



Proposal Approval Summary Form

This form must be completed, returned to the Grants Office, and reviewed by President's Cabinet before submitting a grant proposal. If you have any questions regarding this form or the proposal development process, please contact the Grants Office at grants@mtsac.edu.

Principal Investigator/Project Director

Name	Connie Kunkler	Department	Health Careers Resource Center
Email	ckunkler@mtsac.edu	Phone	909-274-5382

Other Project Collaborators

Name	Catherine Campos	Department	Psychiatric Technician
Name		Department	
Name		Department	
Name		Department	

Funding Opportunity Details

Opportunity Name	General Grant Proposals		
Sponsoring Agency	Society for Simulation in Healthcare		
Pass-through Entity (if applicable)			
Sponsor Type	<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Private		
Proposal Type	<input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Resubmission <input type="checkbox"/> Amendment		
Submission Deadline	September 30, 2024 (estimated)		

Funding Amount	\$10,000	Project Duration	18 months
Proposed Start Date	February 1, 2025	Proposed End Date	July 31, 2026

Does the opportunity require 501(c)(3) status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, the project team must coordinate the submission with the Mt. SAC Foundation.
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Are indirect costs allowed? (check appropriate box)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Indirect Cost Rate (if applicable)	
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Is match required? (check appropriate box)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Match Amount (if applicable)	
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If match is required, how do you intend to satisfy this requirement?			
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Project Summary

Use the following prompts to provide an overview of the proposed project. If desired, attach additional information to this form.

<p>Project Description</p> <p>What need will the project address? What activities will be implemented?</p>	<p>Healthcare workers' knowledge and confidence in addressing suicidal ideations are limited due to the lack of exposure to actively suicidal cases (Harmer et al., 2022). While attending a healthcare program, a student receives education on what suicide is and how to complete a typical suicide screening tool. However, after initial training, opportunities to practice these skills are often limited and students are deferred from being responsible for suicide assessments in clinical settings for liability reasons (Harmer et al., 2022). This creates a situation where healthcare workers may be ill-prepared and feel uncomfortable and incompetent in assessing patients for suicide once they are in the workforce. The development of a virtual reality suicide scenario has the potential to enhance suicide assessment and therapeutic communication leading to effective identification of suicide risk.</p>
<p>Expected Outcomes</p> <p>What are the project's expected benefits/outcomes?</p>	<p>VR technology allows healthcare workers to experience real-life situations in a safe environment enabling them to learn and practice without risking any harm. Suicide is a preventable death and adequate risk assessment, and intervention training are key to suicide prevention and reducing suicide rates (Bornheimer et al., 2023). Due to our rising suicide rates, it is imperative that healthcare workers feel competent, knowledgeable, and comfortable asking for and assessing suicide risk. Using innovative training techniques can reduce the gap in suicide risk assessment by increasing exposure to a simulated interaction with a suicidal patient and preparing healthcare workers when working with actively suicidal patients (Bornheimer et al., 2023).</p>
<p>Partners</p> <p>If applicable, list partners and their roles in the project. Will Mt. SAC issue sub-awards?</p>	<p>Allied health programs such as the Psychiatric Technician Program, Registered Nurses, EMT/paramedics, and Respiratory Therapies would benefit from this intervention. It can be further expanded to other programs, faculty, and partners outside of Mt. SAC to continue making this college a leader in innovative technology.</p>
<p>Budgetary Needs</p> <p>Describe the project's budgetary needs. For personnel, specify type(s). For faculty reassignment/overload requests, specify the names and planned allocation of time.</p>	<p>\$4,000 for personnel costs: editing, filming, acting and script writing</p> <p>\$5,000 for equipment and materials: cloud storage, VR software applications and other technical services</p> <p>\$1,000 study participant support: food and beverages, any required subscription or testing costs</p>
<p>Sustainability Plan</p> <p>What is the plan for continuing grant activities beyond the project period?</p>	<p>After successfully implementing a virtual reality suicide scenario, the use of this innovative technology can be sustained by gaining support from other programs. Expanding to other scenarios, such as a patient experiencing psychosis, can be beneficial for all healthcare professionals. Once scenarios are developed, the cost is a monthly subscription, which can be sustained through collaboration with various programs using a department budget.</p>

Assurances

- ☒ As the Project Lead, I acknowledge the responsibility associated with this role and will conduct the proposed project in accordance with the terms and conditions of the sponsoring agency and the policies of the College.
- ☒ If the proposal described herein is funded and accepted by the College, I will be responsible for meeting the requirements of the award, including, but not limited to, providing the proper stewardship of sponsored funds and submitting all required progress reports and deliverables on a timely basis.
- ☒ If sponsored funds are used for personnel, I understand that the College makes no ongoing commitment beyond the project period.
- ☒ Where funds are requested for lecture hour equivalents, I have reviewed this request with my Educational Administrator, and they support the reassignment/overload request.

Constance Kunkler
Signature of Project Lead

9/3/2024
Date

HCRC Director
Title

Approval

Approvals represent general approval of details outlined in the project summary, but they do not represent specific approval of personnel titles, classifications, salary rates, or other issues governed by College policy and collective bargaining agreements.

