

College of Nursing Research Grant Application Form



Deadline: October 17, 2018

Title of Proposal: _____

Name of Principal Investigator: _____

Date of Mock Review: _____

Type of Application/Award: CON Seed Research Award (up to \$10,000) Up to 2 grants will be funded

Co-Investigators and Key Personnel:

Name	Department/College	Role/Expertise

Total Dollars Requested: _____
(Use whole dollars only; do not exceed \$10,000)

Signature of Principal Investigator: _____ Date: _____

Signature of Assistant Dean: _____ Date: _____

I certify that I have discussed the project with the Principal Investigator and approve the FTE being proposed to complete the project. Effort allocation will be adjusted appropriately.

Principal Investigator (Last, first, middle):

Abstract: In 300 words or less, briefly describe 1) specific aims, 2) significance and innovation, and 3) Approach/Methods to be used.

Performance Site(s) (Organization, City, State)

The name of the principal investigator must be provided at the top of each printed page and each continuation page.

Research Grant

Table of Contents

1. Face Page	<u>1</u>
2. Table of Contents	<u>2</u>
3. Abstract	<u>3</u>
4. Budget	<u>4</u>
5. Budget Justification	<u>5</u>
6. NIH Biographical Sketch & Other Support – Principal Investigator	
7. NIH Biographical Sketch – Other Key Personnel	
8. Research Plan (sections 2 – 4 not to exceed 5 pages total)	
1. Introduction (1 page - for resubmissions only)	
2. Specific Aims	
3. Significance and Innovation	
4. Approach/Methods	
5. Reference List	
6. Outside Facilities Available	
7. Prospects for Future Funding	
8. Animals and Animal Care	
9. Protection of Human Subjects	

Appendix (**PI must include:** 1) statement from PI to clarify relationship between all presently funded research and the research proposed in this application and 2) electronic copies of his/her grant abstracts from all funded/pending applications)

Original research plan for the extramural grant application and review sheets (if a resubmission).

IRB Application (required if study requires approval)

List items below that are in appendix:

Budget Justification Page

All costs must be justified relative to the specific needs of the proposed research. The CON Dean's Research Grant program is designed to provide supplies and other operating support required to conduct critical preliminary experiments that are essential to establish the feasibility of future studies to be proposed to external funding agencies.) **Personnel** (except for the salary of the principal investigator or other faculty members) are allowable, provided the need for additional personnel is justified and there are sufficient funds available in the grant to provide for all other expenses required to complete the proposed project. **Requests for gift cards must be approved in advance – stipends are the preferred method of subject remuneration.** Unless well justified, the equipment request should not constitute the major portion of the grant budget. Use continuation pages as needed.

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY

A. Personal Statement

B. Positions and Honors
Positions and Employment

C. Contributions to Science

D. Research Support
Ongoing Research Support

Completed Research Support

Principal Investigator/Program Director (Last, First, Middle):

OMB No. 0925-0001 and 0925-0002 (Rev. 09/17 Approved Through 03/31/2020)

Provide active support for all key personnel. **Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards.** Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the *format* shown below, using continuation pages as necessary. **Include the principal investigator's name at the top and number consecutively with the rest of the application.**

Format

NAME OF INDIVIDUAL

ACTIVE/PENDING

Project Number (Principal Investigator) Source Title of Project (or Subproject)	Dates of Approved/Proposed Project Annual Direct Costs	Percent Effort
The major goals of this project are...		

OVERLAP (summarized for each individual)