

Funding Opportunity

**Applications Due:** Friday, September 29, 2023, by 11:59 pm

|  |
| --- |
| School Nurse Professional Development Grant Pursuant to the [Coronavirus Preparedness and Response Supplemental Appropriations Act](https://www.congress.gov/116/plaws/publ123/PLAW-116publ123.pdf), 2020 CDC-RFA-TP18-1802 |



**Program Questions:**

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**Note:** The following version of the application is intended as a reference document for instructions and grant application planning purposes.

**Applications for the School Nurse Professional Development Grant must be submitted through the** [**online application form**](https://app.smartsheet.com/b/form/d84a0c02ae934a77be7ba1ba495b2c4a)**.**

Submission of application materials either in hard copy or via

e-mail will not be accepted.

**School Nurse Professional Development Grant**

**Applications Due: Friday, September 29, 2023, by 11:59 pm**

# Program Introduction and Purpose

As a result of the American Rescue Plan Act of 2021 (P.L. 117-2), March 22, 2021, the Centers of Disease Control and Prevention (CDC) activated CDC-RFA-TP18-1802 [Cooperative Agreement for Emergency Response: Public Health Crisis Response](https://drive.google.com/drive/u/0/folders/1s4z-qT_0_ooD7RwKNqdwf7UXFXClIxGd) to provide additional relief to address the continued impact of the COVID-19 pandemic. This funding is intended to establish, expand, train, and sustain the public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including school nursing.

The School Nurse Professional Development grant, funded through CDC’s COVID-19 Public Health Workforce Supplemental Funding, will support Local Education Providers in their efforts to provide professional development opportunities for school nurse staff including: school nursing professional development tuition and registration fees; travel expenses to attend school nursing professional development events, including lodging, per diem, and mileage reimbursement; school nursing professional development speaker and/or facilitator fees; school nurse-related publications, such as, reference texts; school nursing professional dues; and school nursing licensing renewal fees.

# Eligible Applicants

Local Education Providers (LEPs) are eligible to apply for this opportunity. An eligible LEP is:

* A School District;
* A Board of Cooperative Services (BOCES);
* A Charter School authorized by a School District;
* A Charter School authorized by the Charter School Institute;
* Indian tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Act (25 U.S.C. 450b));
* The Colorado School for the Deaf and the Blind; or
* A consortium of two or more such local education providers.

Applications will not be accepted from individual non-charter schools. Those schools must be included in an application submitted by their district. Only one application per LEP will be accepted (not including charter school applicants).

Charter schools may submit a stand-alone application but must receive sign-off from their authorizer. The authorizing district or CSI will be the fiscal agent, if funded.

# Available Funds and Duration of Grant

Approximately $100,000 is available for the 2023-2024 school year. Grants will be awarded for a nine-month term beginning in November 2023 and ending June 15, 2024. Awards will likely range from $1000 to $5000, based on the amount of funding requested and the number of applications received. In the event that funding requests exceed the amount of funding available, applicants who did not receive [CDE School Nurse Workforce Grant (SNWG)](https://www.cde.state.co.us/healthandwellness/schoolnurseworkforcegrant) funding will be prioritized. Funds must be expended by **June 15, 2024**. The entire professional development opportunity must be completed by June 15, 2024. There will be no carryover of funds.

# Allowable Use of Funds

A Local Education Provider that receives a grant under the program shall use the monies to:

* Increase current school nurse capacity to successfully keep schools open for in-person learning while protecting the health and safety of school community members through the provision of professional development; and/or
* Retain qualified school nurses through the provision of professional development.

**Allowable program expenses include:**

* School nursing professional development tuition and registration fees;
* Travel expenses to attend a school nursing professional development event, including lodging, per diem, and mileage reimbursement;
* School nursing professional development speaker and/or facilitator fees;
* School nurse-related publications, such as, reference texts;
* School nursing professional dues; and
* School nursing licensing renewal fees.

**Notes:**

* Recipients of professional development funds shall hold registered nurse (RN) licensure.
* The entire professional development opportunity must be completed by June 15, 2024; therefore, this grant program will not be able to fund the 2024 National Association of School Nurse (NASN) Conference.
* Funds may not be used to supplant funding from other federal sources or matching on other federal awards.
* Funding may not be used for food.
* This is a federal grant that requires a request for reimbursement.

