Institu	tion Name:
	ct Name:
	ct Title:
	ct Email:
Addre	
	Number:
	Amount Requested:
FEIN #	
Organ	ization Type:
<u>Organ</u>	ization Overview
1.	What nursing programs/degrees does your institution currently offer?
	Select all that apply
	☐ Associate Degree Nursing (ADN)
	☐ Bachelor Degree Nursing (BSN)
	☐ Accelerated 2 <sup>nd</sup> degree BSN
	☐ Psychiatric Mental Health Nurse Practitioner
	☐ Other (Please describe)
2.	What social work programs/degrees does your institution currently offer?
	Select all that apply
	☐ Bachelor of Social Work (BSW)
	☐ Master of Social Work (MSW)
	☐ Advanced Standing Master of Social Work (MSW)
	☐ Other (Please describe)
3.	What is the total number of students enrolled in the following programs at your institution?
	Answer those that apply
	☐ Associate Degree Nursing (ADN)
	☐ Bachelor Degree Nursing (BSN)
	☐ Accelerated 2 <sup>nd</sup> degree BSN
	☐ Psychiatric Mental Health Nurse Practitioner
	☐ Bachelor of Social Work (BSW)
	☐ Master of Social Work (MSW)
	☐ Advanced Standing Master of Social Work (MSW)
	☐ Other (Please describe)
4.	Approximately how many students currently enrolled in each program have home addresses
	from an Alliance School District as designated by the State Department of Education, or mee
	the family income thresholds to be eligible for federal Pell grants.
	☐ Associate Degree Nursing (ADN)
	☐ Bachelor Degree Nursing (BSN)
	☐ Accelerated 2 <sup>nd</sup> degree BSN
	☐ Psychiatric Mental Health Nurse Practitioner

☐ Bachelor of Social Work (BSW)	
☐ Master of Social Work (MSW)	
☐ Advanced Standing Master of Social Work (MSW)	
☐ Other (Please describe)	
5. Is your institution developing new nursing or social work programs? If yes, please describe.	
☐ Licensed Practical Nurse (LPN)	
Has accreditation been obtained?	
Date first students will be admitted	
Number of students planned to be admitted	
☐ Associate Degree Nursing (ADN)	
Has accreditation been obtained?	
Date first students will be admitted	
Number of students planned to be admitted	
☐ Bachelor Degree Nursing (BSN)  Has accreditation been obtained?	
Date first students will be admitted	
Number of students planned to be admitted	
☐ Accelerated 2 <sup>nd</sup> degree BSN	
Has accreditation been obtained?	
Date first students will be admitted	
Number of students planned to be admitted	
☐ Psychiatric Mental Health Nurse Practitioner	
Has accreditation been obtained?	
Date first students will be admitted	
Number of students planned to be admitted	
☐ Bachelor of Social Work (BSW)	
Has accreditation been obtained?	
Date first students will be admitted	
Number of students planned to be admitted	
☐ Master of Social Work (MSW)	
Has accreditation been obtained?	
Date first students will be admitted	
Number of students planned to be admitted	
☐ Advanced Standing Master of Social Work (MSW)	
Has accreditation been obtained?	
Date first students will be admitted	
Number of students planned to be admitted	
☐ Other (Please describe)	
<u>Tuition Assistance</u>	
1. How many students are you proposing to receive tuition assistance during the total project period? If answer is none, you may skip this section.	
☐ Associate Degree Nursing (ADN)	

	Bachelor Degree Nursing (BSN) Accelerated 2 <sup>nd</sup> degree BSN Psychiatric Mental Health Nurse Practitioner Bachelor of Social Work (BSW) Master of Social Work (MSW) Advanced Standing Master of Social Work (MSW) Other (Please describe)
2.	What is the full cost of tuition and fees for the following programs in your institution? Answer those that apply
	<ul> <li>□ Associate Degree Nursing (ADN)</li> <li>□ Bachelor Degree Nursing (BSN)</li> <li>□ Accelerated 2<sup>nd</sup> degree BSN</li> <li>□ Psychiatric Mental Health Nurse Practitioner</li> <li>□ Bachelor of Social Work (BSW)</li> <li>□ Master of Social Work (MSW)</li> <li>□ Advanced Standing Master of Social Work (MSW)</li> <li>□ Other (Please describe)</li> </ul>
3.	Please describe your other sources of tuition support for <b>nursing</b> students to leverage with CT Health Horizons, including state, federal, and institution resources.
4.	Please describe your other sources of tuition support for <b>social work</b> students to leverage with CT Health Horizons, including state, federal, and institution resources.
5.	If requesting tuition assistance for accelerated BSN, MSW, or PMHNP programs, please describe your institution's eligibility criteria and oversight process to ensure funds are received by the target population.

6.	How will your institution recruit prospective students eligible for tuition assistance to enroll in your programs?
7.	What process will your institution take to disburse tuition assistance to eligible students?
8.	How will your institution encourage students to work for a Connecticut employer after graduation?
9.	What estimated percentage of your institution's 2021 nursing and social work graduates are employed in Connecticut?  Nursing (all relevant programs) Social Work (all relevant programs)
<u>Faculty</u>	y Support
1.	How many faculty is your institution proposing to hire through CT Health Horizons? Please include the anticipated programs and setting they will be assigned to.
	Associate Degree Nursing (ADN)  FTE classroom  FTE clinical  FTE simulation lab  FTE other
	Bachelor Degree Nursing (BSN)  FTE classroom  FTE clinical  FTE simulation lab  FTE other
	Accelerated 2 <sup>nd</sup> degree BSN  FTE classroom  FTE clinical

	FTE simulation lab FTE other
	Psychiatric Mental Health Nurse Practitioner  FTE classroom FTE clinical FTE simulation lab FTE other
	Master of Social Work (MSW) FTE classroom FTE field placement FTE other
	Advanced Standing Master of Social Work (MSW) FTE classroom FTE field placement FTE other
2.	What strategies will your institution take to recruit new faculty? Please note signing bonuses are not an allowable use of grant funds.
	How many seats do you anticipate creating through new faculty?  Associate Degree Nursing (ADN) Bachelor Degree Nursing (BSN) Accelerated 2 <sup>nd</sup> degree BSN Psychiatric Mental Health Nurse Practitioner Master of Social Work (MSW) Advanced Standing Master of Social Work (MSW) Other (Please describe)
4.	Please describe other sources of funding to support faculty salaries during CT Health Horizons, and a sustainability plan after the project period.

#### **Innovative Nursing Programs**

- 1. Please describe the program to explain its purpose, key points, the population that is being served, the desired outcome of the project, and how this outcome is being measured. Include the anticipated number of new nurses you anticipate to graduate and secure employment as a result of this program. Less than 500 words
- 2. Please describe the 50% funding match and the source of this funding.
- 3. Please include a letter of support from a Connecticut healthcare employer and point of contact information for the employer.

#### **Innovative Social Work Programs**

- 1. Please describe the program to explain its purpose, key points, the population that is being served, the desired outcome of the project, and how this outcome is being measured. Include the anticipated number of new social workers you anticipate graduate and secure employment as a result of this program. Less than 500 words
- 2. Please describe the 50% funding match and the source of this funding.
- 3. Please include a letter of support from a Connecticut healthcare employer and point of contact information for the employer.