

# *Ohio Nurses Foundation*

## **Research Grant Criteria**

Each Year the Ohio Nurses Foundation (ONF) will be awarding up to three (3) \$2,000 Research Grants. The purpose of the research grants program is to support sound research projects conducted by Ohio registered nurses.

### **Eligibility:**

- ❑ Any registered nurse who practices in Ohio is eligible.
- ❑ Members of ONA are given preference.
- ❑ Projects may be quantitative or qualitative.
- ❑ Applications that are not prepared according to the guidelines will not be reviewed and will not be returned.

### **Deadline:**

- ❑ The application deadline for submission is January 15<sup>th</sup> of each year.
- ❑ Award recipients will be notified by March 15<sup>th</sup> of each year.
- ❑ Research grants will be awarded at the ONF awards luncheon in April, the time and place will be posted in the Ohio Nurses Review and on [www.ohnurses.org](http://www.ohnurses.org) or call ONF at 614-448-1020.

### **Grant Proposal Guidelines**

- ❑ A **cover page** is to include the title of the study and the investigator's name, credentials, address, telephone number and ONA District if applicable.
- ❑ Three (3) typed copies of the completed research proposal with the name of the applicant deleted and relevant accompanying documents should be sent to:

Grant Selection Chair  
Ohio Nurses Foundation  
4000 East Main Street  
Columbus, OH 43213

The proposal must include the following along with the cover sheet as noted above.

1. Title Page (required form included).
2. Abstract: 250 words, single spaced.
3. Total Projected Budget:
4. ONF Budget – should not exceed the maximum of \$2,000.00.
5. Biographical Sketches – For the principal investigator; and if applicable, co-investigators, consultants and academic advisors. (A curriculum vitae is not acceptable)
6. Narrative: Maximum 6 double-spaced typewritten pages (excluding references).
7. Appendices:
  - A. Copy of all instructions to be utilized.
  - B. Advisor's evaluation and documentation of committee approval.
  - C. Copy of IRB approval.
  - D. Documentation of Human Subject Review (IRB) if applicable
  - E. Documentation of Consultation if applicable

F. Documentation of Support and Access (if part of the investigation) for where the research will be conducted at locations other than the sponsoring institution.

If a proposal is reviewed but not approved for funding, or if it is reviewed but no funds are available, the proposal will not be returned to the author. The Foundation, and the Research Grants Review Taskforce that reviews each proposal, will provide no research critique.

If no proposals are submitted that are deemed to be of sufficient merit to be awarded research grant, ONF reserves the right to hold the funds over for the next grant deadline. Proposals may be resubmitted.

Information obtained about a proposed study during the review process by the reviewer(s) will be kept strictly confidential.

Proposals will undergo a blind review by the Research Grant Taskforce of the Foundation. If a potential conflict of interest exists between a reviewer and applicant, the reviewer will withdraw from the proposal review process.

All publications and presentations emanating from research projects funded by ONF must contain the following: "This project was supported in part by a research grant from the Ohio Nurses Foundation, the foundation of the Ohio Nurses Association. "The recipient of research grant must submit a report to ONF describing the progress of the study and/or final results at the end of the year. At the end of one year all unused grant funds must be returned to the ONF.

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## **APPLICATION CHECKLIST**

Please return this checklist form with your application

Principal Investigator's Name: \_\_\_\_\_

		Included	N/A
<b>1</b>	<b>Title Page – required form</b>	[ ]	
<b>2</b>	<b>Abstract:</b> Maximum 250 words	[ ]	
<b>3</b>	<b>Total Projected Budget</b>	[ ]	
<b>4</b>	<b>ONF Budget:</b> Should not exceed the maximum for the award category	[ ]	
<b>5</b>	<b>Biographical Sketches:</b> For principal investigator; and if applicable, co-investigators, consultants and academic advisors. A curriculum vitae is not acceptable.	[ ]	
<b>6</b>	<b>Narrative:</b> Maximum 6 double-spaced typewritten pages (excluding references); organized per outline indicated in instructions.	[ ]	
<b>7</b>	<b>Appendices</b>		
	<b>Appendix A:</b> Copy of all <u>instruments</u> to be utilized	[ ]	[ ]
	<b>Appendix B:</b> <u>Advisor's evaluation</u> and documentation of committee approval. If not included, application will not be accepted.	[ ]	[ ]
	<b>Appendix C:</b> Copy of <u>IRB approval</u>	[ ]	[ ]
	<b>Appendix D:</b> <u>Documentation of Human Subjects Review:</u> All research proposals that involve human subjects (including questionnaires) must include an IRB approval letter or a letter of exemption.	[ ]	[ ]
	<b>Appendix E:</b> <u>Documentation of Consultation.</u> All consultants must also submit a biographical sketch with the applicant's application.	[ ]	[ ]
	<b>Appendix F:</b> <u>Documentation of Support and Access.</u> If any part of the investigation will be conducted in locations other than the sponsoring institution, include a letter of support and access from each location. If IRB approval is required for access to the facility, indicate in the documentation.	[ ]	[ ]

