


WEST VIRGINIA
CENTER FOR 
Nursing

NURSING ACADEMY GRANT APPLICATION

Instructions: Please fill out this grant application in its entirety and return it by the deadline date provided in the RFP. Applications must be complete before the West Virginia Center for Nursing will consider them. Completed applications should be emailed to nursing@wvhepc.edu.

Organization Name:

Organization Address:

Organization Phone Number:

Organization OASIS IET (if applicable):

Organization FEIN/Vendor Number:

Lead Contact Name:

Lead Contact Phone Number:

Lead Contact Email:

Would your organization like to be provided with drawstring bags for use at the academy in addition to receiving grant funds? YES NO

Has your organization held previous Nursing Academies? YES NO

If you have held a previous Nursing Academy, please provide a brief description of the program and its previous successes. If you have not held a previous academy, please provide background information on the organization(s) that will be involved in the academy.

Provide details on the target population of participants and how many students you plan to serve with your academy.

Outline your program agenda and objectives.

PROGRAM BUDGET

Program budgets must designate which funds will be used in each broad category on the table below and estimate what other funds will be used from other sources. In addition to completing the table below, each budgeted category must explain what funds within each category will be spent on in the subsequent sections for those funds coming from WVHEPC. Other organizational funds do not need to be described.

What other organizations will be providing funds for activities of your nursing academy?

Budgeted Item Type	WVHEPC Funds	Other Organizational Funds	Total Nursing Academy Funds
Salaries & Benefits			
Contractual			
Hospitality			
Supplies			
Travel			
Miscellaneous			
Total Budget			

Salary and Benefits		
WVHEPC Requested Funds	Other Organizational Funds	Total Nursing Academy Funds

Description of WVHEPC funds designated for salary and benefits.

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Contractual		
WVHEPC Requested Funds	Other Organizational Funds	Total Nursing Academy Funds
<i>Description of WVHEPC funds designated for salary and benefits.</i>		

Hospitality		
WVHEPC Requested Funds	Other Organizational Funds	Total Nursing Academy Funds
<i>Description of WVHEPC funds designated for salary and benefits.</i>		

Supplies		
WVHEPC Requested Funds	Other Organizational Funds	Total Nursing Academy Funds
<i>Description of WVHEPC funds designated for salary and benefits.</i>		

Travel		
WVHEPC Requested Funds	Other Organizational Funds	Total Nursing Academy Funds
<i>Description of WVHEPC funds designated for salary and benefits.</i>		

Miscellaneous		
WVHEPC Requested Funds	Other Organizational Funds	Total Nursing Academy Funds
<i>Description of WVHEPC funds designated for salary and benefits.</i>		

RETURN THIS COMPLETED
APPLICATION TO WVCFN AT
NURSING@WVHEPC.EDU
BY MAY 1, 2020