

Operating Grant

Application Format: Please submit **a single PDF file** by email to Julie.barry@dal.ca
Incomplete applications will not be reviewed

An Operating Grant is an award to conduct research specific to nursing practice, management and/or education. Requests for matching funds will also be considered.

Title:

Name of Applicant:

Contact Address:

Telephone Number:

Email:

Eligibility: Please state the eligible group to which you belong: Dalhousie University Faculty, Adjunct Faculty, Post Doctoral Fellow, Graduate Student

Margaret Inglis Hagerman Nursing Research Fund Operating Grant is open to registered nurses enrolled in graduate studies or postdoctoral fellowships at the School of Nursing, Dalhousie University.

Born in Nova Scotia's Annapolis Valley, Margaret Inglis Hagerman began her career by graduating in nursing from the Halifax Children's Hospital. She later attended Dalhousie University School of Nursing and graduated with a diploma in nursing education. Subsequently she graduated from McGill University with a Bachelor of Nursing degree with a major in Nursing Administration. Her post-graduate studies in Hospital Administration were undertaken at the University of Toronto.

If you would like to be considered for this award and are eligible, please tick here

Preference for this award will be given to students and Post Doctoral Fellows who reside in one of the Maritime provinces. Please tick here if resident of one of the Maritime provinces

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Co-Investigators (Supervisors & Committee Members)

Co-Investigators (Co-Is): Make a significant contribution to the intellectual or scientific direction of the application and proposed work, play a significant role in the conduct of the work and may, at the discretion of the PI, have some responsibility for administrative aspects of the activities. Students, fellows or research associates/assistants may not be Co-Is. The Co-I must provide a current CV if they have an academic appointment and a resume if they do not.¹

Name	Title	Signature

Collaborators

Collaborators: are individuals who provide special services, advice, etc. to facilitate the proposed work. Their intellectual contribution to the work may be limited. They may be reimbursed from grant or award funds for the services, materials, etc. that they provide. Collaborators may be local, regional, national or international. Collaborators are not full team members and as such are not required to provide consent in the GMS and are not required to provide a resume or CV. A description of the role the Collaborator plays in the project may be included in the Team Composition section of the application.¹

Name	Title	Signature

¹ NSHRF website <http://www.nshrf.ca/programs-services/general-program-requirements#teammember>

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Name	Title	Signature

Instructions

1. Student applications require formal fully constituted thesis committee approval and support from their faculty supervisor. Please attach a copy of Master of Nursing Program/PhD (Nursing) Program Thesis Supervisory Committee Approval Form.
2. Indicate if part of this study been previously funded?
If yes, please explain.

Ethical approval of the proposal from the appropriate research ethics board is required. (If approved, append). Please note that funds will not be available until Ethics Approval has been received.

Ethical approval is appended:

Ethical approval has been applied for:

Ethical approval will be applied for:

Ethics is not required:

Please explain:

3. Submit the names of three individuals knowledgeable in the field of study who could be contacted as external reviewers who are not in conflict (see below for criteria and definition)

1. Name:

Address:

Email:

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2. Name:

Address:

Email:

3. Name:

Address

Email:

In order to avoid conflict of interest, reviewers cannot be from the following groups:

- a) individuals from your immediate department;
- b) individuals with whom you are or have collaborated, published or have been a co-applicant within the past five years;
- c) a former student or teacher within the last ten years;
- d) a close personal friend;
- e) a close relative; or
- f) a scientist with whom you have had long-standing scientific or personal differences.²

Is there anyone who you would not wish to be contacted?

If so, please give name(s) and institution(s)

Note for Graduate Students: Please note that external reviewers cannot be in conflict of interest with yourself or your Supervisor. Please ensure that the names you provide are not in conflict.

Signature of Applicant: _____ Date: _____

Lay Summary (maximum 12 lines)

² NSHRF website <http://www.nshrf.ca/programs-services/general-program-requirements/policies-and-ethics>
Approved by Research & Scholarly Development Committee 11 September 2023

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Summary of Proposal (1 page)

Include Significance, Background, Methodology and Methods, Expertise of Research Team,
Implications

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Budget

Item	Total
Personnel	
Professional & Technical Services	
Materials and Supplies	
Equipment	
Meeting Expenses & Honoraria	
Travel	
Other: please specify	
Total	

Budget Justification

Provide a detailed budget justification for all expenses. May include one additional page only.

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Budget Justification (continued)

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Research Proposal

(Not to exceed 5 Pages. References and data collection tools can be added as appendices that are not included in the page count)

To include:

- Background & Literature Review
- Study purpose
- Study objectives/hypotheses
- Methodology & Methods
- Data analysis
- Expected outcomes
- Implications and Significance to Nursing
- Knowledge Translation

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Team

List the Applicant and the Co-Investigators and describe their role in the project and highlight relevant work done relating to proposal. Please attach an [abbreviated CV](#) for each. For students, submit CV for Supervisor and Committee Members

Name:

Role:

Description:

Name:

Role:

Description:

Name:

Role:

Description:

Name:

Role:

Description:

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Name:

Role:

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Role:

Description:

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Checklist for Operating Grant Application:

Application form

Signatures

Abbreviated CVs from Applicant and all team members

A copy of Master of Nursing Program/PhD (Nursing) Program Thesis Supervisory
Committee Approval Form if required