



Nursing Research & Development Fund Operating 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

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:

Email:

Telephone Number:

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

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 she/he has an academic appointment and a resume if she/he does 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

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

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Name	Title	Signature

Signature of Applicant: _____ Date: _____

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. Ethical approval of the proposal from the appropriate research ethics board is required. (If approved, append)

Yes No

Ethical approval is appended:

Ethical approval has been applied for:

Ethical approval will be applied for:

Ethics is not required:

Please explain:

(When approved send to Chair of Nursing Research Fund)

Please note that funds will not be available until Ethics Approval has been received.

4. 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)

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;^[1]d) a close personal friend;^[1]e) a close relative; or^[1]f) a scientist with whom you have had long-standing scientific or personal differences.²

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.

Lay Summary (maximum 12 lines)

² NSHRF website <http://www.nshrf.ca/programs-services/general-program-requirements/policies-and-ethics>



Summary of Proposal (1 page)

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



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 additional page if needed.



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



Research Proposal page 1



Research Proposal page 2



Research Proposal page 3



Research Proposal page 4



Research Proposal page 5



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:



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