  |
| Recruitment of additional faculty  |  |  |  |
| Purchase of equipment |  |  |  |
| Purchase of simulation center(s) |  |  |  |
| Other  |  |  |  |
| **Total Funds**  |  |  |  |

*Criteria*

* *The explanation of how funds will be spent is realistic, accurate, and clearly relates to and reflects project activities, objectives, and outcomes.*
* *The plan to increase student enrollment and completion is fully described and adequate.*
* *The justifications for expenditures are reasonable and clearly explained.*

4. **Job Placement – Graduates**   **0 Points – FIXED REQUIREMENT**

1. Describe how the health care partner will onboard graduates of the agency’s nursing program(s). Examples may include centrally organized training, orientation, and educational opportunities.
2. Describe how the health care partner will retain graduates of the agency’s nursing program(s). Examples may include retention bonus structure, mentorship, continuing educational opportunities, and performance evaluations.

5. **Meeting Workforce Demand**   **20 Points**

1. Describe the current local and regional vacancies for positions requiring the following credentials:
* Certified Nursing Assistant (CNA)
* Licensed Practical Nursing (LPN)
* Associate in Science in Nursing (ASN)/BSN (Pre-licensure)
1. Describe how the funds, both health care partner contribution and requested grant funds, will expand the agency’s nursing education programs to meet local, regional, or state workforce demands.
2. *(If applicable)* Describe advanced education nursing programs and how the funds will increase the number of faculty and clinical preceptors and planned efforts to utilize the clinical placement process established in Section 14.36, F.S.

*Criteria*

* *The responses provide compelling evidence and data of the need of the proposed project.*
* *The justifications for expenditures are reasonable, clearly explained, and align with the intent of this project.*