Alpha Iota Chapter of Sigma
Research Grant

Available Funding
Proposals will be accepted on October 1 and April 1 of every year. One grant award will be funded during each application period and may be funded up to a maximum of $1,000.

Specific Requirements for this Grant
Principal investigator must be an active member of Alpha Iota Sigma.

If the principal investigator is a graduate student, the student's advisor must be a co-investigator. The advisor must sign the application. The advisor's signature indicates that they have read and approve the proposal.

Ideally, the project will have received approval by the Institutional Review Board (IRB), if applicable (for example, a meta-analysis does not require IRB review). Applications will be considered that are currently under review by the IRB, but funding will not be awarded until documentation of IRB approval is provided.

Required Research Proposal Application Format
All proposals must follow the SF424 Guidelines, be submitted on the proper forms using the recommended NIH format described at https://grants.nih.gov/grants/how-to-apply-application-guide/forms-d/general-forms-d.pdf and NOT EXCEED 6 single-spaced pages (not including summary, narrative, specific aims, budget, budget justification, and your NIH bio on NIH bio format pages).

You will find a detailed RO3 checklist on the site including the following:

A. Project summary
B. Specific aims (limited to 1 page)
C. Research strategy (limited to 6 pages)
   1. Significance (1-2 pages)
   2. Innovation (1 page)
   3. Approach (3-4 pages; includes design, sample, setting, methods, procedures, data management and analysis, limitations)
D. Cited literature/references
E. Budget (not to exceed $1,000—see example)
F. Budget justification
G. Your NIH bio on NIH bio format pages (see Biographical Sketch Format Page).
H. Graduate students must use Forms Version D Fellowship Only.
# Alpha Iota Chapter of Sigma
## Research Grant Cover Sheet

<table>
<thead>
<tr>
<th><strong>Applicant Name:</strong></th>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Address:</strong></td>
<td>Number and street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td></td>
<td>Date of Birth:</td>
<td>/</td>
</tr>
<tr>
<td><strong>Member of Alpha Iota Sigma?</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>U.S. Citizen?</strong></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Driver’s License #:</strong></td>
<td></td>
<td>State:</td>
<td>County of Residence:</td>
</tr>
<tr>
<td><strong>Phone Number:</strong></td>
<td></td>
<td>Type of VISA:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Graduate School Advisor</strong></th>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if applicable):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Number and street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td></td>
<td>Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Co-Investigator</strong></th>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if applicable):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Number and street</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
<td></td>
<td>Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

*The Graduate School Advisor also serves as co-investigator #1.*
Have you applied for other grant(s) to support this project? Yes ☐ No ☐

If yes, please specify organization and whether pending, funded, or not funded:

If funded, please indicate total amount of funding awarded:

Has proposal been approved by an Institutional Review Board (IRB)?

Yes ☐ No ☐ N/A ☐

If yes, IRB project number: __________________________ IRB approval date: __________________________

Institution granting IRB approval: __________________________

If IRB application has not been approved, include submission date: __________________________

**Funding will NOT be released without a copy of the IRB approval letter.**

Planned date for beginning data collection: __________________________

Planned date for end of data collection: __________________________

**Agreement**

I have a: (select all that apply)

- [ ] Bachelor’s degree in Nursing
- [ ] Bachelor’s degree in another field *(please specify)*
- [ ] Master’s degree in Nursing
- [ ] Master’s degree in another field *(please specify)*
- [ ] Doctor of Nursing Practice degree
- [ ] PhD *(please specify)*

As a recipient of the Alpha Iota Chapter of Sigma Research Grant, I agree that the following statements are true: (initial statements if true)

- I have approval to recruit subjects and/or obtain data from an institution/setting.
- My proposal must be approved by an Institutional Review Board (if applicable) before grant funds will be released.
- I am committed to completing the research project described in this proposal within the next 12 months.
If my proposal is approved for funding, I agree to do the following: (initial if you agree)

Accept responsibility for the ethical scientific conduct of this proposed study.
Expend the funds as described in the proposal and return unused funds to the treasurer of Alpha Iota Sigma.
Submit a progress report at 6 months, including proposed budget and actual expenditures, to the Research Committee Chair.
Submit a written final report, including proposed budget and actual expenditures, to the Research Committee Chair.
Acknowledge the grant support of Alpha Iota Chapter of Sigma in the publication or presentation of the research findings.
Present my research findings at an Alpha Iota chapter of Sigma General Membership meeting.

I verify that the above information is correct and complete, and I hereby authorize verification as required by the school.

Printed Name: _______________________________ Date: ____________________
Signature: ________________________________

For graduate student's advisor (if applicable), my signature verifies that: (initial if you agree)

I understand this student's research project must be approved by an Institutional Review Board (if applicable) before grant funds will be released.
I have reviewed and approved this research grant and application.

Advisor’s Printed Name: _______________________________ Date: ____________________
Advisor’s Signature
Steps to Applying for the Alpha Iota Chapter of Sigma Research Grant:

1) Complete the attached application.
2) Submit the application, along with grant proposal and IRB approval or exemption letter to the Research Committee Chair:

   Dr. LeeAnne B. Sherwin
   SherwinL@missouri.edu

Deadline for submission is **October 1** or **April 1**.

If you have any questions, contact Dr. Sherwin, SherwinL@missouri.edu.