



R-COOL-Health Scrubs Camp Grant - Year Seventeen

Funding Period (September 2, 2025 – April 30, 2026)

PROJECT DESCRIPTION:

The Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL-Health) Scrubs Camp is an exciting program supported by the Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences focused on rural students in grades 5-12. The overall purpose of the program is to increase awareness, interest, and understanding of health careers available in rural North Dakota through creative and interactive activities.

PROJECT DETAIL:

Eligible Applicants: Rural North Dakota (for the purposes of this program, rural is defined as any geographic area beyond the cities of Minot, Bismarck/Mandan, Grand Forks, and Fargo/West Fargo) K-12 schools and healthcare facilities such as hospitals, clinics, community health centers, long-term care facilities, and public health units.

Required Partners: Applicants **ARE REQUIRED** to actively involve each of the following: 1) local/regional K-12 school system(s); 2) healthcare entity/facilities (i.e. hospital, clinic, long-term care facility, EMS/ambulance squadron, local public health unit, etc.); 3) local economic development and/or local job development authority or similar entity.

Suggested Partners: Local colleges, technical schools, and extension agencies/centers.

Target audience: Rural students in grades 5-12. Applicant may select which grade(s) they will focus on.

Applications will be considered non-responsive to guidelines and NOT ELIGIBLE for selection if they propose: a career fair format (i.e. students have minimal (less than 20 minutes) exposure to career presentations); to hold a camp after April 30, 2026; focus on only one type of health career; or a camp less than five hours long.

Funds Available: Up to \$30,000 for 12 camps will be made available to support the planning and implementation activities of Scrubs Camps. Funding will be awarded on a tiered system based on the number of previous years a camp has been awarded with a Scrubs Camp grant, with a maximum of \$2,500 per award.

Additional funds up to \$1,250 will be made available, pending federal budget approval, for camps who feature an EMS rotation. Each camp is eligible to apply for up to \$250 in related EMS rotation supplies.

Funds will be provided on a cost-based reimbursement basis – you will need to submit an invoice on your letterhead and receipts (or copies) for allowable expenditures associated with the camp. The funding period is September 2, 2025 – April 30, 2026. All applications received by the grant proposal deadline of August 15, 2025 will be reviewed at that time and notified if they are funded or not.

To be considered for funding, the grant application must be received by the deadline (late submissions will only be awarded if extra funding is available), comply with all grant components, and if previous grant awards were received, how those funds were utilized will be considered. Scrubs t-shirts for participants may be awarded to communities not receiving grant dollars based on funding availability (value of approximately \$4.50/shirt).

IMPORTANT DATES

May 16, 2025 12:30-1:00 pm Central	Technical assistance Zoom meeting for interested applicants Zoom link: https://und.zoom.us/j/92509992227?pwd=n5o45aAzIXtmS5bzQJaapB1rt3PTGl.1&from=addon Dial-in: +1 253 215 8782; Meeting ID: 925 0999 2227
August 15, 2025	Proposals must be <u>received by using the online system</u> by 4:00 pm Central for first round consideration Submit proposal at https://tinyurl.com/Yr17ScrubsCamp
August 21, 2025	Notification of awards.
September 2, 2025	Camps may begin to be held
April 30, 2026	Camp must be <u>completed</u> and funds expended
Requests for reimbursement and all additional required materials (see online checklist) must be received within three weeks from the date the camp is held.	

Timeline: All camps must be held between September 2, 2025, and April 30, 2026. Please be mindful of the North Dakota weather when planning your camp. For example, if you frequently have challenges with spring flooding it is suggested you avoid scheduling the camp during that time and be prepared with a back-up date prior to April 30.

There is a sample proposal, Memorandum of Agreement (MOA), agenda, and line-item budget provided as examples on the website at <https://ruralhealth.und.edu/projects/scrubs-program/camps>.

