



**Nursing Research & Development Fund  
Development Grant**

Application Format: Please submit **a single PDF file** by email to Julie.barry@dal.ca  
Telephone number for enquiries is 902 494 6125  
Incomplete applications will not be reviewed

A Development Grant is an award to enable the development of an innovative idea into a feasible research proposal specific to nursing practice, management and/or education.

**Title:**

**Name of Applicant:**

**Contact Address:**

**Email:**

**Telephone Number:**

**Eligibility:** Please state which of the eligible groups to which you belong  
Dalhousie Faculty, Adjunct Faculty or Graduate Student

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Co-Applicants**

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.
3. Submit the names of three individuals knowledgeable in the topic area who could be contacted as external reviewers who are not in conflict (see below for definition and criteria). They can be community members and leaders, decision makers, policy makers as well as researchers.

Name:

Name:

Name:

Address:

Address:

Address:

Email:

Email:

Email:

Is there anyone who you would not wish to be contacted?  
If so, please give name(s) and institution(s)

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.<sup>1</sup>

**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

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<sup>1</sup> NSHRF website <http://www.nshrf.ca/programs-services/general-program-requirements/policies-and-ethics>



**Lay Summary** (maximum 12 lines)



**Proposal (Maximum 2 pages)**

Include Significance, Background, Objectives, Approach, Expertise of Team, Anticipated Outcomes and Next Steps



**Proposal page 2**



**Budget**

	Year 1	Year 2
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.



**Budget Justification page 2**



**Team**

If applicable, list the Co-Applicants 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:





**Checklist for Development Grant Application:**

Application form

Signatures

Abbreviated CVs from Applicant and Co-Applicants (if applicable)

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