

FY 2003 SCHOOL HEALTH INCENTIVE FUND APPLICATION

INTRODUCTION

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

The 2002 session of the General Assembly appropriated \$1,734,390 for fiscal year 2003 and \$1,731,753 for fiscal year 2004 from the general fund to be disbursed by the Department of Education to local school divisions as incentive payments for the provision of nursing services in public elementary and secondary schools. This additional funding is for an incentive-based account to increase the number of state supported nurse hours by 0.637 for an estimated number of students eligible for the federal free lunch program. This payment is in addition to the 1.54 hours contained in Basic Aid for school nurses and is adjusted for the composite index.

Interested applicants will submit a grant application to the Department of Education, which has been reviewed by their School Health Advisory Board, describing how the funds are to be used.

REQUIREMENTS

To receive funding, each school division must do the following:

1. Submit a grant application, reviewed by the 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 under the Standards of Quality for the provision of school nurse services in fiscal year 2001 or must have provided the equivalent level of services through some other arrangement in fiscal year 2001. If any school division is not meeting this standard, then the amount of state funds for which it is eligible will be reduced to the same percentage of the Standards of Quality funding as was used for nursing services in fiscal year 2001.
3. Provide a local match of funds 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 2003 SCHOOL HEALTH INCENTIVE FUND GRANT

SCHOOL DIVISION _____ DIVISION #: _____

SCHOOL SUPERINTENDENT _____

ADDRESS _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE #: () _____ FAX #: () _____

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 health 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** positions _____

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** positions _____

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 _____

ASSURANCES
DIVISION SUPERINTENDENT

This agreement indicates that the school division superintendent has reviewed the School Health Incentive Fund Grant proposal for fiscal year 2003 and, on behalf of the school division, can support the requirements and criteria of the grant when applicable to the school division.

On behalf of _____ Public Schools, I assure:

1. Provision of documentation of the entire amount of fiscal year 2001 Basic Aid funding to provide nursing services or documentation of school nursing services being provided through some other arrangement (e.g., contracted services with local health department).
2. If licensed practical nurses or unlicensed assistive personnel are employed, those persons must be supervised and trained by a registered nurse or someone licensed at a higher level than registered nurse.
3. The School Health Advisory Board has reviewed the grant application and provided written comments on the application.
4. To provide a local match of funds based on the Composite index if necessary.

Superintendent's Name Printed

Superintendent's Signature

Date