# Evaluation and Reporting

Each Local Education Provider (LEP) that receives a grant through the School Nurse Professional Development Grant Program is required to report the following program information via electronic form to the Department on or before July 8, 2024 (see **Appendix A: End of Year Evaluation and Reporting**):

1. Number of school nurses who received professional development;
2. The professional development received (e.g., name of course/conference attended, publication purchased, etc.); and
3. Complete the Annual Financial Report to indicate actual expenses and activities for fiscal year 2023-2024, for use of the funding.

Information reported to CDE in relation to grant activities is not confidential and is subject to public request. Grantees should ensure reported information does not contain Personally Identifiable Information (PII) or confidential information.

# Data Privacy

CDE takes seriously its obligation to protect the privacy of student and educator Personally Identifiable Information (PII) collected, used, shared, and stored. PII will not be collected through the School Nurse Professional Development Grant Program. All program evaluation data will be collected in the aggregate and will be used, shared, and stored in compliance with CDE’s privacy and security policies and procedures.

**Note:** Documents submitted must not contain any personally identifiable student or educator information including names, identification numbers, or anything that could identify an individual. All data should be referenced/included in the aggregate and the aggregate counts should be redacted to remove small numbers under n=16 for students or n=5 for educators.

# Application Assistance

Please contact the grant coordinator, Anita Brodecky at [Brodecky\_A@cde.state.co.us](mailto:Brodecky_A@cde.state.co.us) with questions or if you need assistance with the application. Visit [CDE’s School Nurse PD Grant webpage](https://www.cde.state.co.us/healthandwellness/schoolnurseprofessionaldevelopmentgrant) for additional resources.

# Review Process and Timeline

Applications will be reviewed by CDE staff to ensure they contain all required components. Applications must include ALL Required Elements to be considered for funding. Applicants will be notified of final award status no later than **Friday, October 13, 2023**.

**Note:** This is a competitive process. In the event that funding requests exceed the amount of funding available, applicants who did not receive [CDE School Nurse Workforce Grant (SNWG)](https://www.cde.state.co.us/healthandwellness/schoolnurseworkforcegrant) funding will be prioritized. There is no guarantee that applying will result in funding or funding at the requested level. All award decisions are final.

# Submission Process and Deadline

Information must be completed (including all elements outlined below) and submitted through the [**online application form**](https://app.smartsheet.com/b/form/d84a0c02ae934a77be7ba1ba495b2c4a) by **Friday, September 29, 2023, by 11:59 pm.** The Program Assurances Form and Financial Management Risk Assessment must also be uploaded to the Smartsheet form at the time of submission.

# Required Elements

The School Nurse Professional Development Grant [**online application form**](https://app.smartsheet.com/b/form/d84a0c02ae934a77be7ba1ba495b2c4a)includes the following elements, all of which must be completed.

**Part I: Applicant Information and Narrative**

**Part II: Program Assurances Form**Upload the Program Assurances Form (PDF or Word file) within the online application form. Funding will not be awarded until all signatures are in place. Applications may be submitted without signatures; however, please attempt to obtain all signatures before submitting the application.

**Part III: Financial Management Risk Assessment**Complete and upload the Financial Management Survey (PDF or Word file) within the online application form.

**School Nurse Professional Development Grant**

**Applications Due: Friday, September 29, 2023, by 11:59 pm**

**\*\*Please provide the following within the** [**online application form**](https://app.smartsheet.com/b/form/d84a0c02ae934a77be7ba1ba495b2c4a)**\*\***

The application form does not save works in progress, so applicants may find it useful to complete the application in the tables below and paste the responses into the online application.

