**Section 1. Grant Request**

Complete all requested fields in the space provided. Please note that all fields are required within this section and the application will not be considered complete if there is a missing portion.

**1.a. Contact Information**

|  |  |  |
| --- | --- | --- |
|  | **Principal Investigator:** | **Official from Investigator’s Organization (to notify if awarded):** |
| Name: |  |  |
| Title: |  |  |
| Organization: |  |  |
| Address: |  |  |
| Telephone: |  |  |
| E-mail: |  |  |

**1.b. Project Description**

|  |  |
| --- | --- |
| Project Title: |  |
| Requested Amount: |  |
| Project Period: |  |

Mark an “X” next to the applicable box, entering the project number if applicable. Please note that all re-submissions must be accompanied by a cover letter detailing any changes made to the application.

|  |  |  |  |
| --- | --- | --- | --- |
| Is this application a CRE Grant Re-Submission? |  | Yes, Project #: |  |
|  | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| All funded research projects require IRB approval or exemption. Place an “X” next to the status of your application and list either the date of IRB approval, or the date the IRB application was submitted. | IRB Status: | | Date: |
|  | Approved |  |
|  | Exempt |  |
|  | Submitted |  |

**Section 2. Sponsoring Organization**

Mark an “X” within the box provided, filling out additional information as necessary in the space provided.

**2.a- Organizational Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Has your organization received previous support from the NCSBN? |  | Yes, Project #: |  |
|  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization Type (Please select one): | | | | | | |
|  | Non-Profit | |  | Public/ Government |  | Individual |
|  | Other, Please Describe |  | | | | |

|  |  |  |
| --- | --- | --- |
| Does your organization have 501(c)(3) status? |  | Yes |
|  | No |

**2.b. Scope of Work**

Describe the organizational mission, focus, audience service, geographic reach, etc. in the space provided below:

**Section III. Project Details**

All parts within this section must be typed in 12 pt Times New Roman Font and be double spaced. Parts a-g of this section must not exceed a combined 7,000 words. Part h does not have any word count limitation and is meant to be utilized as necessary to complete the rest of the application and provide the review committee with a full picture of your research prior to submitting the application.

**III.a. Project Summary**

**III.b. Purpose, Problem Statement, or Research Question(s)**

**III.c. Contribution to Nursing Regulation**

**III.d. Literature Review**

**III.e. Methodology**

**III.f. Method of Data Analysis**

**III.g. Limitations**

**III.h. Additional References**

**Section IV. Timeframe**

**IV.a. Project Timetable**

Enter the planned start and end date of the project within the provided fields in a MM/DD/YYYY format. If the project is approved by the committee, staff will request that these dates be reviewed and modified if needed.

|  |  |
| --- | --- |
| Start Date: |  |
| End Date: |  |

**IV.b. Project Timeline**

Create a timeline for the project with major project steps and when the team will be working on the listed tasks.

**Section V. Collaborating Organizations**

List any organizations that will be working on the project outside of the Principal Investigator’s sponsoring organization along with the role that these organizations will be fulfilling on the project. If the organization is providing financial assistance to the project, complete the last column in the table with the amount that will be added from the organization.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Organization Name: | Role on Project: | Financial Contribution: |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

**Section VI. Budget**

**VII.a. Detailed Staffing Costs**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personnel (Applicant Organization Only)** | | | | | | **Dollar Amount Requested** | | |
| **Name** | **Role on  Project** | **Base Salary Year 1** | **Base Salary Year 2** | **% Effort year 1** | **% Effort year 2** | **Salary Requested** | **Fringe Benefits** | **Total** |
|  | Principal  Investigator | $ | $ | % | % | $ | $ | $ |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**VII.b. Additional Costs**

|  |  |
| --- | --- |
| Consultant (not to exceed $250/day) | $ |
| Travel Related to Dissemination of Results (Limit $1,500) | $ |
| Data Collection, Processing, Statistical Analysis | $ |
| Reproduction/Distribution of Surveys or Other Tools | $ |
| Other Expenses Directly Related to the Research Process | $ |

**VII.c. Total Amount Requested**

|  |  |
| --- | --- |
| **Detailed Staffing Costs:** | $ |
| **Additional Costs:** | $ |
| **Total:** | $ |

**VII.d. Budget Justification**

Explain the salaries requested for the personnel including any change from Year 1 to Year 2 and how the fringe benefits were calculated. For all other sections, explain what the funds will be used for and provide an explanation as to the request.

**VII.d.i. Personnel**

**VII.d.ii. Consultants**

**VII.d.iii. Travel**

**VII.d.iv. Data Collection, Processing, Statistical Analysis**

**VII.d.v. Reproduction/Distribution of Surveys or Other Tools**

**VII.d.vi. Other Expenses Directly Related to the Research Process**

**VII.e Additional Funding Sources**

If receiving funding from other organizations, list them below with the name of the organization and amount they are contributing to the project.

**Section VIII. Curriculum Vita/Resumes**

Attach condensed Curriculum Vitae/resumes (limit 5 pages per person) of the principal investigator, co-investigator and consultants. Evidence should be provided that at least one or more of these individuals has the knowledge and qualifications to complete the project.