



West Virginia Junior Nursing Academy Grant Application

Organization:
OASIS IET (if applicable):
FEIN/Vendor Number:
Address:
Contact Person:
Phone Number:
Email Address:

Has your organization held previous Junior Nursing Academy? YES NO

1. Please describe an outline of your program and your intended outcomes.

2. What is your target population and how many students do you plan to offer the academy to?



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WVCFN Junior Nursing Academy Grant Budget			
Description of Budget Item	WVCFN Grant Funds	Matching Funds/In Kind Contributions	Total Funds Budgeted
<i>SALARIES AND BENEFITS</i>			
<i>CONTRACTUAL</i>			
<i>HOSPITALITY</i>			
<i>SUPPLIES</i>			
<i>TRAVEL</i>			
<i>STIPENDS</i>			
<i>MISCELLANEOUS</i>			
<i>TOTAL</i>			



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WVCFN Junior Nursing Academy Grant Budget Description

Please provide a description of the funds that are outlined on the “WVCFN Junior Nursing Academy Grant Budget” table. The description of budgeted funds should include an estimate of costs, a vendor, and the source of the funds and should be listed in the same order as those in the table. All totals should add up to the same totals found on the table. Additional details about how the types of expenses should be reported can be found below:

SALARIES AND BENEFITS listed should be established within the personnel system of the grantee institution and should include a breakout by individual positions and include salary and benefit amounts and the percentage of time paid under the grant.

CONTRACTUAL EXPENSES should include a list of contractors to which payments will be made by funding source. Please also describe the purpose of the contract and the anticipated number of hours to be contributed and the amount paid to each.

HOSPITALITY should include a breakdown of costs such as food, nonalcoholic beverages, facility rentals, entertainment, and other expenses relating to hosting events. In addition to costs, provide the purpose of the hospitality and the number of individuals receiving hospitality.

SUPPLIES should include materials needed to execute the project with estimates of each item.

TRAVEL should be paid in accordance with reimbursement guidelines used by the grantee’s organization.

STIPENDS should list the amount of any stipends paid to students as a part of their participation in grant activities and should include a brief description of the duties for which the student(s) received the stipend.

MISCELLANEOUS expenses should be any expenses that don’t meet the other descriptions and should include detailed estimates of vendor, items to be purchased, and costs.



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WVCFN Junior Nursing Academy Grant Contacts

Name	Title	Address	Telephone	Email

Please include AT LEAST THREE CONTACTS for the grant.

Please return the completed grant application and required attachments to nursing@wvhepc.edu.

QUESTIONS? contact us at nursing@wvhepc.edu or 304.558.0838.