



Alpha Tau Chapter

Alpha Tau Chapter, Rutgers University School of Nursing

RESEARCH/EBP GRANT AWARD APPLICATION FORM

Date: _____

Title of Proposal: _____

Principle Investigator: _____

Address: _____

Phone: _____

Email: _____

Include copy of current C.V.

Previous STTI Research Awards: None [] Regional [] International []

Have you applied for, or are you now receiving support for this research? Yes [] No []

If yes, please list agency and amount requested/received:

Human Subjects Review completed? Yes [] No [] Pending []

If yes, please include approval letter and stamped consent form with the application.

Is this dissertation research? Yes [] No [] Proposal approval form or letter provided []

RESEARCH GRANT AWARD AGREEMENT FORM

If my proposal is approved for funding, I agree to:

- Accept responsibility for the scientific conduct of this study
- Expend the funds as described in the proposal, and return unused funds to the treasurer of the Alpha Tau Chapter
- Submit a progress report (semi-annually) until the study is complete
- Send a written final copy of the research and one abstract to the secretary of the chapter
- Acknowledge the grant support of the Alpha Tau Chapter of Sigma Theta Tau in any publications

or presentations of the research findings

- Present the findings of the study in a program sponsored by the Alpha Tau Chapter when invited to do so

Title of Study: _____

Date Signed: _____

Expected Date of Final Report: _____

Principle Investigator: _____

Address: _____

Phone: _____

Email: _____

Principal Investigator Signature: _____

Co-Investigator: _____

Address: _____

Phone: _____

Email: _____

Co-Investigator Signature: _____

RESEARCH GRANT AWARD BUDGET

Item	Amount
1. Personnel costs: consultants, research assistants, statisticians, transcriptionists, etc. (PIs and Co-Is are NOT permitted to request salary support for themselves)	
2. Supplies, software and equipment:	

3. Participant incentives:	
4. Miscellaneous:	
Total budget	