DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH RESOURCES ADMINISTRATION
BUREAU OF HEALTH MANPOWER

APPLICATION TO PARTICIPATE IN THE
NURSING CAPITATION GRANT PROGRAM

TO BE COMPLETED BY BHM

APPLICATION NO. E04 N 00
DATE RECEIVED

1. TITLE OF PROGRAM
   - Nursing Capitation Grant Program

2. BUDGET PERIOD DATES
   FROM: July 1, 1979
   THROUGH: June 30, 1980

3. SCHOOL FOR WHICH APPLICATION IS MADE
   (Name and Address - Street, City, State, Zip Code)
   Santa Barbara City College
   721 Cliff Drive
   Santa Barbara, CA 93109

4. BRANCH, CENTER, CAMPUS, OR ORGANIZATIONAL DIVISION - IF APPLICABLE
   (Name and Address - Street, City, State, Zip Code)
   Santa Barbara City College
   721 Cliff Drive
   Santa Barbara, CA 93109

5. PARENT ORGANIZATION OF APPLICANT - IF APPLICABLE
   (Name and Address - Street, City, State, Zip Code)
   Santa Barbara Community College District
   721 Cliff Drive
   Santa Barbara, CA 93109

6. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
   (Name, Title, and Address of the Official and the Organization)
   Dr. David Mertes
   Superintendent-President
   Santa Barbara Community College District
   721 Cliff Drive
   Santa Barbara, CA 93109

7. TELEPHONE
   (Area Code and Number)
   805-965-0581, Ext. 211

8. TELEPHONE
   (Area Code and Number)
   805-965-0581, Ext. 366

9. OFFICIAL WHO MAY BE CONTACTED CONCERNING THE DATA PROVIDED
   Miss Shirley L. Conklin
   Assistant Dean, Health Technology Division

10. TYPE OF PROGRAM
    □ DIPLOMA PROGRAM IN NURSING
    ☑ ASSOCIATE DEGREE IN NURSING
    □ BACCALAUREATE DEGREE IN NURSING

11. ENTITY NUMBER
    1956000940A2

12. CERTIFICATION AND ACCEPTANCE

I certify that the statements herein are true and complete to the best of my knowledge and accept as to any grant awarded, the obligation to comply with the enabling legislation, applicable regulations, Public Health Service policies, and conditions placed on the award.

Enc. 2
5.2-b
4/26/79

13. SIGNATURES
    Required on original only. Use ink.
    "Per" signatures not acceptable.

A. SIGNATURE OF INDIVIDUAL NAME IN ITEM 8A.
   [Signature]

B. SIGNATURE OF INDIVIDUAL NAMED IN ITEM 6A.
   [Signature]

DATE
April 19, 1979
April 27, 1979

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FORM APPROVED
OMB NO. 04-R1461
SECTION A - ASSURANCES

1. NON-FEDERAL EXPENDITURES
The applicant hereby assures that in accordance with Section 810(c)(1)(B) of the PHS Act, the expenditure of non-Federal funds (other than amounts for construction) for the school's functions in the budget year of the grant (Item 2, Page 1 of this form) will equal or exceed the average amount of non-Federal funds (excluding expenditures of a nonrecurring nature) expended for such purposes during the three years preceding the budget year of the grant, which amount, as computed on Page 3, Section B, Item 2, Line e, is $225,190.

2. ENROLLMENT OF FULL-TIME, FIRST-YEAR STUDENTS
The applicant hereby assures that in accordance with Section 810(c)(1)(A) of the PHS Act, the number of full-time students enrolled in the first year of the nursing program on October 15, 1979, will equal or exceed the full-time, first-year enrollment on October 15, 1978, which number (Page 3, Item 3, Line a) was 49.

3. OPTIONS - CHOICE OF ONE

a. OPTION I - INCREASE IN ENROLLMENT
The applicant hereby assures that the number of full-time students enrolled in the first year of the nursing program on October 15, 1979, and on October 15 of each succeeding year for which a grant is made, will exceed the number of full-time, first-year students enrolled in such program on October 15, 1974:
(1) by 10 percent of such number, if such number was not more than one hundred, or
(2) by 5 percent of such number, or ten students, whichever is greater, if such number was more than one hundred, as calculated on Page 3, Section C, Item 1.

INDICATE THE NUMBER OF FULL-TIME, FIRST-YEAR STUDENTS ASSURED FOR FALL 1979: 49
(This number must equal or exceed the number calculated on Page 3, Section C, Item 1, and may be no less than the number of full-time students enrolled in the first year class on October 15, 1978, as indicated in Item 2, above.)

b. OPTION II - PLAN FOR TWO PROGRAMS
The applicant hereby assures that in accordance with the plan attached, if such plan is approved, the school will carry out at least two of the following programs in the school year beginning after July 1, 1979, and in each school year thereafter for which a grant is made:
(1) In the case of collegiate schools of nursing, a program for the training of nurse practitioners as defined in Section 822 of the Public Health Service Act.
(2) A program under which students enrolled in the school of nursing will receive a significant portion of their clinical training in community health centers, long-term care facilities, and ambulatory care facilities geographically remote from the main site of the teaching facilities of the school.
(3) A program for the continuing education of nurses which meets needs identified by appropriate State, regional, or local health or educational entities (including health systems agencies).
(4) A program to identify, recruit, enroll, retain, and graduate individuals from disadvantaged backgrounds (as determined in accordance with criteria prescribed by the Secretary) under which program at least 10 percent of each year's entering class (or ten students, whichever is greater) is comprised of such individuals.

