

**State of Illinois**

*JB Pritzker, Governor*

**Illinois Board of Higher Education**

*Pranav Kothari, Chair*

*Ginger Ostro, Executive Director*



# ***Nurse Educator Fellowship Program***

***Fiscal Year 2025***

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**APPLICATIONS FOR SECOND CYCLE DUE BY FEBRUARY 21<sup>ST</sup>, 2025**

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## **PROGRAM SUMMARY**

The purpose of the Nurse Educator Fellowship Program is to ensure the retention of well-qualified nursing educators in Illinois by providing salary supplements. The program is designed to reward and retain well-qualified nursing educators who prepare students for a career as a registered professional nurse.

### **ELIGIBILITY**

An eligible institution is an Illinois institution with a pre-licensure RN program approved by the Illinois Department of Financial and Professional Regulation (IDFPR) and accredited by the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN).

Fellowship nominations are limited to no more than three full-time nursing faculty members per eligible institution per year.

An educator must meet the following qualifications before nomination by the chief nursing administrator:

- Illinois resident with a minimum of a master's degree in nursing.
- Employed in a full-time nursing faculty position at an eligible institution.
- Employed by the nominating institution in a teaching position preparing registered nurses for a minimum of 12 months prior to nomination.
- Made significant contributions to the nursing program.
- Did not receive a Nurse Educator Fellowship within the past five years.
- Nominated by the chief nursing administrator at an eligible institution.

### **AWARDS**

Each fellowship is an award of \$10,000. The \$800,000 allocation for the FY25 program will potentially support up to 80 fellowships. This is a competitive program.

Fellowship funds are salary supplements that, at the discretion of the Fellow, may be used for expenses related to professional development, conference expenses, continued education, professional dues, and travel to the recognition ceremony.

Awards will be made to the nominating institution on behalf of the Fellow. The institution will pay the Fellow in accordance with the grant agreement and institutional payroll policies and procedures. Since the fellowship award is a taxable salary supplement the net payment after payroll deductions will likely be less than \$10,000.

The institution must pay the salary supplement to the Fellow upon notice of award and a signed Fellowship agreement with the IBHE.

*Please Note:* The State Universities Retirement System (SURS) does not consider the fellowship award to be employee earnings that would impact retirement contributions for community colleges and state universities. SURS Legal Counsel found this payment as an award that is not associated with a particular time period and therefore not subject to SURS withholding. As such, this payment will not be included in the final rate of earnings and therefore, will not be included as earnings in the calculation of the 6% provision. (80 Ill. Adm. Code 1600.205(d)(3)(A)(ii))

## CONDITIONS OF AWARD

Each Fellow shall agree to:

- Attend the recognition ceremony.
- Collaborate with IBHE and Illinois Nursing Workforce Center in statewide nursing advocacy and attend fellowship meetings or associated conferences, as needed and with prior approval from their chief nursing administrator.
- Provide a final abstract describing experiences and the use of funds.
- Repay the fellowship if she/he terminates employment within six months after award notification.

Each institution shall agree to:

- Receive the award on behalf of the Fellow.
- Use the funds solely to supplement the salary of the Fellow.

## SELECTION PROCESS

First, all eligibility requirements of the institution and nominee must be met.

Second, the following will be considered on a competitive basis:

- Strength of the nomination by the chief nursing administrator, including the nominee's major accomplishments, such as research, program improvements, contributions to the nursing program and/or institutional efforts to advance equity through a well-prepared, diverse nursing workforce. Note any doctoral degrees awarded.
- Strength of the nominee's personal statement regarding proposed use of funds and employment plans with the institution, including, but not limited to, the ability of nominee to work to close equity gaps and promote diversity and inclusion at their respective institutions.

In addition, consideration will be given to:

- Statewide geographic distribution of fellowship recipients.
- Equitable distribution of fellowship recipients among the nominations by degree levels and sectors of institutions.
- Nominee's tenure status (preference given to tenured/tenure-track faculty).
- Proportion of the institution's nursing students who are African American, Latino, low-income, first-generation college, from rural communities, working adults, or students with disabilities and the institution's success in reducing any equity gaps in nursing student enrollment and graduation. Student data previously submitted by the institution to IBHE will be used.

