

SCHOOL HEALTH INCENTIVE FUND GRANT APPLICATION
FISCAL YEAR 2001

INTRODUCTION

The Virginia Department of Education is issuing an application for a school health incentive fund grant for the provision of nursing services in public elementary and secondary schools.

The 2000 session of the General Assembly appropriated \$2,040,476 the first year and \$2,036,455 for the second year from the general fund to be disbursed by the Department of Education to school divisions as incentive payments for the provision of nursing services in public elementary and secondary schools. This funding is for an incentive-based account to increase the number of state-supported nurse hours by 0.637 per student eligible for the federal free lunch program. This payment is in addition to the 0.954 hours contained in basic aid for school nurses and is adjusted for the composite index.

Interested applicants should submit a grant application to request each fiscal year's funding. The grant application describing how the funds are to be used must be reviewed by their School Health Advisory Boards. Grant awards will be made on an annual, fiscal year basis (e.g., fiscal year 2001 and fiscal year 2002 separately).

REQUIREMENTS

To receive a School Health Incentive Fund Grant, each school division must do the following:

1. Submit a grant application, reviewed by their School Health Advisory Board, describing how the funds are to be used. Local school divisions are encouraged to consider collaborative, innovative, and nontraditional approaches to funding and service configuration such as public/private partnerships.
2. Utilize its health service funding (state and local share) under the Standards of Quality in the provision of

nursing services in fiscal year 1999 or must have provided the equivalent level of services through some other arrangement in fiscal year 1999. If any school division is not meeting this standard, then the amount of incentive funds for which it is eligible will be reduced to the same percentage of the Standards of Quality funding that was used for nursing services in fiscal year 1999.

3. Provide a local match based on the composite index of local ability to pay.
4. Provide supervision and training by a registered nurse or someone licensed at a higher level than registered nurse if funds are used to employ licensed practical nurses or unlicensed assistive personnel.

FISCAL YEAR 2000-2001 SCHOOL HEALTH INCENTIVE FUND GRANT

SCHOOL DIVISION: _____ DIVISION#: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE # () _____ FAX () _____

SUPERINTENDENT: _____

ADDRESS: _____

This School Health Incentive Fund Grant Application has been reviewed and approved by the School Health Advisory Board.

School Health Advisory Board Chair (print name) _____

Signature: _____ Date: _____

Briefly describe the school nursing services currently provided in your school division.

School Health Personnel

Please provide the following information related to school health personnel employed/contracted in your school division:

Registered Nurse:

Number of full-time positions _____

_____ @ 12 months

_____ @ 10 months

_____ @ Other, please specify _____

_____ Number employed by local school division

_____ Number employed by local health department

_____ Number employed by other agency _____

Number of part-time positions _____

_____ Number employed by local school division

- number of hours contracted to work per week _____

_____ Number employed by local health department

- number of hours contracted to work per week _____

_____ Number employed by other agency

- number of hours contracted to work per week _____

Licensed Practical Nurses:

Number of full-time position _____

_____ Number employed by local school division

_____ Number employed by local health department

_____ Number employed by other agency

Number of part-time positions _____

_____ Number employed by local school division

- number of hours contracted to work per week _____

_____ Number employed by local health department

- number of hours contracted to work per week _____

_____ Number employed by other agency

- number of hours contracted to work per week _____

Unlicensed Assistive Personnel:

Number of full-time position _____

_____ Number employed by local school division

_____ Number employed by local health department

_____ Number employed by other agency

Number of part-time positions _____

_____ Number employed by local school division

- number of hours contracted to work per week
Number employed by local health department _____
- number of hours contracted to work per week
Number employed by other agency _____
- number of hours contracted to work per week

PROJECT NARRATIVE

1. Describe the proposed school nursing services that grant funding will provide.
2. Describe how your current school nursing services will be enhanced.
3. Provide a line-item budget for how grant funds are to be spent, **be specific.**
4. If your school division received Incentive Grant Funds in 1999-2000 school year, please describe how the funds were spent, **be specific.**

ASSURANCES
DIVISION SUPERINTENDENT

This agreement indicates that the school division superintendent has reviewed the School Health Incentive Fund Grant proposal and, on behalf of the school division, can support the requirements and criteria components when applicable in the school division.

On behalf of _____ Public
Schools, I assure:

1. the entire amount of fiscal year 1999 SOQ health services funding (state and local share) was utilized to provide nursing services by the school division or through some other arrangement (e.g., contracted services with local health department).
2. that if licensed practical nurses or unlicensed assistive personnel are employed under this fund, those persons are supervised and trained by a registered nurse or someone licensed at a higher level than registered nurse.
3. The local School Health Advisory Board has reviewed the division application for grant funds.
4. The division will provide a local match of funds based on the composite index, if necessary.

Division Superintendent

Signature: _____

Date: _____