

Have you submitted a grant proposal previously?

BASIC INFORMATION

Study Title

Short Name of Study Title

Amount Request – Up to \$10,000

Grant Type – Research, Project

Category of Grant – Seed (Up to \$500), Small (Up to \$2000), Large (Up to \$10,000)

Project Start Date

Project End Date

GLOBAL DETAILS & PERSONNEL

Principal Investigator/Project Manager Information

First Name, Last Name, Credentials, Title

Home Address, City

Do you live in the State of Illinois?

Zip Code

Email

Phone

IL Nurse License Number

Upload Principal Investigator's Bio

Publications

Team Members

AFFILIATIONS & INSTITUTIONS

Affiliated Hospital, College or University

Letter of Support from Institution

Payment mailing address

Institutional Official contact

Project Mentor

IRB DETAILS

Human Subjects

IRB Approval

IRB Exempt

IRB Exempt Letter

ABSTRACT, BACKGROUND & AIM

ABSTRACT (*MAXIMUM 350 WORDS*)

Summarize the main points of the grant proposal, including:

- Summary
- Purpose/Problem
- Description of design/implementation
- Estimated timeline
- Summary of data to be collected (research) or evaluation method of project
- Implications for practice, education or future research

SIGNIFICANCE/BACKGROUND (*MAXIMUM 1000 WORDS*)

Briefly describe the background of your proposal, including:

- Clearly describe the purpose of the study/project or the problem to be examined in the study/project
- Cite relevant literature to support the study/project
- Cited publications must be no more than 5-8 years old
- Cited literature must be from credible sources
- For seed grants (*subset of small grants*): describe the demonstration project or groundwork for a future project

DESIGN & IMPLEMENTATION (*MAXIMUM 350 WORDS*)

Your aims or hypothesis should be specific (Example: Less strong: we want to determine if a patient/family education program works - Stronger: Determine if there is an improvement in patient/family satisfaction with discharge education after implementation of a computer based medication education program).

- Identify objectives or goals of the study/project
- Briefly describe the design & implementation of study/project citing supportive literature

References

METHOD & TOOLS: EVALUATION

RESEARCH METHODS (*MAXIMUM 1000 WORDS*)

For seed grants:

- Describe how the end product of the project will be evaluated
- Explain how these outcomes will be used as a basis for expanding the demonstration project or how the background work may support the next stage of this project

TOOL OR INSTRUMENT

Are you using a copyrighted tool or instrument that requires permission from the author, publisher, or organization, etc. who created it?

PROPOSED DURATION

Your plan may not exceed 12 months.

TIMELINE DETAIL

Detail your proposed step-by-step timeline, following this example:

Time Frame (Weeks)	Task
Weeks 1-6	Prepare and print all study materials
Weeks 7-20	Recruit eligible participants
Weeks 21-30	Collect data
Weeks 30-52	Data analysis and preparation of final report
Week X	Progress report due to INF
Week X	Final report due to INF

PROPOSED BUDGET

You requested \$0 under Basic Information. Your proposed budget must total \$0.

Funds are available for direct expenses only. Institutional overhead may not be included. Provide budget using the following chart, describe/provide justification for how you will use the grant funding to support your project (e.g., cost for reproduction of booklets - 500 booklets @ \$2/booklet = \$1000).

Budget Item	Detail	Cost	Justification: Why This Is Needed?
Reproduction of booklets	500 booklets @ \$2.00	\$1,000	This is for the family education piece whose effectiveness we are studying
Supplies	Paper and copying	\$250	
Statistician	To analyze data and prepare final report. 10 hours @\$50 per hour	\$500	Professional statistical help required to ensure integrity of findings

FINALIZE APPLICATION

SIGN APPLICATION

The Illinois Nurses Foundation funds grants to registered professional nurses and nursing students to advance professional nursing practice, enhance safe, quality patient care, and promote innovative solutions.

I have read the Illinois Nurses Foundation Grants Funds Policy and the Application Process for Funding for Large and Small Grants in the application process document. I understand that:

- The grant application and all associated documents must be submitted electronically through the INF online system. Electronic applications must be received by the posted deadline.
- Small Grant Fund applications are accepted quarterly by a date posted on the website and in the application materials. The Large Grant Fund applications are accepted twice yearly by the date posted on the website and in the application materials.
- Applicants will receive an e-mail from the Illinois Nurses Foundation acknowledging receipt of the application.
- All completed applications will be submitted to and reviewed by a grant review team.
- Allocation of funds is based on the quality of the research/project proposal and applicant's/applicants' qualifications.
- Applicants will be notified of the review team's decision by the notification deadline as posted on the website and in the application materials.
- Supplemental funding from other organizations is acceptable, if funds are not used to pay for the same item twice.
- Applications may be submitted prior to receipt of IRB approval (when relevant). Distribution of INF funds will be conditional upon written IRB approval prior to the start of the project.
- The Illinois Nurses Foundation must be notified in writing (using the Review Reports/Publications link) if a principal investigator/project manager changes employer during the funding period.
- If the study/project is not completed, any unused funds must be returned to the Illinois Nurses Foundation unless there is a clear plan to continue the study. This plan must be submitted in writing to the Illinois Nurses Foundation immediately.
- An intermediate report on the project/study is due to the INF grant committee six months after the funding is initially awarded. A reminder about the report will be sent to the primary applicant by INF.
- A final report on the project must be submitted within 60 days following the 12-month grant funding period. Reminders will be sent to awardees to ensure that the report is submitted in a timely manner.
- **If a final report is not received, funding must be returned.**
- **Mention of the funding source "Illinois Nurses Foundation" is required in all publications and presentations.**
- A copy of any articles, presentations, and published information regarding the study must be submitted to the Illinois Nurses Foundation. The principal investigator/project manager is encouraged to submit an abstract for a poster presentation at the annual ANA-Illinois Professional Issues Conference.

- If a recipient (principal investigator/project manager) of the funds changes affiliations, ceases research/activities in the project for which the grant was made, or ceases to fill the role of the primary investigator/project manager, the remaining team members must submit a report indicating a plan for continuation of the research/project. The Illinois Nurses Foundation will then determine if funding will be continued.
- All applicants will receive an email to indicate if their applications have been funded following the review process.

AWARD OF GRANT FUNDS

The Grants Committee of the INF reviews applications on a quarterly basis. If the committee does not receive one or more satisfactory applications to be forwarded to the INF board of directors with recommendations then no awards will be made until the following quarter.

1. I understand that the lead applicant (principal investigator/project manager) must be an Illinois resident.

2. I understand that if I submit a grant request on behalf of/in collaboration with a healthcare or educational organization, the organization must have a presence in Illinois. For example, a multi-state hospital system must have at least one hospital or other type of institutional presence in Illinois that will participate in the project, if funded. Likewise, a nursing program in a college or university seeking funds must be located in Illinois.

I attest that all the information I have provided is true. If I am awarded a grant by INF, I agree to act as a spokesperson to other student groups on the value of the scholarship to continuing his/her nursing education and willing to be profiled in any media or marketing materials developed by the INF. Entering your name below serves as the electronic signature of the individual completing this form.

I attest that all information in this application is accurate and complete to the best of my knowledge.

I attest that I have read the information above and agree to comply with all requirements outlined here.

Electronic signature with credentials: please type in the space below. This is a substitute for a handwritten signature.