# Part I: Applicant Information and Narrative

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Lead Local Education Provider (LEP)/BOCES Information**  For Charter School applicants, please enter the authorizing district’s or CSI’s details in the LEP/BOCES Information section.  Specific school information will be captured below. | | | | | | |
| **LEP Name:** |  | | | [**Four-Digit LEP Code**](https://www.cde.state.co.us/datapipeline/org_orgcodes)**:** | |  |
| **Mailing Address:** |  | | | [**UEI #**](https://sam.gov/content/duns-uei)**:** |  | |
| **Are there** [**exclusions**](https://www.fsd.gov/gsafsd_sp?id=gsafsd_kb_articles&sys_id=a98eb3091bf111540944ece0f54bcbfe) **associated with this UEI?** | | | No  Yes (please provide details) | | | |
| **UEI # Expiration:** |  | If UEI is expired, funds cannot be awarded until UEI is brought to current status. If UEI is restricted from view in [SAM.gov](https://sam.gov/content/home), include a screenshot of UEI registration, showing no exclusions. | | | | |
| **Type of Education Provider**  [check box below that best describes your organization or authorizer] | | | | | | |
| School District  BOCES  Charter School Institute  Tribe or Tribal Org  CSDB | | | | | | |
| **Region**  [indicate region of Colorado this program will directly impact] | | | | | | |
| Metro  Pikes Peak  North Central  Northwest  West Central  Southwest  Southeast  Northeast | | | | | | |
| **Recipient Schools**  [list all schools supported by this funding request] | | | | | | |
|  | | | | | | |
| **Authorized Representative Information** | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | **Title:** |  |
| **Telephone:** |  | | | **E-mail:** |  |
| **Program Contact Information** | | | | | |
| **Name:** |  | | | **Title:** |  |
| **Telephone:** |  | | | **E-mail:** |  |
| **Fiscal Manager Information** | | | | | |
| **Name:** |  | | | | |
| **Telephone:** |  | | | **E-mail:** |  |
| **Funding Request and Description of Activities** | | | | | |
| **Requesting funding to:**  [select all that apply] | | ☐ School nursing professional development tuition and registration fees  ☐ Travel expenses to attend a school nursing professional development event  ☐ School nursing professional development speaker and/or facilitator fees  ☐ School nurse-related publications, such as reference texts  ☐ School nursing professional dues  ☐ School nursing licensing renewal fees | | | |
| **Amount of Funding Requested:** | | | ☐ $1000 ☐ $2,500 ☐ $5,000 | | |
| **Provide a brief narrative for how School Nurse Professional Development grant funding will be used to provide professional development that increases the current school nurse capacity and/or retain qualified school nurses to reduce the impacts of COVID-19 on the applicant.** [100 - 200 words] | | | | | |
|  | | | | | |

# Part II: Program Assurances Form

The appropriate Authorized Representatives must sign below to indicate their approval of the contents of the application **School Nurse Professional Development Grant**, and the receipt of program funds.

|  |  |  |  |
| --- | --- | --- | --- |
| On | (date) | , | (District/BOCES/CSI/Tribal Org/CSDB) |

hereby agrees to the following assurances:

1. The grantee will annually provide to the Colorado Department of Education the evaluation information required in the Final Report (**Appendix A**) of the Request for Applications.
2. The grantee will work with and provide requested data within the time frames specified.
3. The grantee will not discriminate against anyone regarding race, gender, national origin, color, disability, or age.
4. Funds will be used to supplement and not supplant any funds currently being used to provide school nursing services and/or retain school nurses and grant dollars will be administered by the appropriate fiscal agent.
5. Funded projects will maintain appropriate fiscal and program records and fiscal audits of this program will be conducted by the grantees as a part of their regular audits.
6. If any findings of misuse of these funds are discovered, project funds will be returned to CDE.
7. The grantee will maintain sole responsibility for the project even though subcontractors may be used to perform certain services.

**Duplication of Benefits**

Federal or State funds generally cannot be used to pay for the exact same cost or activity already paid for from another source of funding. This is sometimes referred to as a prohibition on duplication of benefits (DOB), or “double-dipping.” Entities using multiple funding sources should be aware of the different authorities and program requirements for each funding source, being careful to avoid DOB in instances where they are paying for similar costs or activities from multiple sources. (2CFR200.302) Subrecipients should avoid a duplication of benefits for any state or federal award. A duplication of benefits occurs when the amount of the assistance (i.e., funding) to a beneficiary exceeds the total allowable assistance (i.e., based on the total allocable expenses) to that beneficiary for that purpose.

1. Upon signature below, the applicant certifies no duplication of benefits resulting in this funding will occur. If awarded, the Awardee (applicant) will notify in writing CDE should this occur.

**Fraud, Waste and Abuse**

Recipients of grant funds are responsible for taking steps to reduce fraud, waste, and abuse. Fraud Waste and Abuse can come in many forms, such as:

* Embezzlement, bribery, or other public corruption involving federal or state funds;
* Serious mismanagement involving federal or state programs or funds;
* Theft or misuse of Federal student aid to include knowledge of fraud, waste, or abuse involving a financial aid administrator or other entity official(s), or knowledge of fraud, waste, or abuse involving a student loan servicer or collection agency;
* Knowledge that your entity is not complying with regulations or laws involving Federal student aid or other federal or state program or operation requirements;
* Conflicts of interest-violation of arm’s length agreements;
* Contract and procurement irregularities;
* Theft or abuse of government property;
* Employee misconduct; or
* Ethics violations by officials.

