

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 advisors 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 in 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

Applicant Name:	_____		
	Last	First	MI
Current Address:	_____		
	Number and street	City	State ZIP
Email Address:	_____	Date of Birth:	____/____/____
			<i>MM/DD/YYYY</i>
Member of Alpha Iota Sigma?	Yes <input type="radio"/> No <input type="radio"/>	U.S. Citizen?	Yes <input type="radio"/> No <input type="radio"/>
Driver's License #	_____	State:	_____
		County of Residence:	_____
Phone Number:	_____	Type of VISA:	_____
Graduate School Advisor* <i>(if applicable):</i>	_____		
	Last	First	MI
Address:	_____		
	Number and street	City	State ZIP
Email Address:	_____	Phone Number:	_____
Co-Investigator <i>(if applicable):</i>	_____		
	Last	First	MI
Address:	_____		
	Number and street	City	State ZIP
Email Address:	_____	Phone Number:	_____

*The Graduate School Advisor also serves as co-investigator #1.

Have you applied for other grant(s) to support this project?	Yes <input type="radio"/>	No <input type="radio"/>	
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 <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>
If yes, IRB project number: _____	IRB approval date: _____ <small>MM / DD / YYYY</small>		
Institution granting IRB approval: _____			
If IRB application has not been approved, include submission date: _____ <small>MM / DD / YYYY</small>			
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:

MM / DD / YYYY

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:

MM / DD / YYYY

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.