- Pay the Fellow in accordance with institutional payroll policies and procedures.
- Provide a financial report within 30 days after the Fellowship is paid to the Fellow.
- Promptly refund any repayments made by the Fellow.

**Due Date: FEBRUARY 21<sup>ST</sup>, 2025**

**QUESTIONS:** Contact IBHE at [nursingfellows@ibhe.org](mailto:nursingfellows@ibhe.org).

## STEPS TO NOMINATE

Each nomination must be submitted pursuant to the Grant Accountability and Transparency Act (GATA) and as outlined below.

Materials may also be accessed on the IBHE web at: <https://www.ibhe.org/nefp.html>

### PRE-AWARD REQUIREMENTS

Institutions must meet the GATA pre-award requirements, including the submission of the FY25 Internal Controls Questionnaire (ICQ) before a grant award can be processed. See GATA website at <https://www2.illinois.gov/sites/GATA/Grantee/Pages/default.aspx> for more information about grantee requirements. The GATA Grantee Portal is at <https://grants.illinois.gov/portal/>.

### UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE (Attachment A)

This form must be downloaded, completed, dated, printed, and signed by the President/CEO of the applicant institution.

Send the file by e-mail to [nursingfellows@ibhe.org](mailto:nursingfellows@ibhe.org). Applications sent after **February 21, 2025**, will not be accepted.

### NOMINATION & SUPPORTING DOCUMENTS (Attachments B & C)

Fellowship nominations are limited to a maximum of three full-time nursing faculty members per eligible institution per fiscal year. A separate nomination with supporting documents is required for each nominee.

1. Chief Nursing Administrator makes the nomination (Attachment B).
  - a. Write a letter to recommend the nominee for the award. Include the nominee's major Accomplishments, contributions, and involvement in programmatic and/or institutional efforts to advance equity through a well-prepared, diverse nursing workforce. Note any doctoral degrees awarded.
2. Nominee prepares supporting documents (Attachment C).
  - a. Write a personal statement indicating (i) qualifications for award including involvement in programmatic and/or institutional efforts to advance equity through a well-prepared, diverse nursing workforce, (ii) proposed use of funds, and (iii) intent to remain employed as a nursing faculty member.
  - b. Prepare a budget to support the proposed use of funds.
  - c. Provide a resume or curriculum vitae.
  - d. Give completed form and supporting materials to the Chief Nursing Administrator.
3. Chief Nursing Administrator sends forms and supporting documents to IBHE at [nursingfellows@ibhe.org](mailto:nursingfellows@ibhe.org).

The nomination and supporting materials must be submitted on or before **February 21<sup>st</sup>, 2025**. Materials sent or postmarked after the deadline will not be accepted.

**ATTACHMENT A**  
**Uniform Application for State Grant Assistance**

Web access: <https://www.ibhe.org/nefp.html>

Uniform Application for State Grant Assistance		
Agency Completed Section		
1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> <b>Application</b> <input type="checkbox"/> Changed / Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date / Time Received by State	<b>Completed by State Agency upon Receipt of Application</b>
4.	Name of the Awarding State Agency	<b>Illinois Board of Higher Education</b>
5.	Catalog of State Financial Assistance (CSFA) Number	<b>601-00-1591</b>
6.	CSFA Title	<b>Nurse Educator Fellowship Grant</b>
Catalog of Federal Domestic Assistance (CFDA) <b>X Not applicable (No federal funding)</b>		
7.	CFDA Number	<b>N/A</b>
8.	CFDA Title	<b>N/A</b>
9.	CFDA Number	<b>N/A</b>
10.	CFDA Title	<b>N/A</b>
Funding Opportunity Information <b>X Not Applicable</b>		
11.	Funding Opportunity Number	<b>N/A</b>
12.	Funding Opportunity Title	<b>N/A</b>
Competition Identification <b>X Not Applicable</b>		
13.	Competition Identification Number	<b>N/A</b>
14.	Competition Identification Title	<b>N/A</b>

Applicant Completed Section		
Applicant Information		
15.	Legal Name (Name used for DUNS registration and grantee pre-qualification)	
16.	Common Name (DBA)	

