Nurse Educator Fellowship Program

Fiscal Year 2020

Release of Materials: July 15, 2019
Submission Deadline: September 30, 2019
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PROGRAM INFORMATION

The purpose of this program is to help ensure the retention of well-qualified nursing faculty in pre-licensure RN programs offered by Illinois institutions of higher learning. This is a competitive program.

ELIGIBILITY

Participation in this program is open to Illinois institutions of higher learning with a pre-licensure RN 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 (ACEN).

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

To be eligible to receive an award, a faculty member must meet the following criteria:

- Illinois resident and 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;
- Made significant contributions to the nursing program;
- Did not receive a fellowship within the prior five years (fellows were selected in 2019, 2018, and 2015); please note that a 2015 Fellow may be nominated since no fellowships were awarded in 2015 due to the suspension of the grant program; and
- Nominated by the chief nursing administrator at an eligible institution.

AWARDS

Each fellowship is an award of $10,000. The allocation for the FY20 program will support 19 fellowships. 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 recognition meeting. Awards will be made to institutions on behalf of the Fellow. The institutions will make payments to the Fellow in accordance with institutional payroll policies and procedures. Since the fellowship award is a taxable salary supplement the net payment after payroll deductions will vary.

Note for Public Institutions: The State Universities Retirement System (SURS) did not consider the fellowship award to be employee earnings that would impact retirement contributions. In October 2014 SURS reviewed the issue, the applicable laws and administrative rules, and provided IBHE with the following statement:

SURS Legal Counsel has found that Administrative Code 1600.205-3(a)(ii) identifies 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 would not be included in the final rate of earnings and therefore, would not be included as earnings in the calculation of the 6% provision.

NOMINATION PROCESS

Nominations will be reviewed to ensure that all eligibility requirements are met. The IBHE staff will make recommendations to the Board based on the following:

- Nomination by institution, including the nominee’s major accomplishments and contributions to the nursing program;
- Nominee’s personal statement in support of the nomination and of continued employment with institution;
- Nominee’s anticipated use of funds (for expenses prior to December 31, 2020);
- Statewide geographic distribution of fellowship recipients; and
- Nominee’s tenure status (preference given to tenured/tenure-track faculty).

CONDITIONS OF AWARD

As a condition of the fellowship, each Fellow shall agree to

- Be actively involved in statewide nursing advocacy, as requested;
- Participate in the recognition meeting;
- Repay the fellowship if Fellow terminates employment within six months after award notification; and
- Provide a final report describing experiences and the use of funds.

As a condition of the fellowship, each institution shall agree to

- Receive the award on behalf of the Fellow;
- Use the funds to supplement the salary of the Fellow;
- Pay the Fellow in accordance with institutional payroll policies and procedures; and
- Provide a financial report within 30 days after making such payment to Fellow.

IMPORTANT DATE

- Submit nomination materials on or before Monday, September 30, 2019.

STEPS TO NOMINATE

Each nomination must be submitted as outlined below.

PRE-AWARD REQUIREMENTS

Pursuant to the Grant Accountability and Transparency Act (GATA), institutions must meet the grantee requirements, including the submission of the FY20 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 Grantee Portal is at https://grants.illinois.gov/portal/.
UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

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

Download from the IBHE website at https://www.ibhe.org/nefp.html.

Send the file by e-mail to grants@ibhe.org or mail to Illinois Board of Higher Education, Grants: FY20 Nurse Educator Fellowship, 1 N. Old State Capitol Plaza, Suite #333, Springfield, IL 62701. Applications sent or postmarked after September 30, 2019 will not be accepted.

NOMINATION & SUPPORTING DOCUMENTS

Fellowship nominations are limited to no more than three full-time nursing faculty members per eligible institution per award cycle. A separate nomination with supporting documents is required for each nominee.

1. Chief Nursing Administrator makes the nomination.
   a. Download the Nomination by Institution form at https://www.ibhe.org/nefp.html and certify eligibility.
   b. Write a recommendation for the nominee.

   a. Download the Nominee’s Supporting Documents form at https://www.ibhe.org/nefp.html and complete.
   b. Write a personal statement indicating (i) qualifications for award, (ii) proposed use of funds, and (iii) intent to remain employed as a nursing faculty member.
   c. Prepare a budget to support the proposed use of funds.
   d. Provide a resume or curriculum vitae.
   e. Give completed form and supporting materials to the Chief Nursing Administrator.

