



WEST VIRGINIA
**Higher Education
Policy Commission**

West Virginia Nursing Faculty Investment Program Application

Instructions

Please complete all fields within this document to submit your application for the Nursing Faculty Investment Program to nursingexpansiongrants@wvhepc.edu along with the additional required three attachments. The due date for completion of applications during the 2022 award cycle is June 15, 2022 at 5pm. Applications can be submitted any time before the due date. **PLEASE SEND APPLICATIONS AS A WORD DOCUMENT.**

Applicant Organization Name (as found in the WV OASIS OR VISTA system):

Address:

Vendor ID Number:

If you don't know your vendor information you can search for your organization here:

<https://vista.wvsao.gov/Vista/Vendors/VendorSearch>

Organizational Contact Name:

Contact Phone Number:

Email Address:

EXHIBIT A
STATEMENT OF WORK

Provide a one to two sentence synopsis of the project that can be used to describe the project if funded in social media, web announcements and press releases.

Provide a proposal which includes the following information:

- *Brief description of the Faculty Investment project*
- *Number of faculty to be impacted by Faculty Investment project*
- *Expected outcome of Faculty Investment project*

How you will enforce service obligation for faculty who have benefitted from the Faculty Investment Program.

Assurance that all funds will be expended by September 30, 2022.

EXHIBIT B

Budget Detail

Please enter the project budget amounts in the table below. A detailed description of the expense categories will be required on subsequent pages.

Expense Categories	Initial Budget
Salaries and Benefits	N/A
Contractual	
Hospitality	
Supplies	
Rent	N/A
Travel	
Stipends	N/A
Miscellaneous	
Total Budget	

Awardee must request prior approval and a change order when:

- 1) transferring more than 10 percent of the total approved budget between either functional categories or expense categories;
- 2) a material change in the scope of the project has occurred; or
- 3) a purchase of equipment with a cost of \$1,000 or more not included in the original budget.

Budget Justification

Provide a written description of each line item entered in the budget detail (table on previous page). The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the proposal's goals and objectives. If any category is not included in this project, please mark as N/A.

Salaries and Benefits:

N/A

Contractual: **\$X,XXX**

List all contractors to which payments are made from this funding source, describe the purpose of the contract, the anticipated number of hours to be contributed, and the amount paid to each.

Hospitality: **\$X,XXX**

Breakdown costs such as food, nonalcoholic beverages, facility rental, entertainment and other expenses relating to hosting events intended to benefit the program (such as hiring events). In addition to costs, provide the purpose of the hospitality and the number of individuals receiving hospitality. In general, hospitality charges should be a low proportion of the budget.

Supplies: **\$X,XXX**

Include materials needed to execute the project.

Travel: **\$X,XXX**

Travel costs should be paid according to reimbursement guidelines used by the institution. Please include meals while traveling for CE events in this line.

Stipends:

N/A

Miscellaneous: **\$X,XXX**

Include any costs that do not meet the descriptions of other expense categories including registration costs for CE programs, tuition/fees for formal coursework, etc. .