Lance Heard Digitally signed by Lance Heard
Date: 2024.09.03 13:11:25 -07'00'
Signature of Responsible Administrator

9/3/24
Date

Dean
Title

9/5/24
Signature of Responsible Vice President

9/5/24
Date

Vice President, Instruction
Title

Review by President's Cabinet

Date of Review	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Denied
Comments	

Guidance for Completing Proposal Approval Summary Form

Principal Investigator/Project Director: Enter the name, department, email, and phone number for the individual who will lead the implementation of the proposed project.

Other Project Collaborators: Enter the names and departments of any other project collaborators. If you need additional space, please attach the list to this form.

Opportunity Name: Enter the name of the funding opportunity for which you are applying. Examples include: Advanced Technological Education, Humanities Initiatives at Community Colleges, Los Angeles Scholars Investment Fund, and California Apprenticeship Initiative.

Sponsoring Agency: Enter the name of the agency sponsoring the funding opportunity. Examples include: U.S. Department of Education, California Community Colleges Chancellor's Office, and Lumina Foundation.

Pass-through Entity: If Mt. SAC will be partnering (sub-award) with another lead applicant, enter the name of the lead applicant as the pass-through entity. Examples include: California State Polytechnic University Pomona, University of La Verne, and University of California Riverside.

Sponsor Type: Check the appropriate box regarding the type of sponsoring agency.

Proposal Type: Check the appropriate box regarding the type of proposal. "New" refers to proposals being submitted for the first time. "Renewal" refers to proposals that have been previously awarded and require periodic submissions to maintain funding. "Resubmission" refers to proposals that have been previously submitted but not awarded. "Amendment" refers to proposals that are requesting augmentations to existing funding agreements.

Submission Deadline: Enter the date when the grant application is due.

Funding Amount: Enter the amount requested for the entire proposed grant period.

Project Duration: Enter the length of the project (e.g., 18 months, 5 years).

Proposed Start Date: Enter the date when your project will commence.

Proposed End Date: Enter the date when your project will conclude.

501(c)(3) Status: Check the appropriate box regarding the program's 501(c)(3) requirements. If the funding opportunity requires 501(c)(3) status, the Grants Office will assist the project team in coordinating with the Mt. SAC Foundation.

Indirect Costs Allowed: Check the appropriate box regarding the program's allowability of indirect costs. Indirect costs may also be referred to as facilities and administrative (F&A) costs.

Indirect Cost Rate: If indirect costs are allowed, enter the rate specified in the funding opportunity notice.

Match Requirement: Check the appropriate box regarding the program's matching requirements.

Match Amount: If match is required, enter the amount.

Match Description: If match is required, describe how you will satisfy this requirement.

Project Description: Provide a brief description of the project, including the need or problem being addressed and the proposed activities.

Expected Outcomes: Enter the project's expected benefits and outcomes, which may include impacts on the institution, students, disciplines, departments, faculty, the workforce, the community, etc.

Partners: Describe any partners, both internal and external, and their specific roles in the project. Indicate if Mt. SAC will issue sub-awards to any of these partners.

Budgetary Needs: Enter the anticipated budgetary needs, which may include personnel, fringe benefits, supplies, software, travel, consultants, equipment, facilities, student aid, etc. For personnel costs, specify type (e.g., faculty reassigned time/overload, classified, management, short-term hourly, student). For faculty reassignment/overload requests, specify the names and planned allocation of time for each person.

Sustainability Plan: Specify if the funding agency require activities/personnel to be institutionalized beyond the grant period. Describe the project's plan for sustaining grant activities when the grant ends.

Assurances: The Project Lead will acknowledge the assurances by checking each box and adding the signature, date, and title.

Approval: Obtain the signature of the responsible administrator for the project (e.g., dean) and the responsible vice president, and then return the completed form to the Grants Office.

Review by President's Cabinet: The Grants Office will share the completed form for consideration at the next President's Cabinet meeting. If approved, the Grants Office will contact the Project Lead to commence proposal development.

DRAFT - Society for Simulation in Healthcare Budget Request

Personnel	Year 1
Faculty to plan and write scripts for virtual reality (VR) suicide scenarios: 40 hours/facilitator x \$64.70/hour	\$ 2,588
Student Assistant, Level V, to support video production: 40 hours x \$19.50/hour	\$ 780
Total Personnel	\$ 3,368

Fringe Benefits	Year 1
Project Directors and Faculty Facilitators: 19.1% California State Teachers' Retirement System, 1.45% Medicare, 0.05% state unemployment insurance (SUI), 1.31% workers' compensation (WC)	\$ 567
Student Assistant: 1.31% WC	\$ 10
Total Fringe Benefits	\$ 577

Contractual	Year 1
OctoBionic VR support	\$ 4,035
Total Contractual	\$ 4,035

Other	Year 1
Amazon Digital storage: 12 months x \$25/month	\$ 300
Arbor XR: 12 months x \$60/month	\$ 720
Meeting expenses for convening study participants	\$ 1,000
Total Other	\$ 2,020

	Year 1
Total Costs	\$ 10,000