Proposal Format Details: The full proposal will be submitted online through Qualtrics. You will need to upload, as attachments, all of your MOAs, your agenda, and your line-item budget when you complete the online submission. MOAs may be scanned and submitted as one document (recommended) or uploaded individually. If you are uploading them individually and have more than four MOUs to upload you will need to email additional ones to nicole.threadgold@und.edu

Submission of Proposals: Proposals must be **submitted** (not in-process) by **4:00 pm Central on August 15, 2025** for initial award consideration. Only proposals submitted through the online system will be accepted. Submit your proposal at <https://tinyurl.com/Yr17ScrubsCamp>

Proposal Review Process: Proposals will be reviewed by a panel selected by CRH.

APPLICATION GUIDELINES:

Special consideration will be given to applicants that:

- Are applying for the first time
- Work collaboratively with schools and healthcare facilities in surrounding areas (i.e. regional approaches)
- Demonstrate a solid planning process
- Demonstrate creative and interactive activities
- Include a variety of healthcare careers

To apply, interested parties must submit the following:

(Note: When using proposals from previous years, it is advised to carefully review dates/numbers/partners, program details, etc.)

1) Camp/Organization Information

- Lead organization's name and primary contact person's information*
- Site coordinator's contact information (if different from contact)*
- List of collaborative organizations and facilities
- Communities involved (ex: if multiple communities attend one school, list all communities, not just the name of the school or the town where the school is located)
- Legislative districts of the communities involved in the camp
- Date of camp, start and end times
- Physical location/address of camp (if known)
- EMS rotation amount requested through grant
- Total amount requested through grant

**Contact information includes the following: full name, title, organization name, mailing address, email address, and phone number.*

PROPOSAL COMPONENTS:

2) Project Description: (all of the following items are **required** to be submitted for funding consideration)

- a. The goal(s) of the Scrubs Camp
- b. Projected number of students who will participate
- c. Grade(s) targeted
- d. Describe how the Scrubs Camp will be promoted and any selection process for participants (if applicable) or if it will be full grades attending

Note: Each Scrubs Camp will be required to include the CRH logo and Scrubs Camp penguin graphic on all promotional materials

- e. Describe the collaborating organizations and their roles and commitment to the Scrubs Camp. The applicant must identify a minimum of one entity from each of the following:

Local/number of schools in a region – strongly encourage collaboration across a region.

Healthcare facilities (hospital, clinic, long-term care facility, etc.)

Local economic development and/or local job development authorities

Other partners (optional)

***A signed MOU (use the template provided at <https://ruralhealth.und.edu/assets/859-15300/moa-template.docx>) with each partner delineating their contribution and roles IS REQUIRED to be uploaded to**

submit with your grant application.* You must use the online template MOA and customize it to fit your camp's needs.

- f. Describe if the initiative being applied for is new or an expansion of a current project
- g. Using the Scrubs Camp agenda (sample online) that you have created, describe how you plan to engage the students in your camp. Describe the *innovative and interactive* activities that will be used to make your Scrubs Camp unique and exciting for students. Scrubs camps must be multi-professional. **The camp must be a minimum of five hours long.** Please include five minutes at the **beginning** of the camp in the timeline/schedule so that CRH staff can share a brief overview of the CRH programs.
- h. Describe how you will engage and/or inform parents regarding health career opportunities available to their children (i.e. PTO/PTA presentations, handouts, brochure, and/or a separate parent session prior to or during the Camp).
- i. Describe the process and criteria you will use to solicit and select the appropriate speakers
- j. If applicable, include lessons learned from past Scrubs Camps or other health career related activities

3) Budget and Budget Narrative (*see example in sample proposal – the costs listed are just examples, please do not use these numbers as references for your budget*)

Provide a line-item budget (upload as attachment as part of your proposal submission) and explain in the narrative (budget narrative) how the funds (Camp standard maximum of \$2,500, plus optional \$250 EMS rotation) will be used. Include in-kind funds in your budget. If you include miscellaneous expenses, include an explanation of what will be included in that line item.

The line item budget lists costs associated with the proposed budget. The budget narrative is where you describe in detail how the funds requested for each line item will be spent and how the amount was determined. Use your best judgment when projecting expenses.