# *Ohio Nurses Foundation*

## **GRANT APPLICATION (Title Page)**

1. Title of proposal:		
2. Name and Degrees of Principal Investigator (only one PI):		ONA membership number if Applicable:
3. Social Security Number:	4. State Number, Expiration of RN Licensure:	
5. Name of Affiliate organization or institution (include city and state):		
6. Home Address:  Phone:  E-mail	7. Work Address:  Phone:  E-mail:	
8. Mail ONF correspondence to: <input type="checkbox"/> Home <input type="checkbox"/> Work Address		
9. Is the proposed study part of the investigator's thesis or dissertation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has the thesis or dissertation proposal been successfully defended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Are human subjects involved? <input type="checkbox"/> Yes <input type="checkbox"/> No  IRB included with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Are animal subjects involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Is documentation of Animal Research Laboratory Accreditation included with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. I, the undersigned, certify that the statements in this application are true and complete to the best of my knowledge and accept, if a grant is awarded, the obligation to comply with terms and conditions in effect at the time of the award.		
_____		_____
Signature of principal investigator		Date
13. Affiliate organization in charge of administering funds:		
14. Name and title of official from affiliate organization (from #13) responsible for administration of funds and submission of final financial report:		
15: Address:	16. Phone:	
	17. Fax:	
	18. Email:	
19. I, the undersigned, certify that the statements in this application are true and complete to the best of my knowledge and accept, if a grant is awarded, the obligation to comply with terms and conditions in effect at the time of the award.		
_____		_____
Signature of Official (from #14)		Date

*Ohio Nurses Foundation*  
**ABSTRACT**

Principal Investigator: \_\_\_\_\_

Research Title: \_\_\_\_\_

# *Ohio Nurses Foundation*

## **TOTAL PROJECT BUDGET**

Research Title:

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A. What is the total amount needed to complete this project? \$

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B. If the total amount exceeds the maximum amount of the award granted by ONF, please list any additional sources and amounts of funding already obtained for the project (**include in-kind goods and services committed**). Describe what research expenses these funds will cover.

C. If the total amount exceeds the maximum amount of the award granted by ONF, please list any additional sources to which you plan to submit the proposal or to which you have submitted and notification is pending. Provide the date you expect to be notified of the outcome, the amount requested and the research expenses the budgets will cover. **It is the responsibility of the applicant to notify ONF immediately when additional funding is awarded. Failure to do so may result in disqualification.**

D. Please explain how the proposed project will be modified if funding from ONF is obtained, but funding from other sources is not obtained.

Ohio Nurses Foundation  
**ONF Budget**

Research Title: \_\_\_\_\_

Cost Center	Amount
PERSONNEL	
SUPPLIES	
EQUIPMENT	
TRAVEL	
COMPUTER COSTS	
OTHER	
TOTAL	
<b>ALL ITEMS ABOVE MUST INCLUDE JUSTIFICATION</b>	<b>Must Not Exceed Maximum Amount for Award</b>

# **BIOGRAPHICAL SKETCH**

Research Title: \_\_\_\_\_ (Photocopy form as needed)

**COMPLETE THIS FORM FOR PRINCIPAL INVESTIGATOR. CO-  
INVESTIGATOR(S) AND ADVISOR(S)**

Name:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (indicate visa/expiration if applicable):
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Current Title and Place of Employment:

**EDUCATION (begin with baccalaureate training and include postdoctoral)**

Institution/Location	Degree	Year Conferred	Scientific Field

Major Research Interest/Area of Expertise	Role in proposed Project (check one)  <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Consultant <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Other:
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Briefly describe the role of this individual in this project:

**RESEARCH AND PROFESSIONAL EXPERIENCE**

Starting with the present position, list all or most representative publications. List all previously funded research and indicate your role in the project e.g., principal investigator, co-investigator. All funded research listed must include the total project budget. Use this form and a maximum of two (2) additional pages for each individual.

