



## Block 1

Thank you for your interest in the Nursing Pipelines & Pathways Grant. Applicants must complete the application in its entirety by 11:59 Eastern, April 24, 2024. *If you close this window before clicking submit, your answers will be **LOST**.* We recommend that you prepare your answers in a separate application (like a WORD document) and then copy and paste your answers into this form when you are ready to submit. If you are unclear about a question, please direct these questions to Dr. Wanda Montalvo at [wmontalvo@nachc.org](mailto:wmontalvo@nachc.org) or [partnership@nachc.org](mailto:partnership@nachc.org). An incomplete application may not be considered for award.

## Nursing Pipelines & Pathways

Organization name:

If applicable, "Doing Business As":

HRSA BPHC UDS Number:

Mailing address (no P.O. Boxes, please):

Primary contact for this application:

First Name	<input type="text"/>
Last Name	<input type="text"/>
Title/Role	<input type="text"/>
Phone Number (xxx-xxx-xxxx)	<input type="text"/>
Email Address	<input type="text"/>

Chief Executive Officer (CEO) or Executive Director:

First Name	<input type="text"/>
Last Name	<input type="text"/>
Phone Number (xxx-xxx-xxxx)	<input type="text"/>
Email Address	<input type="text"/>

Chief Nursing Officer or Director of Nursing

First Name	<input type="text"/>
Last Name and credentials	<input type="text"/>
Phone Number (xxx-xxx-xxxx)	<input type="text"/>
Email Address	<input type="text"/>

**Health Center Descriptive Data.** Please complete the information about the diversity of your nursing workforce and upload the completed template below.

	LPN	RN	APRN	NP	Midwife
American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	LPN	RN	APRN	NP	Midwife
More than one race	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Hispanic White	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic/Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How many unique number of nurses are working in clinical roles **greater than 50%** of the time?

LPN	<input type="text"/>
RN	<input type="text"/>
APRN	<input type="text"/>
NP	<input type="text"/>
Midwife	<input type="text"/>

How many unique number of nurses are working **greater than 50%** of the time in an administrative role

LPN	<input type="text"/>
RN	<input type="text"/>
APRN	<input type="text"/>
NP	<input type="text"/>
Midwife	<input type="text"/>

**Program Description.** Describe the pipeline and pathway program for nurses of color proposed for this project, and the health center’s experience with delivering workforce programs for nursing staff (i.e. tuition support, educational training, mentoring program, formal leadership or coaching support) (Character limit 650)

**Organizational Capacity:** What is your organizational capacity to include this workforce improvement plan to support the diversity of the nursing pipeline? How will this strategy help meet the population

needs of your community? (Character limit 650)

**Describe Partnerships:** Describe the relationship with partners to support the nursing pipeline and pathways (i.e. AHEC, DOL, Accredited SON, Professional Nursing Association) (Character limit 650)

**Anticipated Outcome.** How many staff members of color are expected to participate in the pipeline or pathway program with anticipated timeframes? Explain how you arrived at this prediction. Please describe other expected and intended outcomes from the program. (Character limit 650)

If you currently have a pipeline or pathway program with any of the higher education institutions associated with the “AARP Center for Health Equity Through Nursing” (see Appendix II)? Please describe the partnership with the higher education institution. If not, just type "not applicable" in the box below. (Character limit 450)

**Budget Narrative:** Please provide a budget narrative, briefly explaining how grant funds will be spent (e.g., \$100 will be spent on print marketing for the program, \$15,000 will be spent on tuition and fees). (Character limit 650)

**Letter of Support.** Please upload minimum of one letter of support (one page maximum; PDF format; and on official letterhead) from an institution that will work with the health center via an established relationship or a new formal partnership on the nursing workforce development pipeline or pathway program. The institution can be any of the following: AHEC, Accredited School of Nursing, Department of Labor, or Professional Nursing Association or its affiliated chapter.

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