Email completed applications to researchgrants@ncsbn.org with subject line indicated as "Grant Application."

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.

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

Project Title:	
Requested Amount:	
Project Period:	

Is this application a resubmission?

☐ Yes, Project #: _____
☐ No

All funded research projects require IRB approval or exemption. Mark the appropriate status of your application and list the applicable date.

IRB Status:	Date:
☐ Approved	
☐ Exempt	
☐ Submitted	

Has the primary investigator previously received a research grant from NCSBN?

☐ Yes, Project Year: _____
☐ No

Section 2. Project Details

All parts within this section must be typed in 12 pt Times New Roman Font and be double spaced with the exception to any survey instrument(s) included which may be formatted to match the actual survey.

Project Summary

Purpose, Problem Statement, or Research Question(s)

Contribution to Nursing Regulation

Literature Review

Methodology

Method of Data Analysis (include any and all survey instruments being utilized as well as any alternate study materials that would be utilized)

Limitations

Additional References

Section 3. Timeframe

Project Timetable

Enter the planned start and end date of the project within the provided fields below. If the application is approved for funding, these may be altered if necessary.

Start Date:	
End Date:	

Project Timeline

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

Section 4. Budget

Include requested expenses in the sections below. Include all personnel who will be substantially contributing to the project within the staffing table below even if they are employed by a separate entity than the Principal Investigator's organization.

Staffing

Name	Role on Project	% Effort	Total Funding Requested
		%	$

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	$

Total Amount Requested

Detailed Staffing Costs:	$
Additional Costs:	$
Total:	$

Budget Justification

Explain the salaries requested for the personnel including time allotted per year to work on the project 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.

Personnel

Consultants

Travel

Data Collection, Processing, Statistical Analysis

Reproduction/Distribution of Surveys or Other Tools

Other Expenses Directly Related to the Research Process

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 5. Curriculum Vita/Resumes

Attach condensed Curriculum Vitae/resumes (limit 5 pages per person) for all individuals who will be substantially contributing to the project including but not limited to those who would be receiving funding for this project.