

**APPLICATION FORMS**

GEER II-Nursing Innovation Grant Program

(GEER II-NIGP)

Application Forms

2023

**BMS #28384**

**APPLICATION DEADLINE: NO LATER THAN 11:59 p.m. CST, NOVEMBER 30, 2022**

**GEER II-NURSING INNOVATION GRANT PROGRAM**

CERTIFICATION OF APPLICATION INFORMATION (FORM 1)

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| --- |
|  Applicant Institution: |
| Total Funding Requested for Period Ending 08/31/2023: $ |
|   Authorized Institutional Representative’s Name and Title (typed): Chief Academic/Instructional Officer’s Name and Title (if different from above) (typed):I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I further certify that if OER program funds are awarded, this institution accepts the obligation to comply with terms and conditions set by the Texas Higher Education Coordinating Board. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Authorized Institutional Representative Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chief Academic/Instructional Officer Signature Date |
| Contact Person’s Name and Title in Office of Sponsored Projects/Grants Management Office (typed):Name:Title:Phone:Email: |

**GEER II-NURSING INNOVATION GRANT PROGRAM**

Project Narrative (FORM 2)

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|  **Contact Information – Applicant Institution** |
|  Applicant Institution (typed):  Institution: Phone:  Email Address: Mailing Address: |
|  Primary Faculty Contact (typed): Name: Title: Phone: Email Address:  |
| **Contact Information – Partner Institution(s), if applicable** |
|  Partner Institution(s) (typed):  Institution: Phone:  Email Address: Mailing Address: |
|  Primary Faculty Contact at Partner Institution(s) (typed): Name: Title: Phone: Email Address:  |

**See the Request for Applications (RFA) Section 8.2 at** [GEER II-Nursing Innovation Grant Program - THECB (texas.gov)](https://www.highered.texas.gov/institutional-resources-programs/institutional-grant-opportunities/geer-ii-nursing-innovation-grant-program/) **for details:**

1. **Project Summary (RFA Section 8.2.2)**
2. **Description of Applicant and Partners (RFA Section 8.2.3)**
3. **Assessment of Need (RFA Section 8.2.4)**

**GEER II-NURSING INNOVATION GRANT PROGRAM**

PROJECT WORK PLAN OR TIMELINE (FORM 3)

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| Applicant Institution: |

See the RFA Sections 8.3 and 8.4 at [GEER II-Nursing Innovation Grant Program - THECB (texas.gov)](https://www.highered.texas.gov/institutional-resources-programs/institutional-grant-opportunities/geer-ii-nursing-innovation-grant-program/) for details:

1. Project Goal Statement (RFA Section 8.3.1)
2. Major Project Objectives and Expected Outcomes (RFA Section 8.3.2)
3. Project Evaluation (RFA Section 8.4)

**GEER II-NURSING INNOVATION GRANT PROGRAM**

PROJECT BUDGET (FORM 4)

Applicant must complete the Budget. A separate budget must be submitted for each Partner that would participate in GEER II-Nursing Innovation Grant program funding. The budget must include:

* A reasonable estimate of funds expenditures over the Grant Period; and
* Amounts and justification of allowable funds expenditures by category and year (Refer to Section 6.2 of RFA)

THECB shall negotiate a Final Award Budget with each Awarded Applicant.

Example Budget Form:

|  |  |
| --- | --- |
| **Applicant:**  | **Institution:** |
| **Budget Detail By Category** | **Amount** |
| **A. Category 1** |  |
| *Item* | $ |
| *Description* |  |
| **B. Category 2** |  |
| *Item* | $ |
| *Description* |  |
| **Request Total**  | **$** |
| **Total Funding for Grant Period**  | **$** |