3. Chief Nursing Administrator sends forms and supporting documents to IBHE at grants@ibhe.org or by mail to Illinois Board of Higher Education, Grants: FY20 Nurse Educator Fellowship, 1 N. Old State Capitol Plaza, Suite #333, Springfield, IL 62701.

The nomination and supporting materials must be submitted on or before September 30, 2019. Materials sent or postmarked after the deadline will not be accepted.
APPENDIX A
Uniform Application for State Grant Assistance

(Download application from IBHE website)
UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE

Agency Completed Section

1. Type of Submission: □ Pre-application ■ Application □ Change/Corrected Application

2. Type of Application: ■ New □ Continuation (i.e. multiple year grant) □ Revision (modification to initial application)

3. Name of the Awarding State Agency: Illinois Board of Higher Education

4. Catalog of State Financial Assistance (CSFA) Number: 601-00-1591

5. CSFA Title: Nurse Educator Fellowship Grant

Catalog of Federal Domestic Assistance (CFDA)

☒ Not Applicable

1. CFDA Number: ____________________________________________

2. CFDA Title: ______________________________________________

Funding Opportunity Information

☒ Not Applicable

1. Competition Identification Number: ____________________________

2. Competition Identification Title: ______________________________

Applicant Completed Section

1. Legal Name (Name used for Data Universal Number System (DUNS) registration and grantee pre-qualification):

2. Common Name (Doing Business As-DBA):

3. Employer/Taxpayer Identification Number (EIN/TIN):

4. Organizational Data Universal Number System (DUNS Number):


6. Business Address:
   Street: ______________________________________________________
   City: _______________________________________________________
   State: ______________________________________________________
   County: ____________________________________________________
   Zip: ________________________________________________________
<table>
<thead>
<tr>
<th>Applicant’s Organization Unit</th>
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<tr>
<td>1. Department Name:</td>
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<td>2. Division Name:</td>
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<tr>
<th>Applicant’s Name and Contact information to be contacted for questions involving this Application</th>
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<td>1. First Name:</td>
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<td>2. Last Name:</td>
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<td>3. Suffix:</td>
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<td>4. Title:</td>
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<td>5. Organizational Affiliation:</td>
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<td>6. Telephone Number:</td>
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<td>7. E-mail address:</td>
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<th>Areas Affected</th>
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<td>1. Areas affected by the Project (cities, counties, state-wide):</td>
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<td>2. Legislative and Congressional Districts of Applicant:</td>
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<td>3. Legislative and Congressional Districts of Program/Project:</td>
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<tr>
<th>Applicant’s Project</th>
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<tr>
<td>1. Description Title of Applicant’s Project:</td>
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<tr>
<td>2. Proposed Project Term: July 1, 2019 to June 30, 2020</td>
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<tr>
<td>3. Estimated Funding (include all that apply):</td>
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<tr>
<td>Amount Requested from the State:</td>
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<td>Applicant Contribution (e.g., in kind, matching):</td>
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<td>Local Contribution:</td>
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<tr>
<td>Other Source of Contribution:</td>
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<tr>
<td>Program Income:</td>
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**Applicant Certification:**

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 and 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 218, Section 1001)

(*) The list of certifications and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

☐ I AGREE

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<tr>
<th><strong>Authorized Representative</strong></th>
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<td>1. First Name:</td>
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<td>4. Title</td>
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<td>5. Telephone Number:</td>
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<td>6. E-mail address:</td>
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7. Signature of Authorized Representative

8. Date Signed-Authorized Representative
APPENDIX B:
Nomination by Institution

(Download application from IBHE website)
FY 20 Nurse Educator Fellowship Program

Nomination by Institution Form

Chief Nursing Administrator

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

Name: __________________________________________

Title: __________________________________________

Institution: ______________________________________

Mailing Address: ______________________________________

__________________________________________________

E-mail: __________________________________________

Phone: __________________________________________

Fax: __________________________________________

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

Name: __________________________________________

Eligibility: I certify that the nominee meets the following criteria:

1) The nominee primarily teaches courses in a pre-licensure nursing program. Please specify program:

   ADN □    BSN □    Master’s Entry Level □

2) The pre-licensure nursing program 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 (ACEN) (previously the National League for Nursing Accrediting Commission).