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17.	Employer / Taxpayer Identification Number (EIN, TIN)	
18.	Organizational DUNS number	
19.	SAM Cage Code	
20.	Business Address	Street address, City, County, State, County, Zip + 4
Applicant's Organizational Unit		
21.	Department Name	
22.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
23.	First Name	
24.	Last Name	
25.	Suffix	
26.	Title	
27.	Organizational Affiliation	
28.	Telephone Number	
29.	Fax Number	
30.	Email address	
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
31.	First Name	
32.	Last Name	
33.	Suffix	
34.	Title	
35.	Organizational Affiliation	
36.	Telephone Number	
37.	Fax Number	
38.	Email address	
Areas Affected		
39.	Areas Affected by the Project (cities, counties, state-wide)	



FY25 Nurse Educator Fellowship Program

40.	Legislative and Congressional Districts of Applicant	
41.	Legislative and Congressional Districts of Program / Project	
<b>Applicant's Project</b>		
42.	Description Title of Applicant's Project	<b>Nurse Educator Fellowship</b>
43.	Proposed Project Term	<b>Start Date: Date of last signature on agreement. End Date: June 30, 2025</b>
44.	Estimated Funding (include all that apply)	<b>X Amount Requested from the State:</b> <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): <input type="checkbox"/> Local Contribution: <input type="checkbox"/> Other Source of Contribution: <input type="checkbox"/> Program Income: <div style="text-align: right;"><b>Total Amount \$10,000</b></div>
<b>Applicant Certification:</b>  <p>By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. If a NOFO was not required for the award, the state agency will specify required assurances and certifications as an addendum to the application.</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>		
<b>Authorized Representative</b>		
45.	First Name	
46.	Last Name	
47.	Suffix	
48.	Title	
49.	Telephone Number	
50.	Fax Number	
51.	Email Address	
52.	Signature of Authorized Representative	
53.	Date Signed	

**ATTACHMENT B:  
Nomination by Institution Form**

Web access: <https://www.ibhe.org/nefp.html>

### Nomination by Institution Form

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**Chief Nursing Administrator** (i.e. the person authorized by the institution to nominate a faculty member for the fellowship award)

Name:

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Title:

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Institution:

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Mailing Address:

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E-mail:

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Phone:

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Fax:

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*I nominate the following faculty member for the fellowship:*

Name:

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Mailing Address:

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---

E-mail:

---

Phone:

---

Fax:

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Tenure Status:    Tenured    Tenure-Track    Non-Tenured    No Tenure System  
(Check ONE)       ☐       ☐       ☐       ☐

*I certify the following qualifications:*

- 1) The nominee primarily teaches courses in a pre-licensure registered professional nursing program. "Primarily" means more than 50% of time.

Specify the program:

ADN ☐

BSN ☐

Master's Entry Level ☐

- 2) The nominee teaches in a pre-licensure registered professional nursing program that is
  - a) Approved by the Illinois Department of Financial and Professional Regulation and
  - b) Accredited by either the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing, Inc. (ACEN).
- 3) The nominee is an Illinois resident (see rules for definition).
- 4) The nominee is employed as a full-time nursing faculty member.
- 5) The nominee has been employed at our institution in a teaching position preparing registered professional nurses for at least 12 months prior to this nomination.
- 6) The nominee has a *minimum* of a master's degree in nursing.
- 7) The nominee has not received this fellowship award in any one of the prior five years (fellows selected in 2024, 2023, 2022, 2021, and 2020 are not eligible)

Signature: \_\_\_\_\_

Date \_\_\_\_\_

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- **Recommendation:** Why do you, the Chief Nursing Administrator, believe this faculty member should receive a Nurse Educator Fellowship? Include the nominee's major accomplishments, contributions, and involvement in programmatic and/or institutional efforts to advance equity through a well-prepared, diverse nursing workforce. Note any doctorate degrees awarded.
  - *Prepare a separate letter and attach it to this form. Limit to one page.*
-

**ATTACHMENT C:**  
**Nominee's Supporting Documentation Form**

Web access: <https://www.ibhe.org/nefp.html>

## Nominee's Supporting Documentation Form

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### ***Nominee Information:***

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

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Nominations will be scored on the strength of the (1) personal statement and employment and (2) anticipated use of the award. Comparisons are made to other nominations from the same sector, i.e., community college, public university, and private institution and degree level.