Standard Allowable Expenses

- Site coordinator for program (up to \$1000)
- Transportation
- Supplies/session expenses
- Food – *healthy* food choices must be selected.
- Duplicating
- Advertising

EMS Rotation (optional) Allowable Expenses

- CPR training items
- Tourniquets
- Stop the bleed supplies
- Opioid training
- Preparedness training
- Phlebotomy arms

Non-Allowable Expenses

- Payment to a higher education institution
- Bricks and mortar
- Computers/laptops/LCDs
- Indirect costs
- Door prizes
- Facility equipment (ex. exercise equipment)
- Items used for direct patient care
- Additional shirts - *Scrubs T-shirts will be provided at no cost to the grantee*

All Scrubs Camps are required to provide a Scrubs Camp shirt to each participant which must be distributed in time to be worn during the camp. You may also provide Scrubs Camp shirts to presenters/volunteers/camp staff. The lead applicant will submit the number and sizes to CRH who will order, purchase, and arrange for delivery the morning of the camp (or they may be picked up from CRH by the grantee prior to the camp). The required order form (posted on the website) must be received **no later than 3 weeks prior to the date of the camp.*

4) Sustainability

Grants are considered seed funding. Please describe the plan for supporting future Scrubs Camps in your community if and when the R-COOL-Health Scrubs Camp grant funds are not available or are reduced.

5) Evaluation/Tracking

Each Scrubs Camp is required to submit the following completed forms and final report within three weeks following the camp (*please confirm that you will complete and submit the required forms/information and final report in your grant application by the required deadlines*):

- Typed roster of participants and contact information using the **required** spreadsheet (online). All information must be completed including Student ID numbers.

- R-COOL-Health Scrubs Camp Student Evaluation Forms: Sections A and C on the sample evaluation **must** be asked on each camp's evaluations in the format that is shown or funding will not be awarded. Part B may be customized to fit your camp. **This evaluation MUST be submitted to CRH a minimum of three weeks prior to Camp so CRH can create a Qualtrics online survey and generate a QR code/weblink for Camps to provide to students if you want them to complete their evaluations online.** You may still use a paper form if you prefer.
- R-COOL-Health Scrubs Camp Presenter Evaluation Forms – **we will create in Qualtrics and email you the QR code and weblink so you can send it out to presenters to complete after the camp (no paper needed!).** You may still use a paper form if you prefer.
- Photo/Video waivers: (If there are any students who are not to be photographed/recorded, notify the onsite CRH staff immediately prior to the start of the Camp so they are aware of who to avoid in photos/videos).
- Online final report

Reporting Requirements: A final online report is required to be **completed and received by CRH within three weeks** following the date of the Scrubs Camp.

Please Note* Reimbursement will be processed upon receipt of **all required documents. Incomplete reporting, documentation of expenses, etc. will result in delay/cancellation of reimbursement. Be sure to check the website to make sure you are using the **most current forms**, as changes are made periodically.*

ADDITIONAL INFORMATION:

The following resources will be available online (http://ruralhealth.und.edu/projects/scrubs-program/forms_doc) for site coordinators:

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| • Site Coordinator Guide | • Penguin Graphic |
| • Site Coordinator Checklist | • CRH logo |
| • Student Participant Roster Form | • Promotional Poster Template |
| • Scrubs Order Form | • Health Careers Flyer 5-12 |
| • Sample Agenda | • Health Careers Brochure for Parents |
| • Sample Confidentiality Agreement Form | • Sample Parent Letter |
| • Photo-Waiver Form | • Job Shadowing Application Form |
| • Student Application Form | • Reasons for Collecting Contact Information |
| • Student Evaluation Form Grades 5-6 | • Presenter Evaluation |
| • Student Evaluation Form Grades 7-12 | • Sample Presenter Information Form |
| • Document Header | • Presenter Q & A |

Year 17 Best Scrubs Camp Award: All camps will be considered for the annual "Best Scrubs Camp Award" to be presented in June, at the annual Dakota Conference on Rural and Public Health. Awardee will be selected, by CRH staff, based on the following: most innovative, well-coordinated, hands-on, fun, and engaging activities with students. Additional criteria that will be considered is community partner involvement and support of the camp.