Entities are required to have a procedure or methodology for timely reporting, in writing, of any noted violations that may potentially affect the federal award. (2CFR200.113)

1. Upon signature below, the applicant certifies there are sufficient internal controls in place to reduce or eliminate the possibility of fraud, waste and abuse with these, or any funds within their agency, and if an instance occurs. If awarded, the Awardee (applicant) will notify CDE in writing.

**Conflict of Interest**

The applicant hereby certifies that, to the best of its knowledge and belief, there are no present or currently planned interests (financial, contractual, organizational, or otherwise) relating to the work to be performed under the contract or grant resulting from this award that would create any actual or potential conflict of interest (or apparent conflicts of interest) (including conflicts of interest for immediate family members: spouses, parents, children) that would impinge on its ability to render impartial, technically sound, and objective assistance or advice or result in it being given an unfair competitive advantage. In this clause, the term “potential conflict” means reasonably foreseeable conflict of interest. The applicant further certifies that it has and will continue to exercise due diligence in identifying and removing or mitigating, to the Government's or Colorado Department of Education’s satisfaction, such conflict of interest (or apparent conflict of interest).

1. Upon signature below, the applicant certifies there are sufficient internal controls in place to reduce or eliminate the possibility of any conflicts of interest with these, or any funds within their agency. If awarded, the Awardee (applicant) will notify CDE in writing. (2CFR200.112)

The Colorado Department of Education may terminate a grant award upon thirty days’ notice if it is deemed by CDE that the grantee is not fulfilling the requirements of the funded program as specified in the approved project application, or if the program is generating less than satisfactory results.

Project modifications and changes in the approved budget must be requested in writing and be approved in writing by the CDE before modifications are made to the expenditures. Contact Anna Friedman ([Friedman\_A@cde.state.co.us](mailto:Friedman_A@cde.state.co.us)) and Anita Brodecky ([Brodecky\_A@cde.state.co.us](mailto:Brodecky_A@cde.state.co.us)) for any modifications.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of Organization Authorized Representative  (Superintendent, Charter School Institute, BOCES Executive Director) |  | Signature |  | Date |
|  |  |  |  |  |
| Name of LEP Program Contact |  | Signature |  | Date |

**Note:** Upload the Program Assurances Form within the [**online application form**](https://app.smartsheet.com/b/form/d84a0c02ae934a77be7ba1ba495b2c4a). Funding will not be awarded until all signatures are in place. Applications may be submitted without signatures; however, please attempt to obtain all signatures before submitting the application.