- 1) *Personal Statement & Employment:*** Write a personal statement with your qualifications for the award, including your involvement in programmatic and/or institutional efforts to advance equity through a well-prepared, diverse nursing workforce.

*Prepare a separate document and attach it to this form. Limit to one page.*

- 2) *Anticipated Use of Award:*** Fellowship awards are salary supplements that, at the discretion of the Fellow, may be used for expenses related to professional development, conference expenses, continued education, professional dues, and recognition meeting expenses. Describe how you intend to use the fellowship award.

Nominees should plan to expend the funds between the date of award notification to June 30, 2025.

Withholdings Estimate: Fellowship awards are salary supplements subject to payroll withholdings for taxes, retirement contributions, and FICA for Social Security and Medicare. The \$3,000 figure is an estimate; please check with your payroll director for specific withholding amounts.

\$ 3,000

Proposed Expenditures: Provide a detailed description of the proposed activities and dollar amounts per activity. Be sure to provide sponsors, titles, and dates for each seminar, training, and conference that you plan to attend.

*Prepare a separate document and attach to this form.*

\$ 7,000

Total (includes withholding amounts) **\$ 10,000**

- 3) *Curriculum Vitae / Resume:*** Include with the application.

**ATTACHMENT D:  
Administrative Rule**

## IBHE ADMINISTRATIVE RULE

### TITLE 23: EDUCATION AND CULTURAL RESOURCES

#### SUBTITLE A: EDUCATION

#### CHAPTER II: BOARD OF HIGHER EDUCATION

#### PART 1105

#### NURSE EDUCATOR FELLOWSHIP PROGRAM

##### Section

1105.100	Purpose of the Nurse Educator Fellowship Program
1105.200	Definitions
1105.300	Fellow Eligibility
1105.400	Nomination Process
1105.500	Approval Process
1105.600	Awards
1105.700	Fellow Responsibilities
1105.800	Post-Award Requirements

**AUTHORITY:** Implementing and authorized by Section 9.32 of the Board of Higher Education Act [110 ILCS 205].

**SOURCE:** Emergency rules adopted at 30 Ill. Reg. 14363, effective August 16, 2006, for a maximum of 150 days; adopted at 30 Ill. Reg. 19523, effective December 5, 2006; amended at 44 Ill. Reg. 11456, effective June 24, 2020.

#### **Section 1105.100 Purpose of the Nurse Educator Fellowship Program**

The purpose of the Nurse Educator Fellowship Program is *to ensure the retention of well-qualified nursing faculty by supplementing nursing faculty salaries at institutions of higher learning that award degrees in nursing*. [110 ILCS 205/9.32] The Program is designed to reward outstanding nursing faculty and provide an incentive to retain qualified faculty at Illinois institutions of higher learning.

#### **Section 1105.200 Definitions**

"Act" means the Board of Higher Education Act [110 ILCS 205].

"Board" means the Board of Higher Education.

"Institution of Higher Learning" means a public or nonpublic institution of higher education located within Illinois that offers associate, baccalaureate or post-baccalaureate degrees and that is authorized to operate in the State.

"Eligible Institution" means an institution of higher learning in Illinois with a pre-licensure registered professional nursing program approved by the Illinois Department of Financial and Professional Regulation and accredited by the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing, Inc.



(ACEN).

"Fellow" means an individual who receives Fellowship assistance under this Program.

"Fellowship" means the *competitive award that supplements nursing faculty salaries to ensure the retention of well-qualified nursing faculty*. [110 ILCS 205/9.32]

"Fiscal Year" means the period of July 1 to June 30 of the following year.

"GATA" means the Grant Accountability and Transparency Act [30 ILCS 708]. GATA rules are cross-referenced in this Part.

"GATA Rule" means 44 Ill. Adm. Code 7000.

"GATU" means the Grant Accountability and Transparency Unit within the Illinois Governor's Office of Management and Budget.

"Illinois Nursing Workforce Center" means the center established within the Illinois Department of Financial and Professional Regulation *to address issues of supply and demand in the nursing profession, including issues of recruitment, retention, and utilization of nurse manpower resources*. [225 ILCS 65/75-10]

"Illinois Resident" means an individual who resides in the State of Illinois and is considered to be a resident by the Illinois Department of Revenue or Illinois Secretary of State.

