DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

TRAINING GRANT APPLICATION

TO BE COMPLETED BY PROGRAM DIRECTOR (Items 1 through 7)

1A. Title of Training Program (Not to exceed 53 typewriter spaces)
   Geriatrics Integrated into the A.D. Nursing Program

1B. Federal Agency Program (If same as 1A, so state) (See Instructions)
   Health Resources Administration, Curriculum Development Grants

2. PROGRAM DIRECTOR

2A. Name (Last, first, initial)
   Lennon, Eugenia S.

2B. Degree(s)
   M.S.

2C. Social Security No. (See Instructions)
   567-88-7199

2D. Title of Position
   Project Director

2E. Mailing Address (Organization, street, city, state, zip code)
   Santa Barbara City College
   721 Cliff Drive
   Santa Barbara, California
   93109

3. Dates of Proposed Project Period (This application)
   From: July 1979
   Through: June 1982

4. Performance Site(s) (See Instructions)
   Santa Barbara City College
   721 Cliff Drive
   Santa Barbara, California
   93109

5. Head of Sponsoring Department, Service, Laboratory, or Equivalent (Name, Degree, Title and Telephone No.)
   Shirley L. Conklin M.A.,
   Assistant Dean
   (805) 965-0581

6. Human Subjects Involved (See Instructions)
   A. ☐ No
   B. ☐ Yes

7. Inventions (Renewal Applicants Only – See Instructions)
   A. ☐ No
   B. ☐ Yes, not previously reported
   C. ☐ Yes, previously reported

TO BE COMPLETED BY RESPONSIBLE ADMINISTRATIVE AUTHORITY (Items 8 through 13)

8. Applicant Organization (Street, city, state, zip code) (See Instructions)
   Santa Barbara Community College District
   721 Cliff Drive
   Santa Barbara, California
   93109

9A. Name and Title of Official Signing for Applicant Organization
   DR. DAVID MERTES
   Superintendent-President

9B. Telephone: (805) 965-0581

10. Type of Organization (Check applicable item)
   ☒ PUBLIC INSTITUTION (Specify) College
   ☐ PRIVATE NONPROFIT INSTITUTION

11A. Name, Title, and Address (Street, city, state, zip code) of Official in Business Office Who Should Also Be Notified If An Award Is Made
   Donald K. Sorsabal
   Assistant Superintendent
   Santa Barbara City College
   721 Cliff Drive
   Santa Barbara, CA
   93109

11B. Telephone: (805) 965-0581

12. Entity Number
   195000940A2

13. 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, if any, placed on the award.

SIGNATURE (Signature required on original copy only. Use ink. "Per" signature not acceptable.)

Signature of Person Named in Item 9A

Date 4-18-79
SUMMARY OF TRAINING PROPOSAL

14. TYPE AND LEVEL OF TRAINING PROGRAM

<table>
<thead>
<tr>
<th>TRAINING FOR:</th>
<th>14B. Degree Training</th>
<th>14C. Non-Degree Training</th>
<th>14D. Discipline, Specialty, or Field of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Associate (AA, AS, etc.)</td>
<td>Postdoctoral: □ Post M.D.</td>
<td>Nursing</td>
</tr>
<tr>
<td></td>
<td>Baccalaureate</td>
<td>□ Post Ph.D.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Master's</td>
<td>□ Residency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doctoral: □ Pre M.D.</td>
<td>□ Continuing Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Short Term)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Inservice/Staff Development</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Technical</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Conference, Workshop</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Diploma</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Other (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

Specify Degree(s) Sought
Associate of Science in Nursing

15. BRIEF DESCRIPTION OF TRAINING PROGRAM (Limit to space provided)

The primary purpose of this project is to instruct associate degree level nursing students in assessing the special health needs of the elderly and to plan, implement, and evaluate appropriate nursing care in a variety of health care settings. The project is conducted by the Associate Degree Nursing Program under the auspices of Santa Barbara City College, in cooperation with acute and extended care facilities and other community service agencies.

The A.D.N. Program consists of 34 modules or short courses of instruction. Content material to be developed with relation to the health needs of the elderly will be integrated into each module. A composite of all new material will be developed into one manual -- indexed according to module.

The project is planned to cover a three year period and is divided into four major phases. The phases include: development of curriculum content, implementation of curriculum integration, evaluation, and reporting results. A fifth phase includes the development of ongoing instruction after grant support ends.