3) The nominee is an Illinois resident.

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 nurses for at least 12 months.

6) The nominee has a minimum of a master’s degree in nursing.
FY 20 Nurse Educator Fellowship Program

7) The nominee has not received this fellowship award in any one of the prior five years (fellows were selected in 2019, 2018, and 2015). A 2015 Fellow may be nominated since fellowship awards were not given in 2015.

Signature: ___________________________  Date: ________________

Nominee Information: (i.e., the faculty member I nominated for the fellowship)

Name:

Mailing Address:

E-mail:

Phone:

Fax:

Tenure Status:  Tenured  Tenure-Track  Non-Tenured  No Tenure System

(please check ONE)  □  □  □  □

Recommendation: Why do you, the Chief Nursing Administrator, believe this faculty member should receive a Nurse Educator Fellowship? Include the nominee’s major accomplishments and any doctorate degrees awarded. Limit to one page.

Prepare a separate document and attach to this form.
APPENDIX C:
Nominee's Supporting Documentation

(Download application from IBHE website)
FY 20 Nurse Educator Fellowship Program
Nominee’s Supporting Documentation Form

Nominee Information:

Name:

Institution:

1) **Personal Statement & Employment:** Why do you, the Nominee, believe you should be awarded a fellowship? Explain your employment plans for the current academic year. This grant requires that you remain employed as a nursing faculty member with the nominating institution for six months after Board approval. Limit to one page.

Prepare a separate document and attach to this form.

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 prior to December 31, 2020.

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.

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Proposed Expenditures: Provide a description of the proposed activities and dollar amounts per activity. *Use the expandable box below.*

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<tr>
<th>Amount</th>
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<td>$ 7,000</td>
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Total (includes withholding amounts) $ 10,000

3) **Curriculum Vitae / Resume:** Please attach to this form.
APPENDIX D:
IBHE 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

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


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

"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 nursing program approved by the Illinois Department of Financial and Professional Regulation and accredited by the Commission on Collegiate Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC) [which is now the Accreditation Commission for Education in Nursing (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]

"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.

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

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

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 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.

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.

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 his or her intent to remain employed as a nursing faculty member in the State and his or her anticipated use of Fellowship funds.

f) The nomination materials must be signed by the chief executive officer of the nominating institution.

g) Completed nomination materials in accordance with subsections (d), (e) and (f) of this Section must be submitted to the Board by the announced deadline, which shall not be less than 45 days from the announcement and release of nomination materials.

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) Personal statement regarding proposed use of funds and employment plans;

2) Major accomplishments, such as research, program improvements, and other nursing program contributions;

3) Statewide geographic distribution of Fellowship recipients; and

4) Tenure status (preference will be given to tenured tenure-track faculty).

d) Upon Board approval, Fellowships can be made to the nominating institution, on behalf of the Fellow.

Section 1105.600 Awards

a) The amount of the Fellowship shall be $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) of this Section, 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) Upon Board approval, funds shall be disbursed to the nominating institution on behalf of the Fellow.

g) The institution must use the Fellowship funds to supplement the salary of the Fellow and shall not supplant other revenue sources that support faculty salaries.

h) Fellowship funds are payable to the Fellow in either a lump sum or installment plan in accordance with institutional payroll policies and procedures.

i) If the Fellow terminates employment 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 State for deposit in the General Revenue Fund.

2) Fellows are not entitled to funds not yet paid by the institution. The institution must remit any unused portion of the Fellowship to the State for deposit in the General Revenue Fund.

j) Any interest earned on Fellowship funds by the institution may be retained by the institution when the cost of accounting for the interest or allocating interest to principal is deemed significant in terms of the amount of interest to be received.

Section 1105.700 Fellow Responsibilities

a) As a condition for acceptance of the Fellowship, the Fellow shall agree in the application form to be actively involved in statewide nursing advocacy, including participation as needed in the following activities:

1) Collaboration with the Board and Illinois Center for Nursing regarding statewide nursing issues;

2) Review of Fellowship nomination materials in subsequent years to assist the Board in Fellowship determination; and

3) Participation in Fellowship meetings or associated conferences sponsored by the Board or Illinois Center for Nursing.

b) Provide a final report to the nominating institution describing Fellowship experiences, including the use of funds. The nominating institution shall submit the report to the Board on behalf of the Fellow.