"Indirect Facilities and Administrative Costs" means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted without effort disproportionate to the results achieved.

"Nominating Institution" means an eligible institution that has submitted Fellowship nomination materials on behalf of a nursing faculty member at its institution.

"Program" means the Nurse Educator Fellowship Program required by Section 9.32 of the Act and this Part.

"Qualified Applicant" means a nursing faculty member, nominated by an eligible institution, who meets the requirements of Section 1105.300.

"Recipient Institution" means the eligible institution that receives a Fellowship directly from the Board on behalf of the Fellow.

(Source: Amended at 44 Ill. Reg. 11456, effective June 24, 2020)

### **Section 1105.300 Fellow Eligibility**

A qualified applicant must:

- a) be an Illinois resident;
- b) have a minimum of a master's degree in nursing;
- c) be employed in a full-time nursing faculty position at an eligible institution;
- d) have been employed by the nominating institution in a teaching position preparing registered professional nurses for a minimum of 12 months prior to submission of nomination materials;
- e) have made significant contributions to the nursing program; and
- f) have not received a Fellowship under this Program within the past 5 years.

(Source: Amended at 44 Ill. Reg. 11456, effective June 24, 2020)

#### **Section 1105.400 Nomination Process**

- a) Eligible institutions will be notified by the Board when funding opportunities and nomination materials for the Nurse Educator Fellowship Program are available.
- b) Nomination materials may be obtained from the Illinois Board of Higher Education, 1 N. Old State Capitol Plaza, Suite 333, Springfield, Illinois 62701 or the Board's website at [www.ibhe.org](http://www.ibhe.org).
- c) Nominations from eligible institutions are limited to no more than 3 full-time nursing faculty members per campus annually.
- d) The chief nursing administrator at an eligible institution shall identify and nominate qualified applicants for the Fellowship by completing the nomination form included in the nomination materials.
- e) The nominee must complete the personal statement section of the nomination materials, indicating:
  - 1) intent to remain employed as a nursing faculty member with the nominating institution; and
  - 2) the anticipated use of Fellowship funds.
- f) The nomination materials must include the Uniform Grant Application provided by GATU (see GATA Rule Section 7000.330) and be signed by the authorized representative of the nominating institution.
- g) Completed nomination materials in accordance with subsections (d), (e) and (f) must be submitted to the Board by the announced deadline, which shall not be less than 45 days after the announcement and release of nomination materials.

(Source: Amended at 44 Ill. Reg. 11456, effective June 24, 2020)

**Section 1105.500 Approval Process**

- a) The Board shall accept nominations for Fellowships in accordance with Section 1105.400.
- b) Board staff shall review nominations to ensure the eligibility requirements are met in accordance with Section 1105.300.
- c) Board staff shall make recommendations to the Board for approval of Fellowships based upon factors that shall include, but are not limited to, the following:
  - 1) Strength of the nomination by the chief nursing administrator and the nominee's personal statement regarding proposed use of funds and employment plans;
  - 2) Major accomplishments of the nominee, such as research, program improvements, and other nursing program contributions;
  - 3) Statewide geographic distribution of Fellowship recipients;
  - 4) Distribution of Fellowship recipients among the degree levels and sectors of eligible institutions that nominate qualified applicants for the program; and
  - 5) Tenure status (preference will be given to tenured/tenure-track faculty).
- d) For a nominating institution that is a prior fiscal agent of an award under this Part, the Board staff shall review available information on the institution's prior performance and consider that information when assessing institution risk. This is part of the grantee risk assessment required by GATU (see GATA Rule Section 7000.340).
- e) Upon Board approval, Fellowships can be made to the nominating institution, on behalf of the Fellow.

(Source: Amended at 44 Ill. Reg. 11456, effective June 24, 2020)

**Section 1105.600 Awards**

- a) The amount of the Fellowship shall be no greater than \$10,000.
- b) The number of Fellowships awarded in a given fiscal year is contingent upon available funding.
- c) If, for any reason, the appropriation to the Board is insufficient to fund Fellowships for all selected Fellows in accordance with subsection (a), all Fellowships shall be reduced pro rata as necessary.