15B. Trainees

none

15C. Training Facilities and Procedures

The primary setting for the project will be Santa Barbara City College, Santa Barbara, California. Instruction of project content material will be given through a variety of methods. These will include audio-visual aids, seminars, and assigned readings. Clinical practicum experiences will be in various acute and extended care facilities and other community service agencies. Students will be instructed both theoretically and clinically as to the health care needs of the elderly. Evaluation of learning and applied patient care will be ongoing as well as final.
# Detailed Budget for Initial Budget Period

**Direct Cost Only – See Instructions**

## Application Number
(Leave Blank)

## Budget Period Dates
From __________ Through __________

### Itemize Personnel
(Do not list trainees)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title of Position</th>
<th>Time of Effort %/Hrs.</th>
<th>Salary</th>
<th>Fringe Benefits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Lennon</td>
<td>Program Director</td>
<td>50</td>
<td>9,729</td>
<td>1,541</td>
<td></td>
</tr>
</tbody>
</table>

(Subtotals) $9,729 $1,541 $11,270

## Consultant Costs
(Include Fees and Travel)

- Electric Typewriter: $500

## Equipment
(Itemize)

## Supplies

- Laboratory Supplies: 400
- Audio-Visual Supplies: 75%
- Office Supplies: 50
- Duplicating: 200

## Supplies

<table>
<thead>
<tr>
<th>Supplies Type</th>
<th>Quantity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Supplies</td>
<td>400</td>
<td></td>
</tr>
<tr>
<td>Audio-Visual Supplies</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Office Supplies</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Duplicating</td>
<td>200</td>
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</table>

## Staff Travel

<table>
<thead>
<tr>
<th>Type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic</td>
<td>$660</td>
</tr>
<tr>
<td>Foreign</td>
<td>$0</td>
</tr>
</tbody>
</table>

Total Travel Expenses $660

## Alterations and Renovations

- Cost: $0

## Other Expenses
(Itemize)

- Publications: $150

## Trainee Expenses
(See Instructions)

### Stipends

<table>
<thead>
<tr>
<th>Type</th>
<th>No. Proposed</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td>Predoctoral</td>
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<tr>
<td>Postdoctoral</td>
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</tr>
<tr>
<td>Other (Specify)</td>
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</tbody>
</table>

Total Stipends $0

## Tuition and Fees

- Total Trainee Costs $0

## Trainee Travel
(Describe)

- Cost: $0

## Total Direct Cost
(Add Subtotals (A) and (B))

- Total Direct Cost $13,305
## BUDGET ESTIMATES FOR ALL YEARS OF SUPPORT REQUESTED FROM PUBLIC HEALTH SERVICE
### (Direct Cost Only - Omit Cents)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>FIRST PERIOD (Same as Page 3)</th>
<th>ADDITIONAL YEARS OF SUPPORT REQUESTED</th>
<th>2nd YEAR</th>
<th>3rd YEAR</th>
<th>4th YEAR</th>
<th>5th YEAR</th>
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</thead>
<tbody>
<tr>
<td>PERSONNEL (Salaries and fringe benefits)</td>
<td>11,270</td>
<td></td>
<td>11,946</td>
<td>12,663</td>
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<tr>
<td>CONSULTANT COSTS (Include fees and travel)</td>
<td>0-</td>
<td></td>
<td>0-</td>
<td>0-</td>
<td>0-</td>
<td></td>
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<tr>
<td>EQUIPMENT</td>
<td>500</td>
<td></td>
<td>0-</td>
<td>0-</td>
<td>0-</td>
<td></td>
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<tr>
<td>SUPPLIES</td>
<td>725</td>
<td></td>
<td>450</td>
<td>0-</td>
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<tr>
<td>STAFF TRAVEL</td>
<td>Domestic</td>
<td></td>
<td>660</td>
<td>450</td>
<td>0-</td>
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<tr>
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<td>Foreign</td>
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</tr>
<tr>
<td>ALTERATIONS AND RENOVATIONS</td>
<td>0-</td>
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<td></td>
<td></td>
<td></td>
<td>150</td>
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<tr>
<td>OTHER EXPENSES</td>
<td>0-</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td><strong>SUBTOTALS OF NON-TRANEEO EXPENSES</strong></td>
<td><strong>13,155</strong></td>
<td></td>
<td><strong>12,846</strong></td>
<td><strong>12,813</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TRAINEE EXPENSES</strong> (Enter number proposed and dollars)**</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>TRAINEE COSTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Postdoctoral</td>
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<td>No.</td>
<td>No.</td>
<td>No.</td>
<td>No.</td>
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<tr>
<td></td>
<td>Other (Specify)</td>
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<td>No.</td>
<td>No.</td>
<td>No.</td>
<td>No.</td>
</tr>
<tr>
<td>Tuition and Fees</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL TRAINEE COSTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TRAINEE TRAVEL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUBTOTALS OF TRAINEE EXPENSES</strong></td>
<td>0-</td>
<td></td>
<td>0-</td>
<td>0-</td>
<td>0-</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EACH YEAR</strong> (Add the two subtotals)</td>
<td>13,155</td>
<td></td>
<td><strong>12,846</strong></td>
<td><strong>12,813</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL FOR ENTIRE PROPOSED PROJECT PERIOD</strong></td>
<td><strong>$ 38,814</strong></td>
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</table>

