

# Georgia Board of Health Care Workforce

**Terri McFadden-Garden, MD**  
*BOARD CHAIRPERSON*



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*EXECUTIVE DIRECTOR*

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## **Introduction To Grant Application**

Application Released: 10/19/22

Application Deadline: 1/6/23

Winners Announced: February - March 2023

## **PURPOSE**

Nurses are very critical to the health and well-being of Georgians. The purpose of this grant program is to increase the number of nurse graduates.

## **USE OF FUNDS**

Awards issued to institutions who can increase nursing enrollment and demonstrate a greater pipeline of bedside/clinic practice ready nurses for programs that issue RN or LVN degrees upon completion only.

## **ELIGIBILITY**

Funds must be spent by 6/1/23 and if additional time is needed then a notification needs to be made to the Georgia Board of Health Care Workforce (GBHCW) by 5/15/23 for consideration and funds then must be spent by 12/31/23 with extension.

Funds may be used for faculty related matters, preceptors related matters, educational materials/supplies/equipment. Funds may not be used for building capital improvement (e.g., HVAC update), any construction, for scholarship of students, or added to an endowment fund. Rental of net new space is permitted provided space is being used to educate future nurses. Training equipment or items are allowed to be purchased with these funds; however, your submission should include a line list with approximate amount for such items.

Geographic diversity around the state will be considered. Organizations that can specifically demonstrate how these additional slots will be allocated to individuals who intend to practice nursing in the state of Georgia will be preferred. As will organizations who can demonstrate a greater quantity of ready to practice nurses during the near to medium term balanced with their historical performance metrics required as part of this application.

Schools may apply more than once if for different degree programs but are limited to two (2) total applications per institution.

Questions should be submitted to:

Chet Bhasin

Executive Director

Georgia Board of Health Care Workforce

Chet.Bhasin@dch.ga.gov (please allow up to 5 business days for a reply) and questions must be submitted no later than 10 business days before the application deadline.

Completed applications should be emailed to:

Yvette Speight

Contract Administrator

Georgia Board of Health Care Workforce

yspeight@dch.ga.gov

**Part 1 Application**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Website: \_\_\_\_\_

Type of Institution (*check one*):            For Profit            Not for Profit

Ownership (*check one*):                    Public                    Private

Year Institution Established: \_\_\_\_\_

Type of Nursing Program(s) Offered (*not program(s) being applied for*): \_\_\_\_\_

Enrollment By Program(s): \_\_\_\_\_

Application Point of Contact's Name: \_\_\_\_\_

Application Point of Contact's Title: \_\_\_\_\_

Application Point of Contact's Phone: \_\_\_\_\_

Application Point of Contact's Email: \_\_\_\_\_

Person Responsible For Administering Funds Properly Within Organization (*this person will submit an attestation form with summary of spending later on*): \_\_\_\_\_

Amount Requested (*Request no more than \$750k per application and round to the nearest 1000's (i.e., \$143,267 would request \$143,000)*): \_\_\_\_\_

If Awarded Funds, Timeline of When They Will Be Used: \_\_\_\_\_

## **Part 2 Questions**

### **Application Questions**

*Please answer each question in 250 words or fewer and attach in a separate Word or PDF document.*

- Which nursing program is this application for?
- How many additional nurses will you be able to train with these funds and for how long?
- What type of nurses are you training – what care settings do you anticipate them entering?
- What is your student retention rate? And what is your graduation rate?
- Year-to-date count and % of graduates who pass licensing exam in previous 3 years:
- How many qualified applicants over the past 12 months could not be admitted due to capacity constraints?

### **Additional Questions**

*Please answer each question and attach in a separate Word or PDF document.*

- What are your currently tracked measures of success for the past 5 years?
- How funds will be used? Please be specific and include amounts by line item.
- Include any other relevant information about your institution here that we should be aware of.
- What current efforts does your institution make to retain nurses in the field? What additional efforts would be done with these funds?
- What are your current barriers to increasing your total number of nursing graduates?
- How will these funds assist you in the above-mentioned barriers?

**Part 3 Letters of Support & Commitment**

*Required* Include signed letter of commitment from the Dean (or equivalent role) indicating why these funds are needed (no word limit on letter itself).

*Preferred but Not Required* Any signed letters of support from your affiliated hospitals/care sites where the President and/or Chief Nursing Officer (or equivalent) of the institution can attest to increasing total placements with these funds.

**Part 4 Signature**

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Signature	Title	Date
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I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE SUBMITTED THIS APPLICATION ON BEHALF OF THE APPLICANT'S ORGANIZATION.