- d) The purpose of the Fellowship is to enhance retention of well-qualified faculty by providing a salary supplement. At the discretion of the Fellow, funds may be used for, but are not limited to, professional development, conference expenses, continued education, professional dues, and other activities as defined in Section 1105.700.
- e) The Fellow and the nominating institution shall be notified of the award in writing upon approval by the Board.
- f) Fellowship funds may not be expended except pursuant to a Grant Agreement. Disbursement of funds without a Grant Agreement is prohibited.
- g) Board staff shall verify that the recipient institution is registered with GATA, has completed a prequalification process, and has been determined qualified by GATU (see GATA Rule Section 7000.70).
- h) The Board shall enter into a Grant Agreement with a qualified recipient institution using the Uniform Grant Agreement provided by GATU (see GATA Rule Section 7000.370).
- i) Upon Board approval and verification of employment by the recipient institution, funds will be disbursed to the recipient institution on behalf of the Fellow.
- j) The recipient institution shall:
  - 1) Serve as fiscal agent for the Board and receive the Fellowship funds on behalf of the Fellow;
  - 2) Use the Fellowship funds to supplement the salary of the Fellow. The Funds shall not supplant other revenue sources that support faculty salaries;
  - 3) Pay the Fellow in either a lump sum or installment plan in accordance with institutional payroll policies and procedures; and
  - 4) Not deduct indirect facilities or administrative costs from the Fellowship award.
- k) If the Fellow terminates employment with the recipient institution within 6 months after award notification from the Board:
  - 1) The Fellow shall repay the funds awarded to date. These funds shall be remitted to the Board for deposit in the General Revenue Fund.
  - 2) Fellows are not entitled to funds not yet paid by the institution. The recipient institution must remit any unused portion of the Fellowship to the Board for deposit in the General Revenue Fund.

(Source: Amended at 44 Ill. Reg. 11456, effective June 24, 2020)

**Section 1105.700 Fellow Responsibilities**

- a) As a condition for acceptance of the Fellowship, the Fellow shall agree to participate in the following activities:
  - 1) Collaboration with the Board and Illinois Nursing Workforce Center regarding statewide nursing issues, as needed and with approval from the recipient institution's chief nursing administrator;
  - 2) The Fellowship recognition ceremony hosted by the Illinois Nursing Workforce Center and Board; and
  - 3) Fellowship meetings or associated conferences sponsored by the Board or Illinois Nursing Workforce Center when attendance is approved by the recipient institution's chief nursing administrator.
- b) If the Fellow terminates employment with the recipient institution within 6 months after award notification from the Board, the Fellow shall repay the funds awarded to date. The Fellow or recipient institution shall contact the Board regarding the appropriate manner to remit the funds for deposit in the General Revenue Fund.
- c) Provide a final report describing Fellowship experiences, including the use of funds. The Fellow shall submit the report to the nominating institution, the Illinois Nursing Workforce Center, and the Board.

(Source: Amended at 44 Ill. Reg. 11456, effective June 24, 2020)

**Section 1105.800 Post-Award Requirements**

- a) Recipient institutions are subject to the Auditing Standards required by GATU (see GATA Rule Section 7000.90).
- b) Except as otherwise provided in this subsection (b), the recipient institution shall submit a financial report to the Board within 30 calendar days following the payment of the Fellowship to the Fellow. The report shall include the Fellow's name, recipient institution's name, date of payment, and amount of Fellowship award after payroll deductions. When the Fellowship award is split into more than one payment, a report must be submitted within 30 calendar days after each payment.
- c) The recipient institution shall take the following actions to complete grant closeout at the end of the fiscal year. (See GATA Rule Section 7000.440.)
  - 1) Promptly refund any balances of unobligated cash that the Board paid in advance. Refunds shall be returned to the Board within 45 days after the end of the fiscal year.

- 2) Expend any encumbered grant funds during a lapse period of 60 days past the end of the fiscal year. Any encumbered but unexpended grant funds remaining at the end of the lapse period shall be returned to the Board within 45 days.

(Source: Added at 44 Ill. Reg. 11456, effective June 24, 2020)