**Application for 2025 Nursing Innovations Fund**

*Nursing Workforce and Healthy Work Environments*

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| **INSTRUCTIONS** |

* Complete this application. Do not adjust the margins set at 1”, line spacing set at 1.0, or font settings set at Arial 11. You may delete the instructions of each section before submitting your application.
* The application may not exceed 10 pages. Letters of support do not count toward the 10-page limit.
* For the budget section, we have provided sample data as an example. Please overwrite the sample data as you complete your application.
* Submit the completed application and letters of support as **one PDF** file to [NursingInnovations@aarp.org](mailto:NursingInnovations@aarp.org) by or before 10 p.m. ET on Friday, April 4, 2025. In fairness to all applicants, the program will not accept late submissions.

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| **APPLICANT INFORMATION** |

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| --- | --- |
| Project title: |  |
| Legal name of applicant organization: |  |
| Organization tax ID: |  |
| Are you a public entity or tax-exempt under section 501(c)(3) of the U.S. internal revenue code? |  |
| Mailing address: |  |
| City/state/zip: |  |
| Amount requested from the Nursing Innovations Fund: |  |
| Total matching funds secured to date,  if applicable: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Email address** | **Phone number** |
| **Fiscal lead with contract signature authority (required)** |  |  |  |
| **Project lead #1 (required)** |  |  |  |
| **Project lead #2 (optional)** |  |  |  |

1. **Project Description**

Use this section to describe your innovative solution to strengthen the nursing workforce by creating and sustaining healthy work environments and improving recruitment and retention rates of registered nurses. Be sure to clearly describe and provide evidence of the problem, then describe the change solution(s) that will be implemented.

Describe how your project will implement one or more of the American Association of Critical-Care Nurses’ (AACN Critical Care) *Standards for Establishing and Sustaining Healthy Work Environments*.

Provide a statement acknowledging that if awarded funds, you agree to complete the Healthy Work Environment Assessment Tool (HWEAT-Teams) pre-assessment by August 1, 2025, and complete the post-assessment and review results by August 1, 2026.

1. **Impact**

State the change you plan to see from this project.

Describe how the following required metrics, and any additional metrics to evaluate change, will be measured during the project’s one-year timeframe:

* number of registered nurses impacted by the project over the grant period;
* retention of registered nurses as indicated by registered nurse vacancy and turnover rates in the care setting at the beginning and end of the project; and
* change in HWEAT-Teams scores.

1. **Stakeholder Engagement**

Name the stakeholders who will be part of this project and clearly explain their role. This may include involvement of frontline staff as key partners, executive leaders involved as project partners, and collaborating organizations. Clearly describe roles and commitment of resources, including in-kind.

Additionally, a signed letter of support from an executive leader is preferred. The letter should describe resource commitments, including dedicated time for project implementation. The letter does not count toward the 10-page application limit, and a sample can be found on the [*Campaign for Action* website.](https://staging.campaignforaction.org/2025-nursing-innovations-fund/)

1. **Replicability and Sustainability**

Describe how the anticipated success of this project can be replicated and sustained over time.

1. **Project Dissemination Plan**

Describe how the project results will be disseminated and identify key audiences.

1. **Project Work Plan**

Projects will begin on July 1, 2025, and end on June 30, 2026. Complete the work plan below, specifying key tasks, estimated start and end dates, and the person or position responsible for leading that task. For additional tasks, please insert rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Task Name | Start Date | End Date | Position or Person Responsible |
|  | HWEAT-Teams pre-assessment | 7/1/2025 | 8/1/2025 |  |
|  | HWEAT-Teams post-assessment and review results | 7/1/2026 | 8/1/2026 |  |
|  | Submit final narrative report | 7/1/2026 | 8/1/2026 |  |
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1. **Matching Funds**

If applicable, provide a summary of the matching funds you have secured. Attach confirmation letters from funders stating the award recipient, amount and purpose of funding, and the award period. These attachment(s) do not count toward the 10-page application limit.

1. **Budget**

Total project budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested from the

Nursing Innovations Fund: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit a detailed budget explaining how the funds will be used. Use the budget template below, overwriting the data from the sample. Indirect costs may not exceed 12%. The template is designed to automatically total the amount columns.

**SAMPLE BUDGET**

| **Budget item** | **Nursing Innovations Fund** | **In-kind resources or matching funds** | **Total cost** |
| --- | --- | --- | --- |
|  | | | |
| Employee “X”  ($20/hour x 300 hours) | $4,000 | $2,000 | $6,000 |
| *Justification: Employee “X” is an administrative assistant for the Nursing Innovations Fund project. Employee “X” will provide administrative support during the life of the project. Duties will include scheduling meetings, training, and other gatherings deemed necessary. Employee “X” will also be responsible for scheduling travel for project members. Other administrative duties will be performed as assigned.* | | | |
|  | | | |
| Office Operations | $1,000 | $1,000 | $2,000 |
| *Justification: These funds are allocated for help with the cost of meetings, equipment, and space. Funds will also be used for paper, ink cartridges, and additional office supplies.* | | | |
| Communications/Marketing | $2,000 | $1,000 | $3,000 |
| *Justification: Funds are used to increase awareness of the project. Costs include design and printing of brochures and newsletters, development of webpage and media outreach.* | | | |
| Polls/Survey/Metrics | $1,000 | $2,000 | $3,000 |
| *Justification: The costs include content development of survey, digital distribution, and review/interpretation of survey results. Includes staff time for HWEAT-Teams, follow-up of outcome measures and reporting to grant administrator.* | | | |
| Travel | $2,000 | $0 | $2,000 |
| *Justification: Employee “A” and Employee “B” will be expected to travel to one meeting and present on the project. Travel expense estimates are as follows; $1,000 per person. $1,000 x 2 people = $2,000. This expense assumes a two night overnight and includes travel with meals.* | | | |
|  | | | |
| Consultants: writer/editor to develop dissemination report. | $3,000 | $0 | $3,000 |
| *Justification: Cost for one consultant at $100/hour for 30 hours.* | | | |
| Contracts: Consultants to guide implementation of project and lead project workplan. | $5,000 | $0 | $5,000 |
| *Justification: Cost for deliverables derived using vendor’s estimate of 50 hours at $100/hour.* | | | |
|  | | | |
| Indirect costs calculated at 12% = $2,160 | $2,000 | $0 | $2,000 |
| **TOTAL COSTS** | **$20,000.00** | **$6,000.00** | **$26,000.00** |