Completed applications and proposals are due by **4:00 pm on Thursday, April 14, 2016.** Proposals must be emailed to Monica Ordway ([monica.ordway@yale.edu](mailto:monica.ordway@yale.edu)). You will receive email confirmation of its submission.

The grant proposal must be double spaced, 11-12 font, with 1” margins, and no more than 1500 words excluding title, abstract, references and appendices. All materials must be formatted using APA format. **Only proposals complying with these guidelines will be reviewed.**

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| **Title of Study or Project** | Click here to enter text. |

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| **Project Type** | Choose an item. |

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| **Principal Investigator or Project Leader || Demographic Data** | | |
| **Principal Investigator or**  **Project Leader** | Click here to enter text. | |
| **Position** | Click here to enter text. | |
| **Employer (or School)** | Click here to enter text. | |
| **Home Address** | Click here to enter text. | |
| **Telephone** | Click here to enter text. | |
| **Email Address** | Click here to enter text. | |
| **Are you a Delta Mu member?** | | Choose an item. |

***Note on eligibility****: The primary investigator for the project must be a member of Delta Mu. Students must be a member of Delta Mu, attending YSN and have completed their first year of specialty studies.*

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| **Co-Investigator || Demographic Data** | | |
| **Principal Investigator or**  **Project Leader** | Click here to enter text. | |
| **Position** | Click here to enter text. | |
| **Employer (or School)** | Click here to enter text. | |
| **Home Address** | Click here to enter text. | |
| **Telephone** | Click here to enter text. | |
| **Email Address** | Click here to enter text. | |
| **Are you a Delta Mu member?** | | Choose an item. |

***Note****: Students should list his or her faculty advisor here.*

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| **Demographic Data** | | |
| **Are you currently receiving financial support for this research/project?** | | Choose an item. |
| **If Yes:** | **Agency:** | Click here to enter text. |
| **Amount:** | Click here to enter text. |
| **Have you applied for other financial support?** | | Choose an item. |
| **If Yes:** | **Agency:** | Click here to enter text. |
| **Amount:** | Click here to enter text. |

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| **Is proposed project part of a degree requirement?** | | | Choose an item. |
| **If Yes:** | **School:** | Click here to enter text. | |
| **Advisor:** | Click here to enter text. | |

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| **Is proposed project a clinical project?** | | | Choose an item. |
| **If Yes:** | **Institutional Approval By:** | Name: Click here to enter text.  Title: Click here to enter text.  Date: Click here to enter a date. | |

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| **Is proposed project research-based?** | | Choose an item. |
| **If Yes:** | **Institutional review board (IRB) action**: | Submitted - Click here to enter a date. Approved - Click here to enter a date. |

***Note****: IRB approval must be granted & the Research Committee Chair must receive a copy of the approval within two (2) months of the date of award letter or the grant award is withdrawn. IRB approval letter should be submitted as soon as possible.*

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| **Funding Request**  ***Note****: The maximum amounts to be awarded are: $1,500 for a research project or clinical project and $1,000 for a student project.* | |
| **Total amount requested:** | Click here to enter text. |

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| **Budget** | |
| **Personnel**   * **Research assistants** * **Secretarial staff** * **Other (please specify)**   **Note:** Salaries for investigators will not be funded. Include the hourly rate for personnel) |  |
| **Supplies & Equipment**  **Note**: Include only when not provided by institution. |  |
| **Travel**  **Note:** Only if applicable to the conduction of research or project |  |
| **Other**  **Note:** Be specific |  |

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| **Appendices for Application** | |
| **Project Proposal** | *The grant proposal must be double spaced, 11-12 pt font, with 1” margins, and no more than 1500 words excluding the title page, abstract, references and appendices.*  *Please see*[***nursing.yale.edu/deltamu***](http://nursing.yale.edu/deltamu) *for details.* |
| **Curriculum vitae for the principal investigator (or project leader)** |  |
| **Curriculum vitae for the co-investigator (or advisor)** |  |
| **IRB approval letter** | *IRB approval must be granted & the Research Committee Chair must receive a copy of the approval within two (2) months of the date of award letter or the grant award is withdrawn. IRB approval letter should be submitted as soon as possible.* |
| **Project Abstract** | *200 word limit* |

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| **Research/Clinical/Student Project Grant Agreement**  If my proposal is approved by the Delta Mu Research Committee, I agree to: | |
| * Use the grant for the research or clinical project as described in the application and return any excess funds to the treasurer of the Delta Mu Chapter. * Send one copy of the completed abstract or project summary to the Delta Mu Chapter within 3 months of the study’s or project’s completion. * Acknowledge the assistance of Delta Mu Chapter in any appropriate way in connection with the completed research or clinical project. * Accept responsibility for the scientific conduct of the project if a grant is awarded as a result of this application. * Present the research or clinical project **within one year** of receipt in the form of an abstract, paper, or poster at a relevant nursing conference and at a Delta Mu Research Seminar. | |
| **Electronic signature**:  *By emailing this completed application, sent by the Principal Investigator or Project Leader, you are attesting to agreement with the above and that this form was completed to the best of your abilities.* | **Date**: |