# Part III: Financial Management Risk Assessment

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Management Risk Assessment**  **All applicants applying for the School Nurse Professional Development Grant must fill out the following assessment.** These questions are intended to collect information about the capacity and ability of the applicant to manage federal and/or state grant funds. Applicants are advised to make sure that the person(s) completing these questions are those responsible for and knowledgeable about the Fiscal Agent’s financial management functions. Scores from this section will determine if the organization’s level of risk to manage federal grant funds is high, medium, or low, and these scores will be utilized in determining potential grant awards.  **High Risk** – More than 20 points  **Medium Risk** – 8-20 points  **Low Risk** – Below 8 points | | | | | | | | | | |
| 1. Is the applicant on the Federal or State Debarment List? (If yes, no need to complete the rest of this form.) | | | | | | | **Yes** | | | **No** |
| 25 | | | 0 |
| 1. Is the applicant in good standing on the Secretary of State registration?   (CBO or Non-Profit) | | | | | | | **Yes (or N/A)** | | | **No** |
| 0 | | | 5 |
| 1. Does the applicant have an active [UEI Number](https://sam.gov/content/duns-uei) with no [exclusions](https://www.fsd.gov/gsafsd_sp?id=gsafsd_kb_articles&sys_id=a98eb3091bf111540944ece0f54bcbfe)? UEI#: UEI Expiration Date: | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. Has the applicant ever had a government contract, project, or agreement terminated? | | | | | | | **Yes** | | | **No** |
| 5 | | | 0 |
| 1. Has there been changes in the applicant’s fiscal and/or program personnel in the previous year? | | | | | | | **Yes** | | | **No** |
| 5 | | | 0 |
| 1. Does the applicant use a commercial/licensed financial software system? If yes, what system? | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. Does the applicant’s financial software system ensure that grant funds are not comingled with general operating funds? | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. Has the applicant received federal or state awards from the Colorado Department of Education in the past four years? If yes, which program(s) and year(s)? | | | | | | | **Yes** | | | **No** |
| 0 | | | 1 |
| 1. Does the applicant have written procedures for procurement, time and effort (federal), and fiscal management (to include internal control procedures) of Federal or State grant funding that specifically comply with the Uniform Grants Guidance? | | | | | | | **Yes** | | | **No** |
| 0 | | | 5 |
| 1. How many years has the applicant been in existence? | **<2 years** | **2-5 years** | | **6-10 years** | | **11-14 years** | | | **15 years or more** | |
| 4 | 3 | | 2 | | 1 | | | 0 | |
| 1. Does the applicant have experience managing other federal, state, local and/or private funds? | **<1 year** | **2-4 years** | | **5-7 years** | | **8-10 years** | | | **More than 10 years** | |
| 4 | 3 | | 2 | | 1 | | | 0 | |
| 1. Does the applicant have experience administering federal funds or other grants that provide funds for services to a comparable target population? | **<1 year** | **2-4 years** | | **5-7 years** | | **8-10 years** | | | **More than 10 years** | |
| 4 | 3 | | 2 | | 1 | | | 0 | |
| 1. Number of years that the applicant’s primary fiscal contact has been in the position (or a similar position) as of the application date? | **<1 year** | **1-2 years** | | **3-5 years** | | **6-9 years** | | | **More than 10 years** | |
| 4 | 3 | | 2 | | 1 | | | 0 | |
| 1. Amount of grant funding requested for this project: $ | **More than $300,000** | | **$200,000 - $299,999** | | **$100,000 - $199,999** | | | **< $99,999** | | |
| 4 | | 3 | | 2 | | | 1 | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Single Audit Status (answer only if applicant receives *more than* $750,000 in federal funding from other resources). Finding refers to a material weakness, significant deficiency, or questioned costs. To be reviewed in the Audit Clearing House. | **No single audit performed** | | **Received a Program AND Fiscal audit finding** | | | **Received a Fiscal OR Program audit finding** | | | | **No findings were received OR N/A** | |
| 4 | | 3 | | | 2 | | | | 0 | |
| 1. Financial Audit Status (answer if NOT required to have a Single Audit, but instead a standard financial audit). | **No audit performed for prior year** | | | **Financial Audit completed for prior year** | | | | **IRS 990 Form** | | | |
| 5 | | | 0 | | | | 0 | | | |
| 1. Submit a copy of most recent Financial Audit. Based on this submission, indicate the percentage of the proposed grant budget being applied for as compared to total operating budget (i.e., grant budget divided by total operating budget). | **40% or greater** | **31% - 39%** | | | **20%- 30%** | | **6%-19%** | | | | **<5%** |
| 4 | 3 | | | 2 | | 1 | | | | 0 |
| **Total Points:** | | | | | | | | |  | | |
| **Risk Designation:** | | | | | | | | |  | | |

**High Risk** – More than 20 points

**Medium Risk** – 8-20 points

**Low Risk** – Below 8 points

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject this entity to immediate termination of a grant award agreement up to and including return of any disbursed funds.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Preparer - Typed Name and Title |  | Signature |  | Date |
|  | | |  |  |
| Entity Name | | |  |  |

# Appendix A: End of Year Evaluation and Reporting

A Local Education Provider (LEP) that receives a grant through the School Nurse Professional Development Program is required to report the following program information via electronic form to the Department on or before July 8, 2024.

**End-of-Year Evaluation and Reporting – Due July 8, 2024**

1. The number of school nurses who received professional development;
2. The professional development received (e.g., name of course or conference attended, publication purchased, etc.); and
3. Complete the Annual Financial Report to indicate actual expenses and activities for fiscal year 2023-2024, for use of the funding.

Information reported to CDE in relation to grant activities is not confidential and is subject to public request. Grantees should ensure reported information does not contain Personally Identifiable Information (PII) or confidential information.