

**Research**

**Grant Checklist**

Principal Investigator

Title of Proposal

**Enclosed Criteria for** **ALL** Research **Received**

[ ]  Research Grant Checklist \_\_\_\_\_\_\_\_

 [ ]  Summary Data Form \_\_\_\_\_\_\_\_

 [ ]  Administrative Approval Form \_\_\_\_\_\_\_\_

 [ ]  Abstract Form \_\_\_\_\_\_\_\_

 [ ]  Research Grant Proposal \_\_\_\_\_\_\_\_

Should include:

* Statement of the Problem
* Methodology
* References
* Project Budget
* Personnel
* Setting
* Review and Approval

 For detailed information and instructions for each section, please see Guidelines for Proposals.

 [ ]  Appendices (include the following for Research Grants) \_\_\_\_\_\_\_\_

* Measurement Instruments
* Institutional Review Board Approval
* Participant Consent Forms
* NIH Biosketches and Other Supporting Documents

**Email Proposals by March 1st (Noon Central Time) to:**

Rehabilitation Nursing Foundation

Email: info@rehabnurse.org

**Rehabilitation Nursing Foundation**

**Summary Data Form**

**Title of Proposal**

**Name and credentials of Principal Investigator**

**Amount of funding requested**

**If awarded, grant funds should be dispersed to:**

[ ]  Institution or Agency [ ]  Individual Researcher

Federal Id #       Social Security #

*Please check the check box to indicate your preferred mailing address (home or place of employment).*

**[ ]  Home Address**

City      State      Zip Code

**Home Telephone Number**

**[ ] Place of Employment**

**Address**

City      State      Zip Code

**Work Telephone Number**

**Preferred Email Address**

**Professional Title**

**Licensed registered nurse numbers and states**

**Institution where research will be conducted**

**Address**

**Name and title of administrative officer of the institution**

**Institution Telephone Number**

**Name and credentials of co-investigator(s)** *if applicable*

**Rehabilitation Nursing Foundation**

**Administrative Approval Form**

Dear Administrator:

The individual named below plans to submit a Research grant proposal to the Rehabilitation Nursing Foundation with the intent of securing a nursing research grant. The Rehabilitation Nursing Foundation (RNF) is the research and development foundation of the Association of Rehabilitation Nurses.

The RNF Board of Trustees requests your signature as an administrator of the institution or agency in which the Principal Investigator is employed. Your signature indicates that the conduction of this research by your employee, if granted RNF funding, is approved by your institution or agency. Thank you for your time and your support of this worthwhile study. Please return this form to the Principal Investigator, who will enclose it with other application materials.

Sincerely,



Karen S. Nason

Executive Director

Name of Principal Investigator

Title of Proposal

Name of institution or agency at which the PI is employed

Signature of administrative officer of the institution

Title       Date

*Return this form to the Principal Investigator for inclusion in the proposal packet.*

**Rehabilitation Nursing Foundation**

**Abstract Form**

In 250-350 words, define the research question, state the significance of the research project, and present the research methodology and plan for analysis.

**DO NOT USE A SEPARATE SHEET.**