**BUDGET JUSTIFICATION:** Justify all costs especially for the first year for which the need may not be obvious. For future years, justify any item of equipment as specified in the instructions, as well as any significant increases in any other category. If a recurring annual increase in personnel costs is requested, give percentage. *(If additional space is needed, use a separate sheet numbered 4A.)*

1. Assume 6% per year cost of living salary increase.
2. Supplies include those to be utilized in the Learning Laboratory: i.e., walkers, poseys, dietary instructional aids.
3. Publication expenses will be incurred toward the end of the project following the complete evaluative process.

**IS INDIRECT COST REQUESTED?**

☑ Yes  ☐ No  If "YES," at ________% RATE

PHS-2499-1
Rev. 7-75

PAGE 4
BIographical Sketch

(Give the following information for all professional personnel involved in the conduct of the training program, beginning with the Program Director. Use continuation pages and follow the same general format for each person.)

NAME
Lennon, Eugenia

TITLE
Project Director

BIRTHDATE (Month, Day, Year)
May 3, 1952

CITIZENSHIP
U.S. Citizen or U.S. National [ ] Yes [ ] No

(If "No," permanent resident [ ] Yes [ ] No

SEX
[ ] Male [ ] Female

EDUCATION (Begin with baccalaureate and include postdoctoral)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE</th>
<th>YEAR CONFERRED</th>
<th>PROFESSIONAL FIELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital University</td>
<td>B.S.N.</td>
<td>1974</td>
<td>Nursing</td>
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<tr>
<td>Columbus, Ohio</td>
<td></td>
<td></td>
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<tr>
<td>Arizona State University</td>
<td>M.S.</td>
<td>1978</td>
<td>Community Health Nursing</td>
</tr>
<tr>
<td>Tempe, Arizona</td>
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</tbody>
</table>

HONORS

MAJOR PROFESSIONAL INTEREST
Community Health Nursing - Geriatrics, Teaching

ROLE IN PROPOSED PROGRAM
Project Director

TRAINING AND RELATED SUPPORT (See Instructions)

none

PROFESSIONAL EXPERIENCE: (Starting with present position, list training and experience relevant to the area of proposed program. List selectively publications that are most relevant to the training program)

<table>
<thead>
<tr>
<th>Year</th>
<th>Institution</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978-1979</td>
<td>Santa Barbara City College</td>
<td>Instructor</td>
</tr>
<tr>
<td>1978-1979</td>
<td>Santa Barbara City College</td>
<td>College Evening Nurse</td>
</tr>
<tr>
<td>1976-1978</td>
<td>Mesa General Hospital</td>
<td>Nursing Supervisor</td>
</tr>
<tr>
<td>1975-1976</td>
<td>Santa Barbara City College</td>
<td>Instructor</td>
</tr>
<tr>
<td>1974-1976</td>
<td>Santa Barbara Cottage Hospital</td>
<td>Staff Nurse</td>
</tr>
</tbody>
</table>

RESEARCH AND OTHER EXPERIENCES

Autoperceptions of Aging by the Single Middle-Aged Adult (unpublished Master's thesis)

Seminar Survey for pre-retirement workshop - Scottsdale Senior Center

Community assessment and development of a Geriatric Health Project Proposal