



Tennessee Nurses Foundation

Nursing Research Grants—Criteria

The Tennessee Nurses Foundation (TNF) provides grants to registered nurses engaging in scientific and other research projects focusing on nursing practice. TNF promotes the continued growth and development of nurses and services to advance the work of the nursing profession. The Research Grants Program has been founded to encourage the research career development of nurses. These research grants support scientific research for advancing the practice of nursing, promoting health and preventing disease.

TNF provides funds to beginner and experienced nurse researchers to conduct studies that contribute toward the advancement of nursing science and the enhancement of patient care. Awards are considered for all areas of nursing, including healthy patient outcomes, health care policy development, critical care, gerontology, women's health, community and family intervention.

1. General Information for Applicants

- A. Applications are to be submitted to the Tennessee Nurses Foundation Board of Trustees on, or before, the last day of February or August each year. If a deadline date is missed, your application will not be reviewed until after the next deadline date.
- B. Applications must include:
 1. A completed Nursing Research Grant Application form, available at tnaonline.org. Highlight the purple *TNF* link and then click on TNF Initiatives. You can also obtain a form by calling TNF at 615-254-0350.
 2. Abstract
 3. Proposal narrative
 4. Appendices, if any
 5. Budget
- C. Letters of support must be provided by two persons who can verify the applicant's potential to carry out the project. One of these people must be an experienced researcher.
- D. Documentation of approval by Review board of the institution where the data collection will occur must be included with the application.
- E. Include human subject and/or animal protection approval form by the institutional Policies of the Research Grants Program.

2. **The purpose of TNF's Research Grant program** is to encourage qualified nurses to contribute to the advancement of nursing through original research.

A. Applicants are required to meet the following criteria:

1. Registered nurses with a current license.
2. Have submitted a complete research application package prior to deadline dates.
3. Are ready to begin the project.
4. Applicant/s must have been a continuous member of TNA for at least one year prior to the grant application.
5. Applicant/s must not have received funding from TNF within previous twelve (12) months.
- B. Allocation of funds is based on the quality of the proposed research, the future promise of the applicant, and the applicant's research budget. Applications from novice researchers who have receive no other funding are encouraged.
- C. Each grant allocation will be determined by the amount of funds requested, the number of grants awarded, and the amount of funds available during the grant period.
- D. Awards will be made by the Tennessee Nurses Foundation Board of Trustees.
- E. When more than one investigator is listed, the first named individual will be the person with whom TNF will communicate and the investigator who will assume responsibility for the conduct of the research.
- F. Final reports are to be submitted to TNF on completion.
- G. Current TNF Board members, nor their immediate family (spouse, children, grandchildren), are not eligible to apply.



Tennessee Nurses Foundation

Nursing Research Grants Program Application

Grant applications are reviewed twice each year. Submission deadline dates are the last day of February and August.

Date _____

BACKGROUND

Name _____
First Middle Last Credentials

Home address _____
Street City State Zip

Home Phone _____ Email _____

Are you a member of the Tennessee Nurses Association? Yes No How Long? _____ District _____

EDUCATION

Degree(s) _____ Certification _____

EMPLOYMENT INFORMATION

Employer _____ Supervisor _____

Work Address _____
Street City State Zip

Work Phone _____ Email _____

Position _____ Dates of Employment _____

Previous Employer _____ Supervisor _____

Work Address _____
Street City State Zip

Work Phone _____ Email _____

Position _____ Dates of Employment _____

PROGRAM DETAILS AND SPECIFICS

I am a graduate of _____ School of Nursing. Year Graduated _____

Amount of Grant Requested: \$ _____ Will IRB Approval be Required: Yes _____ No _____ If Yes:

Date IRB Approval Expected: _____

PROGRAM DETAILS AND SPECIFICS – Continued

List of expenses you plan to cover with Grant and time span involved

List all other sources of funding you now have or have applied for covering the time span involved. Indicate status of request, (I.E. granted for September 20__; denied; pending receipt of federal funding, etc.)

<u>Source</u>	<u>Amount Requested</u>	<u>Status of Request</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OPINIONS

1. Briefly describe how this research will improve the care of patients or impact the profession of nursing in Tennessee

2. What are your plans to disseminate the results of this research? _____

3. What, if any, research experience have you had in the past? _____

Enclose the following:
Please refer to the "General Information for Applicants" section of criteria sheet.

Mail or Fax to:
Tennessee Nurses Foundation ♦ 545 Mainstream Drive, Suite 405 ♦ Nashville, TN 37228-1296
Fax: 615-254-0303 ♦ Questions: 615-254-0350 or email tnf@tnaonline.org