Direct questions to: Center for Rural Health, University of North Dakota School of Medicine & Health Sciences. Nicole Threadgold, Program Director, (701) 330-3264, nicole.threadgold@und.edu

EXAMPLE BUDGET SPREADSHEET/BUDGET NARRATIVE

Budget Narrative

The budget shows that our grant request (\$2,011 Standard Camp Funds and \$250 EMS Rotation Funds) is less than the allowable amount (\$2,500 and \$250) because of the generosity of the partners involved and the in-kind contributions.

1. **Transportation:** We plan to use two mini-buses for transportation of the students. The two bus drivers will receive a stipend of \$100 each plus an estimated \$20 (5.5 gallons x \$3.59/gallon of fuel) to pay for the gas to transport the students between the hospital, nursing home, clinic, and school.
2. **Food for students and helpers:** We are requesting reimbursement for the morning and afternoon snack and noon lunch. All food purchased will be healthy choices – apples and peanut butter for a morning snack, carrots and hummus for an afternoon snack, and a sandwich, baked chips, pasta salad, and milk for lunch. Water will be provided at both snacks. The morning snack will be \$64 (\$2 per student x 32 students/helpers), lunch will be cost \$192 (\$6 per student x 32 students/helpers), and the afternoon snack will be \$64 (\$2 per student x 32 students/helpers).
3. **Coordinator:** The coordinator will be given the allowable amount for planning, coordinating, supervising, and travel. This amount will be split amongst two people that will be working together to coordinate the camp to assist in the payment of their salaries. The \$1,000 will pay for 100 hours of the coordinator's time (100 hours x \$10/hour).
4. **Supplies:** Supplies will include an estimated 2 boxes of gloves (small and medium) at \$5 each totaling \$10; 2 boxes (16 sets/box) blood pressure and thermometer supplies at \$15 each totaling \$30; 2 boxes (16 sets/box) glucose testing supplies at \$25 each totaling \$50; disability supplies such as 14 blindfolds (\$2/each totaling \$28), 8 rolls of tape (8 rolls at \$6/each totaling \$48), 2 cans of liquid thickener (\$12/can totaling \$24) for a total of \$190; as well as miscellaneous supplies that the speakers might request for an estimated \$100. We estimate the total to be \$290 for standard camp supplies bought through the grant. An additional \$250 is requested for Stop the Bleed kit supplies for the optional EMS rotation. X-rays, lab slides, emergency supplies with the ambulance, canes, walkers, wheelchairs, and needle-less syringes will be provided through in-kind donations from the hospital, clinic, and long-term care facilities for a total estimated value of \$1,100. All of the speakers have donated their time for an estimated \$500.
5. **Other expenses** will be student folders (\$2/folder x 28 students totaling \$56); copies (\$550 pages at 0.10/copy totaling \$55); postage \$0.55/stamp x 65 mailings for presenter agreements; thank yous; invites to presenters, students, and helpers; 1 box envelopes at \$2.70 totaling \$38.45; and advertising (estimated at \$40 for newspaper ad at a discounted rate). Each student will receive a folder with the flyer and other health professions information in it (professions booklet, Scrubs brochures, Career Cluster document). It will also include information on how students can sign up to job shadow at our local facilities. An ad will be put in the community papers in the area to let people know that this event is occurring and bring attention to the need for healthcare professionals. The Chamber and school newsletters, as well as the newspaper and radio, will do some publicity for us. Postage will be used for sending presenter agreements, mailing bills, and communicating with schools.

In-kind contributions will include the ambulance, all career speakers' time, and the rooms used at the hospital, nursing home, clinic, and school.

The total budget request is for \$2,011.00 for Standard Camp funds plus an additional \$250 for the optional EMS rotation, with the total cost of the camp projected to be \$3,561.00. A conservative in-kind calculation is \$1300.

