

## Nurses Charitable Trust Research Grant Award 2018

### Program Description

The purpose of the Nurses Charitable Trust Research Grant Award is to encourage research activities of Florida Nurses Association (FNA) members who reside, work, or attend school in the FNS South Region. The Research Grant Award will be presented at the FNA South Region Symposium and Awards Ceremony, 8:00 am-2:30pm, Saturday April 14, 2018, at Gulfstream Park, 901 S Federal Highway Hallandale, Florida 33009.

### Eligibility Criteria

The principal investigator (PI) must be a registered nurse and be licensed to practice nursing in Florida.

The principal investigator must not have received more than \$10,000 in research funding during the past three years prior to the application date.

Applications for the research grant must be for a study (proposed or underway) that has not been completed prior to application deadline.

The principal investigator must be present at the FNA South Region Symposium Awards Ceremony to receive the award, and must register for the event. Registration will be paid for by the Nurses Charitable Trust.

### Funding

One research grant award of \$500.

The recipient of the Nurses Charitable Trust grant award is required to acknowledge funding from the Nurses Charitable Trust in any publication of their funded research.

### Submission Guidelines

Email an electronic copy of required materials by March 1, 2018, to Dr. Jones at [jones@fiu.edu](mailto:jones@fiu.edu).

Title the subject line Nurses Charitable Trust Research Grant Award Application.

Applications must conform to all requirements for format, style, content, length limitations and required supporting materials. Only applications that conform to specifications and include the required documents will be reviewed.

**Please direct all questions regarding the application to: [jones@fiu.edu](mailto:jones@fiu.edu).**

### Review Process

1. The Research Grant Review Committee is comprised of the Nurses Charitable Trustees.
2. Applications can be submitted prior to receipt of IRB approval. However, funding is conditional upon IRB approval prior to the start of the study. A letter from the IRB indicating approval must be submitted to Dr. Jones upon approval and can be submitted with the application forms.
3. Applications will be blind reviewed and scored according to the following criteria:
  - a. Significance to nursing
  - b. Scientific merit
  - c. Innovation
  - d. Appropriateness of the methodology to answer the research question
  - e. Qualifications of the investigator (research team) to conduct the study

- f. Adequacy of human subjects/animal protection
- g. Appropriate budget, environment, support and time frame

### **Format and Style**

1. Proposals are to be submitted in TWO electronic document sets. The first set includes the face sheet and other accompanying documents. The other set includes the grant proposal documents.
2. Use Times New Roman typeface only and a font size of 12 points.
3. Format documents using one-half inch margins (top, left, and right) for all pages, including reference pages and appendices.
4. Use single spacing for narrative sections with one single-space line between paragraphs or sections. Consecutively number all pages placed in the top right hand corner of each page throughout the entire application, beginning with the first page of the proposal. Do not use suffices (e.g. 5a, 5b). Use bold or italics font only for headings.

### **Components of Proposal**

#### **Part 1 – Application, Principal Investigator Information, and Approvals**

##### **Face sheet and accompanying information.**

Title the Face Sheet file as **Last Name, First Initial, and year (Smith A 2017)**.

Please complete the Nurses Charitable Trust Face sheet, including the last four digits of your Social Security number in the box at the top of the page. This document will only be reviewed by Dr. Jones and this information will not be included for the Nurses Charitable Trust grant reviewers.

##### **Current Curriculum Vita of principal investigator**

**IRB Approval Letter** – if not available at the time of application, must be provided prior to funding for the study.

**Support** –describe the support you have to conduct this study

1. Facilities and resources available for the study;
2. Letter of support from where the project will be conducted;
3. Students conducting a thesis or dissertation project also need to include a letter of support from the chairperson/research advisor that includes a statement that the proposed research meets the standards of the university/college to conduct the study.

**Part 2 – Study Proposal** - Title this file the last four digits of your SS# (Example - 1234).

**Abstract (200 word Limit)** using these headers;

1. Background
2. Purpose of the study
3. Research question(s)
4. Design
5. Method(s)
6. Analysis

##### **Body of Proposal**

**(5 page limit excluding appendices;** single space narrative with single spacing between paragraphs and sections). Do not include any identifying information on the body of the proposal and the applicant's name must not be stated anywhere in the application. **Insert the last four digits of your social security number on the top right corner of the document.**

Include the following sections:

1. Purpose of the study
2. Background and significance for the study
3. Specific Aims/hypotheses/Research questions
4. Theoretical Framework –briefly identify the theoretical framework used to construct this study
5. Research Design
  - a. Subjects and sample characteristics and size
  - b. Measures/instruments (if relevant)
  - c. Data collection procedures
  - d. Plans for data analysis
  - e. Protection of human subjects (if applicable)
6. References and Appendices
  - a. Limit reference list to six pages. Use the American Psychological Association (APA) format for citations and reference lists.
  - b. Research timeline
  - c. Human subject consent form (if applicable)
  - d. Research tools, instruments interview guides, as relevant

### **Budget**

Briefly describe plan for how the funds are to be used to support the study. Examples include, but not limited to supplies or tools used for the study, such as costs of reproducing questionnaires, or small gift cards/tokens for participants as described in the study protocol. The Nurses Charitable Trust does not fund indirect costs; investigator salaries; expenses that are regarded as educational assistance, such as tuition or textbooks; computer or software costs, or travel – unless it is for data collection purposes.

**(Nurses Charitable Trust Grant application was adapted from FNF Research Award Criteria)**

Please enter the last four numbers of your SS# in the box above.

**2018 NURSES CHARITABLE TRUST  
RESEARCH GRANT FACE SHEET**

<b>Name</b> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><span>First</span><span>MI or Maiden</span><span>Last</span></div>
<b>Permanent Address</b> _____
<b>Region of State of Residence:</b> ___ North ___ South ___ Central ___ East ___ West
<b>College or University:</b> _____
<b>Region of State of Program:</b> ___ North ___ South ___ Central ___ East ___ West
<b>Secondary Address (if applicable)</b> _____ _____
<b>Title of Project:</b> _____
<b>Principal Investigator and (Co-Investigators if applicable):</b> _____
<b>Research funding for this study received to date and source:</b> _____
<b>Best Phone Number To Reach You:</b> _____
<b>Email Address (REQUIRED):</b> _____

**AGREEMENT:** Please initial by the statements you agree with and sign at the bottom. Your signature is required.

\_\_\_\_\_ Should I be awarded funds and withdraw from my nursing program before completing the semester/year for which this research grant applies, or discontinue the study at my institution, I pledge to repay to Nurses Charitable Trust the sum advanced.

\_\_\_\_\_ Should I be awarded funds I agree to participate for up to three years of follow-up allowing the Nurses Charitable Trust to check on the status of my educational progress.

\_\_\_\_\_ I agree that my name and image **may be** used for public relations purposes (press releases to news media).

\_\_\_\_\_ I would prefer that my name **not be** used for public relations purposes.  
***This will not affect the scoring of your research grant application.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date