

SIGMA THETA TAU INTERNATIONAL SOCIETY OF NURSING, INC.
Delta Omega Chapter
Research Grants and Awards Committee
College of Nursing
The University of Akron
Akron, OH 44325-3701

RESEARCH GRANT AGREEMENT

DIRECTIONS: Complete and sign this agreement document and submit with full grant application.

If my proposal is approved for fund, I agree to:

1. Accept responsibility for the scientific conduct of this study.
2. Expend the funds as described in the proposal, and return unused funds to the treasurer of Delta Omega Chapter.
3. Submit a progress report (annually) until the study is complete.
4. Send a written final copy of the research abstract to the Chairman, Research Grants and Recognition Awards Committee.
5. Acknowledge the grant support of Delta Omega Chapter of Sigma Theta Tau in the publication or presentation of the research.
6. Publish or present findings of the research in a program sponsored by Delta Omega Chapter if invited to do so.

Signature of Principal Investigator

Date

TITLE OF STUDY: _____

Expected Date of Data Collection: _____ Expected Date of Data Completion: _____

SIGMA THETA TAU INTERNATIONAL SOCIETY OF NURSING, INC.
Delta Omega Chapter
Research Grants and Awards Committee

Application for Research Funds

APPLICATION CHECKLIST

Please include all of the below listed materials in your application packet:

Checklist

Application Form and Budget Page

Research Grant Agreement

5 page Narrative (Purpose, Significance, Methods)

References, Appendices

SIGMA THETA TAU INTERNATIONAL SOCIETY OF NURSING, INC.
Delta Omega Chapter
Research Grants and Awards Committee

Guidelines for Research Funds

Applications for research grants will be considered biannually. Please check the Delta Omega Chapter Calendar of Events or Research Grants page for research grant deadlines. Instructions for completing the application process and required information for review are outlined in the various sections below. The Research Grants and Recognition Awards Committee will recommend approval for funding. Please note that the application criteria apply to both quantitative and qualitative research designs.

DIRECTIONS:

Complete the instructions stated on this form. Provide six (6) copies of all application materials and return to the Research Grants and Recognition Awards Committee Chairman, as indicated on the cover letter. Please use letter-quality printing or typing for all documents. Limit your entire application to eight (8) double-spaced pages (three pages = application form and “Research Grant Agreement”, and five pages = narrative, excluding reference list and appendices). Please attach three copies of a two page vita/resume to this application. Use APA format for references. Applications longer than the required length will be returned.

NOTE: Funding of awards will not be issued until final copies of IRB documentation are sent to the Chairman, Research Grants and Recognition Awards Committee.

Please address and include the following sections in the five page narrative portion of your proposal:

PURPOSE OR RESEARCH/PROBLEM STATEMENT: (Does the purpose/problem statement specify the problem and variable to be examined? Is this clearly a nursing problem?)

SIGNIFICANCE OF RESEARCH TO NURSING PRACTICE: (Include a brief review of relevant literature and/or theoretical framework.)

BRIEF DESCRIPTION OF METHODS: (Include design, description of sample characteristics and size, sampling procedures and rationale, protection of human subjects, major sources of data, procedures for data collection and analysis.)

NOTE: Attach reference list, letters of support, cover letters to subjects, consent forms, IRB approval (if finalized), instruments, etc., as necessary (appendices). These items are not included in the five page limitation.

SIGMA THETA TAU INTERNATIONAL SOCIETY OF NURSING, INC.
Delta Omega Chapter
Research Grants and Awards Committee

Application for Research Funds

DATE: _____

NAME: _____ PROFESSIONAL CREDENTIALS: _____

MAILING ADDRESS: _____

PHONE: (BUSINESS) _____ (HOME) _____

STATUS: Member of Sigma Theta Tau? Yes _____ No _____.

Chapter(s): _____

Are you a student? Yes _____ No _____

If yes, what program of study are you currently following?

MSN _____ PhD _____ Other _____

What is the name of your Faculty Advisor? _____

TITLE OF RESEARCH PROPOSAL: _____

IDENTIFY COMMITTEES THAT HAVE REVIEWED YOUR PROPOSAL AND THE STATUS OF THE DECISION:

<u>Committee</u>	<u>Approved</u>	<u>Pending</u>
Thesis or Dissertation Committees	_____	_____
Research Review	_____	_____
University Institutional Review Board (IRB)	_____	_____
Health Care Facility IRB	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
Other: _____	_____	_____