Budget Spreadsheet:

EXPENSES	STANDARD GRANT FUNDS	EMS ROTATION GRANT FUNDS	IN-KIND CONTRIBUTIONS
1. Transportation			
Driver Stipends (\$100 x 2)	\$200.00		
Fuel	\$20.00		
Ambulance			\$100.00
2. Food for Students and Helpers			
AM snacks (\$2 x 32)	\$64.00		
Lunch (\$6 x 32)	\$192.00		
PM Snacks (\$2 x 32)	\$64.00		
3. Site Coordinator			
Plan, coordinate, travel, supervision	\$1,000.00		
4. Supplies/Program Expenses			
Gloves	\$10.00		
Glucose Testing	\$50.00		
Lab Slides			\$100.00
Blood Pressure Kits and Thermometers	\$30.00		\$300.00
Career Speakers (\$25 x 20)			\$500.00
Radiology/X-Ray Supplies			\$100.00
Disability Equipment	\$100.00		\$100.00
Misc Supplies	\$100.00		
Stop the Bleed kits		\$250.00	
5. Communications			
Student Folders (\$2 x 28)	\$56.00		
Postage	\$38.45		
Copies	\$55.00		
Newspaper and Radio	\$40.00		\$100.00
Subtotal	\$2,011.00	\$250.00	\$1,300.00
Total			\$3,561.00

*NOTE: These numbers are just samples. Please research to find what the cost of items for your specific camp would be.

SAMPLE

MEMORANDUM OF AGREEMENT BETWEEN

[Name of your facility]

AND

[Partner's Name]

- 1) PURPOSE:** The purpose of this Memorandum of Agreement (MOA) is to formalize an agreement between the *[Name of Your Facility]* and the *[Partner's Name]* to form a partnership to hold an R-COOL-Health Scrubs Camp. The areas of responsibility and relationships presented herein provide the concept under which the program will be executed.
- 2) MUTUAL INTEREST OF THE PARTIES:** This Scrubs Camp is of mutual interest to the parties because it is educationally beneficial for the students attending the camp to learn about different health professions, duties associated with each profession, and required educational requirements.
- 3) RESPONSIBILITIES OF THE PARTIES:** The following paragraphs identify responsibilities of the organizations involved:
 - a. The *[Name of Your Facility]* Responsibilities
[Name of Your Facility] shall provide *[Partner's Name]* with goods and/or services in accordance with the purpose, terms, and conditions of this MOA and implementing arrangements, as appropriate. Specifically, *[Name of Your Facility]* will provide the following services and/or goods.
 - 1) Coordinate and facilitate the Scrubs Camp logistics, including transportation, evaluation, facility use, etc.
 - 2) Provide educational and interactive activities for the student participants
 - 3) Provide snacks and lunch for the participants, speakers, and volunteers
 - 4) Reimburse presenters for the expenses associated with their presentations as long as receipts are submitted to the *[Your facility]* finance department within ten days of the camp's conclusion. Or, order supplies for the presenter if supply order is submitted to the Scrubs Camp Coordinator a minimum of 30 days prior to the camp.
 - 5) Provide facility space for the Scrubs Camp
 - 6) Supervise the students at the camp
 - 7) Submit all required documentation to the Center for Rural Health at the conclusion of the camp per the grant requirements.
 - b. The *[Partner's Name]* Responsibilities
 - 1) Provide advertisement for the Scrubs Camp in the *[Name of local newspaper]*.
 - 2) Promote the Scrubs Camp through donation of door prizes to be given out during the camp.
 - 3) Provide a speaker for the Radiology Tech session of the Scrubs Camp.
- 4) DISPUTE RESOLUTION:** In the event of a dispute between the parties, *[Partner's Name]* and *[Name of Your Facility]* agree to use best efforts to resolve the dispute in an informal fashion through consultation and communication, or other forms of non-binding alternative dispute resolution mutually acceptable to all parties.

5) EFFECTIVE DATE: This agreement becomes effective upon the date of the last approving signature and will remain in effect until April 30, 2025.

6) ACCEPTANCE OF AGREEMENT:

[Your Facility Representative Name]
[Your Facility Representative Title]
[Your Facility Mailing Address, City, State, Zip]

DATE

[Partner Representative Name]
[Partner Representative Title]
[Partner Mailing Address, City, State, Zip]

DATE

**THIS IS JUST A SAMPLE – YOU MUST CUSTOMIZE THE
ONLINE TEMPLATE MOA TO WORK FOR YOUR
SPECIFIC CAMP!**