

TEXAS NURSES DISTRICT 9 FOUNDATION

GUIDELINES FOR APPLICATION FOR RESEARCH GRANT FUNDING

Applications must be received by **September 15, 2014**

Applications and inquiries should be sent to:

***Grant and Scholarship Committee
Texas Nurses District 9 Foundation
2370 Rice Boulevard, Suite 109
Houston, Texas 77005***

Proposals must be submitted **electronically** to tna9@tnadistrict9.com and include the following information:

1. Cover Page - A number will be assigned to all proposals and the face sheet removed so that all reviews will be blind.
2. Research Proposal (**no name or identifying information**)
Briefly address each area (5-10 pages)
 - a) Abstract
 - b) Problem Statement
 - c) Theoretical or Conceptual Framework, if applicable (Very brief description)
 - d) Hypotheses or Research Questions
 - e) Rationale or Background and Significance
 - f) Population and Sample, including Sampling Process
 - g) Setting
 - h) Design
 - i) Data Collection
 - j) Instruments, including Validity and Reliability
 - k) Data Analysis Techniques
 - l) References
3. Budget (Itemize and justify needs)
4. Time line for study completion
5. Plans for publishing your findings
6. APPENDIX (Your name will be removed from all correspondence prior to distribution to the reviewers.)
 - a) Approval Form from IRB or Human Subjects Protection Committee (if appropriate)
 - b) Resume or Vitae of Investigator(s) including research, publications and presentations
7. No indirect funds will be provided.

TEXAS NURSES DISTRICT 9 FOUNDATION

APPLICATION FOR RESEARCH GRANT FUNDING

COVER PAGE

NAME:		
ADDRESS:		
TELEPHONE NUMBER: HOME:	WORK:	CELL:
EMAIL ADDRESS:		
TITLE OF RESEARCH PROJECT:		
CO-INVESTIGATORS:		

TEXAS NURSES DISTRICT 9 FOUNDATION

RESEARCH GRANT AGREEMENT

TITLE OF PROJECT:
AMOUNT REQUESTED:
PROJECTED BEGINNING DATE:
PROJECTED COMPLETION DATE:

If my proposal is funded, I agree to:

- 1. Use the grant for the research project described in this application and return any excess funds to the Treasurer of TNA District 9;**
- 2. Upon completion of the study, submit an abstract to the TNA District 9 office;**
- 3. If requested, present the results to TNA District 9 at a general meeting;**
- 4. Acknowledge the contribution of Texas Nurses District 9 Foundation in any publications and/or presentations; and**
- 5. Serve on one TNA District 9 committee for a period of at least one year.**

SIGNATURE:	DATE:
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TEXAS NURSES DISTRICT 9 FOUNDATION

RESEARCH GRANT APPLICANT INFORMATION

TITLE OF STUDY:		
IS THIS STUDY BEING CONDUCTED AS THE THESIS, DISSERTATION OR CAPSTONE PROJECT REQUIREMENT TOWARD A MASTERS OR DOCTORAL DEGREE?		
<input type="checkbox"/> THESIS	<input type="checkbox"/> DISSERTATION	<input type="checkbox"/> NEITHER <input type="checkbox"/> CAPSTONE PROJECT
DEGREE SOUGHT:		
SCHOOL FROM WHICH DEGREE IS SOUGHT:		
NAME:		
PERMANENT ADDRESS:		
TELEPHONE NUMBER: HOME:	WORK:	CELL:
EMAIL ADDRESS:		
STATE IN WHICH REGISTERED AS RN:	TNA MEMBERSHIP NUMBER:	
LISTING OF TNA DISTRICT 9 ACTIVITIES:		
PREVIOUS RESEARCH GRANT FUNDING (including TNA):		

TEXAS NURSES DISTRICT 9 FOUNDATION

GRANT PROPOSAL INITIAL CHECKLIST (to be completed by applicant)

Title of Study:

Requirements:

Yes

No

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Registered Nurse | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Member of TNA District 9 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Signed Agreement | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Received by required date | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Requested appendices are attached | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | IRB or Human Subjects Protection Committee approval form
(if appropriate) | <input type="checkbox"/> | <input type="checkbox"/> |

Note: The application will be disqualified if you have checked any "NO" answers (#1-5).