RENEW Grant Application

Thank you for your interest in applying for a RENEW Initiative. This grant opportunity is made possible through House Bill 3396 funding distributed through the Oregon Health Authority (OHA). Please review the application guidelines before beginning this application. A PDF version of the application questions are available **here**. Applications must be submitted by 11:59 PDT on May 2, 2025. Only one application per project will be permitted.

APPLICANT INFORMATION (Page)

1. Organization Name: *(Full legal name as registered with the IRS.)***
   a. Name
2. **Organization Address:** *(Primary address for your institution.)***
   a. Street 1
   b. Street 2
   c. City
   d. County
   e. State
   f. Zip/Postal code
3. **Primary Contact Person** (Person responsible for communication-related to this grant. This person will be the designated Grant Administrator on the contract)**:
   a. Name
   b. Title/Position
   c. Email address
   d. Phone number
4. **Secondary Contact Person** (if applicable)**:
   a. Name
   b. Title/Position
   c. Email address
   d. Phone number
5. **Fiscal Contact**: (Person responsible for financial matters related to the grant)*
   a. Name
   b. Title/Position
   c. Email address
   d. Phone number
6. Provide the name of the payee for disbursing the grant funds..*
   a. Provide the mailing address of the payee above for disbursing the grant funds.
   b. Street address
   c. City, State, Zip
7. **Tax Identification Number:***
8. **Authorized Signatory:** (Person who will be responsible for signing grant agreement)*

a. Name
b. Title/Position
c. Email address
d. Phone number

9. **Additional Contacts (if applicable):** If selected, please list any other individuals who should be copied on the grant contract communication.
    a. Name
    b. Title
    c. Email address
    d. Phone number

PROJECT INFORMATION (Page)*

10. Project title*****
11. Total Amount of Funding Requested:*****
    a. *(Specify the total amount of grant funding you are requesting.)*
12. Project Start Date:*****
    a. Projects must start no sooner than July 1, 2025* and be completed by October 29, 2027.
       *Note: The distribution of funds is subject to OHA approval and availability.
13. Intervention End Date:*****
    a. Acknowledge and agree to the following: *Interventions must be completed by October 29, 2027, with a 12-month outcome monitoring period ending by October 27, 2028.*
14. Please specify the primary focus of your project: *Choose one******
    a. Faculty Retention
    b. Faculty Recruitment
    c. Both Retention and Recruitment
15. Is your institution collaborating with other Oregon public nursing education programs or external entities on this project?***** **In the text box:**
    - ■ Yes
    - ■ No
    b. Subtext: If yes, please provide details of your partnership and explain how the partnership will enhance the impact of your project on recruitment and retention efforts.

PROJECT PROPOSAL (Page)*

16. **PROJECT ABSTRACT (Header):** (limit to 500 words)*; describe the identified challenges your project will address, the proposed solution, expected outcomes, and how you will measure success.)***
    - ■ Please type/paste your abstract here.
17. **Purpose of the Project (Header)** (200 words or less)***:**
    a. What specific key challenges in faculty retention, recruitment, or both does this project aim to address?
    b. Why is this issue critical for your institution?
18. **Target Location and Audience (Header)** (200 words or less)***:**
    a. Be specific about where your project will be implemented (include specific campus if applicable).

b. Who will the project impact (e.g., faculty, clinical instructors)?

19. **Project Alignment (Header)*:**
    a. How does your project align with the aims of the RENEW Initiative (enhancing faculty retention or recruitment, addressing challenges, ensuring long-term outcomes)?

20. **Background and Evidence (Header)*:**
    a. **Feedback**: How did you engage your faculty and incorporate feedback from OCN in identifying the challenges or solutions proposed by your project?