INDICATE WHICH TWO OF THE ABOVE PROGRAMS WILL BE CARRIED OUT:

(1) (2) (3) (4)
SECTION B - DATA TO SUPPORT ASSURANCES 1 AND 2.

1. PROGRAM INFORMATION

<table>
<thead>
<tr>
<th>a. Type of Program:</th>
<th>b. Length of Nursing Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>1 year</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>2 years</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>3 years</td>
</tr>
<tr>
<td></td>
<td>4 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. If Baccalaureate, indicate class level of first year in the nursing program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
</tr>
<tr>
<td>Sophomore</td>
</tr>
<tr>
<td>Junior</td>
</tr>
<tr>
<td>Senior</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Check, if appropriate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post RN only</td>
</tr>
<tr>
<td>LPN to RN only</td>
</tr>
</tbody>
</table>

2. REPORT OF NON-FEDERAL FUNDS SPENT IN CARRYING OUT FUNCTIONS OF THE SCHOOL OF NURSING (See Instructions)

<table>
<thead>
<tr>
<th></th>
<th>AMOUNT (Round to nearest dollar)</th>
</tr>
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<tbody>
<tr>
<td>a.</td>
<td>$227,133</td>
</tr>
<tr>
<td>b.</td>
<td>$248,059</td>
</tr>
<tr>
<td>c.</td>
<td>$200,378</td>
</tr>
<tr>
<td>d.</td>
<td>$675,570</td>
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<tr>
<td>e.</td>
<td>$225,190</td>
</tr>
</tbody>
</table>

3. ENROLLMENT DATA - FULL-TIME STUDENTS ONLY

<table>
<thead>
<tr>
<th>Class Level in the Nursing Curriculum</th>
<th>Class enrollments as of October 15 of each school year</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>a. First Year (Class to which Assurance 2 relates)</td>
<td>49</td>
</tr>
<tr>
<td>b. Second Year</td>
<td>55</td>
</tr>
<tr>
<td>c. Third Year</td>
<td></td>
</tr>
<tr>
<td>d. Fourth Year</td>
<td></td>
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</tbody>
</table>

SECTION C - INFORMATION TO SUPPORT ASSURANCE 3

1. OPTION I - INCREASE IN ENROLLMENT OPTION
(See enrollment increase option schedules, page 5 of Instructions)

To calculate increase in enrollment for Option I, page 2:

a. Enter number of full-time students that were in the first-year class in the 1974-1975 school year ........... a 41
b. If Line a is 100 or less, add 10% of Line a; if Line a is more than 100, add 5% of Line a or ten students, whichever is greater. ROUND FRACTIONS UP TO NEXT WHOLE NUMBER ........... b 5

Number of full-time students that must be assured for first-year class in 1979-1980 school year, and for each subsequent school year for which a grant is given. (Sum of Lines a and b) ....................... c 46

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SECTION C - INFORMATION TO SUPPORT ASSURANCES 3 (Continued)

2. OPTION II - PLAN FOR CARRYING OUT TWO PROGRAMS (OPTION II)
   Type of Nursing Education Program Submitting Plan:
   Diploma □
   Associate Degree □
   Collegiate □

A school of nursing which elects Option II must submit a plan to carry out two of the programs listed below. Complete the summary information below for the two program areas selected and attach the Plan for Carrying Out Two Programs during the 1979-1980 school year. The Plan should include separate, concise descriptions of each of the two programs selected, and must be of sufficient detail to undergo critical review. (See pages 6-7 of Instructions regarding content of the narrative Plan.)

A. Nurse Practitioner Program (collegiate schools only)

1) Level of Training:
   a. Post RN Non-Degree □
   b. Post RN Baccalaureate Degree □
   c. Masters Degree Program □

2) Type of Training

<table>
<thead>
<tr>
<th>Length of Program (in weeks of full-time study and practice)</th>
<th>Number of full-time students to be trained in 1979-1980 school year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Didactic</td>
</tr>
</tbody>
</table>

   a. Nurse Midwife
   b. Pediatric Nurse Practitioner
   c. Family Nurse Practitioner
   d. 
   e. 
   f. 

3) Include in the Plan for Carrying Out Two Programs a complete but concise description of this training activity. (See Instructions for detail.)

B. Clinical training in community health centers, long-term care facilities, and ambulatory care facilities geographically remote from the main site of teaching facilities of the school.

1) Name and location of each facility (Indicate type of facility by a check mark in the appropriate column.)

<table>
<thead>
<tr>
<th>Community Health Centers</th>
<th>Long-term Care Facilities</th>
<th>Ambulatory Care Facilities</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

2) Include in the Plan for Carrying Out Two Programs a complete but concise description of this training activity. (See Instructions for detail.)
C. Continuing Education for Registered Nurses
1) List the Training Needs that have been identified, and name the State, regional, or local health or education entity by whom the needs were identified.

<table>
<thead>
<tr>
<th>Training Needs</th>
<th>Identified By:</th>
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<tbody>
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</table>

2) Type of Continuing Education Training to be Given:


3) Include in the Plan for Carrying Out Two Programs a complete but concise description of this training activity. (See Instructions for detail.)

D. Program for Students from Disadvantaged Backgrounds
1) Type of Disadvantaged Backgrounds from which Students are Drawn:
   a) Educationally Disadvantaged Background [ ]
   b) Socioeconomically Disadvantaged Background [ ]

2) Number of Students from Disadvantaged Backgrounds to be Enrolled in 1979-1980 First-Year Class and Each Year thereafter:
   (10% of class or 10 students, whichever is greater)

3) Include in the Plan for Carrying Out Two Programs a complete but concise description of this training activity. (See Instructions for detail.)