21. **Description of the Change/Implementation Plan (Header)*:**
    a. **Proposed Intervention**: Describe the proposed intervention/project in detail. Highlight any innovative aspects. (300 words or less).
    b. **Implementation Strategy**: What specific strategy will you use to implement the project? (300 words or less)
    c. **Success Indicators**: How will you know if your plan is successful? (100 words or less)

Outcomes and Evaluation (Header)*:

22. **Measurable Outcomes**: Response must be quantifiable and time-bound.
    - Example: "Increase retention of clinical faculty by 10% within two years by implementing a faculty mentoring program."

23. **Tracking and Measurement**: How will you track and measure your outcomes? Include data collection procedures, analysis methods, and any specific tools or surveys you will use to evaluate success. If exact baseline data is unavailable at this time, please describe how you will collect or estimate baseline data once the project is initiated, and explain how you will use it to measure progress.
    a. **Sustainability**: How will you sustain your outcomes beyond the grant period? Include any institutional commitments or strategies for ensuring long-term feasibility. (200 words or less)

24. **Project Timeline (Header)*: Use provided template**

    Provide a timeline with key deadline dates for activities and milestones, ensuring alignment with RENEW's retention and recruitment goals. Projects must start no sooner than July 1, 2025* and be completed by October 29, 2027.

    Note: Please refer to the provided timeline guidance document for a detailed example of a project timeline.

25. **Upload Budget Table (Header)***

    Please use this template for submission and ensure that the total requested funding indicated in question 11 aligns with the itemized budget you are about to upload. Each section in the budget narrative must correspond directly to the line items in the budget table.
    [Upload]

26. **Budget Justification Narrative (Header)*:**

    Clearly connect each expenditure to specific project activities, objectives, or outcomes. This justification should demonstrate how the funds will contribute to achieving your project's goals and ensuring measurable impact.

FINAL STEPS (Page)

27. **Upload Letters of Support (Header)***

Provide letters demonstrating organizational commitment to the project. Letters should highlight long-term support and how the project aligns with institutional priorities.

[Upload Button]

- ○ **Limit**: Only one letter is required. Please include no more than three.

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28. **Upload Project Team Demographics (Header)*:**

Provide details for the **Project Lead/Principal Investigator** and **other project team members**:

Project Location address(es):

- ● Project Setting:*****
  - ○ **Primary Setting of the Project(s)**
  - ○ Please list all additional project locations
    - ■ Business/Campus Name
    - ■ City
- ● **Project Lead/Principal Investigator**:
  - ○ Name
  - ○ Organization
  - ○ Position/Title
  - ○ Credentials
  - ○ Email
  - ○ Telephone
  - ○ Project Responsibilities
- ● **Other Project Team Members**:
  - ○ Name
  - ○ Organization
  - ○ Position/Title
  - ○ Credentials
  - ○ Email
  - ○ Telephone
  - ○ Project Responsibilities
- ● **Collaborative Partnerships (if applicable)**: Provide demographic details of any partnership personnel that will support the project team, i.e. clinical partners or external stakeholders are involved.
  - ○ Name
  - ○ Organization
  - ○ Position/Title
  - ○ Credentials
  - ○ Email
  - ○ Telephone
  - ○ Project Responsibilities

Upload Appendices (Optional)

Use this upload for additional attachments in the form of appendices (surveys, tools, design maps, etc.)

IRB approval is not required unless the proposal focuses on human subject research, in which case determination of IRB involvement must be sought from the applicant's Ethics Review Board.

Submission Instructions:

Required*Authorization

[acknowledgment box] By submitting this application, i/we agree to participate in applicable publications or presentations such as OCN-supported conferences, abstracts on OCN's Website, or other dissemination strategies as deemed appropriate by the Oregon Center for Nursing. I/we further agree to include in all publications or other materials produced in relation to this work the following text and link: "This project is/was supported by funds received from the Oregon Center for Nursing RENEW Initiative.

Required*Participation

[acknowledgment box] I/we attest that I/we are authorized representatives to submit this application on behalf of the eligible public nursing education program listed above.

[Submit]
Note: Proposals that do not adhere to word limits or omit key information may require revisions before final approval.

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