



**FOUNDATION of NEW YORK STATE NURSES**

**CATHRYNE A. WELCH**

**CENTER FOR NURSING RESEARCH**

**APPLICATION PACKET**

For

***The Noah Tubbs Family Trust***

***Nursing Research Grant***

Rolling application. Applications accepted at any time.  
One scholarship will be awarded each calendar year.

**This packet may be downloaded from the Foundation web site.  
Widespread dissemination is encouraged and deeply appreciated.**

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## **FOUNDATION OF NEW YORK STATE NURSES**

### **Cathryne A. Welch Center for Nursing Research**

#### **The Noah Tubbs Nursing Research Grant**

#### **Introduction and Instructions for Applicants**

The Foundation's Cathryne A. Welch Center for Nursing Research aims to improve nursing science and practice by supporting the conduct of nursing research and dissemination of research findings. The Center takes great pride in offering The Noah Tubbs Family Trust Nursing Research Grant.

The funding for this grant is made possible by the Noah Tubbs Family Trust Fund bestowed upon the Foundation of New York State Nurses, Inc. by Adelaide Margaret Tubbs in honor of Noah Tubbs, Lillian Tubbs, Noah T. Tubbs, Jr., Lillian Augusta T. Roauer, Pearl Clementine Tubbs and Adelaide Margaret Tubbs. These funds are given in memory of Mildred Montag, professor and visionary, and Ida MacDonald of Syracuse University, advisor, professor and friend of Adelaide M. Tubbs.

#### **The Noah Tubbs Family Trust Nursing Research Grant**

***Award Intent:*** To assist qualified registered professional nurses pursue nursing research. Special consideration will be given to nurses pursuing research in the field of geriatrics.

***Amount of Award:*** Total amount awarded on an annual basis is \$2,000. This amount may be split between multiple grants depending upon the need and at the discretion of the grant selection committee. Preference is given to research projects which will be completed within 24 months of the receipt of the award.

#### **Eligibility and Use of Funds**

To be eligible to apply for The Noah Tubbs Family Trust Nursing Research Grant, the applicant must:

1. Hold licensure as a registered professional nurse in New York State;
2. Have a bachelors degree or higher in nursing from a nursing program accredited by the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE);
3. Reside in and/or practice professional nursing in New York State;
4. Approved awardees may apply for one subsequent grant. Applicants who are denied are eligible to reapply.

Preference will be given to professional nurses who 1) show they have a research mentor available to assist with the project (e.g., nursing research faculty or a nursing research consultant), *or* 2) have prior nursing research experience.

### **Appropriate Use of Grant Funds**

Funds from The Noah Tubbs Family Trust Nursing Research Grant may be used to support:

- Salaries for research assistants (e.g., tape transcription)
- Travel expenses incurred while collecting data
- Photocopying
- Postage
- Equipment to support the data collection process (e.g., tapes, tape recorder)
- Participant reimbursement
- Poster development

### **Evaluation Criteria**

Grant proposals will be evaluated on three criteria:

- ❑ the *quality* of the research proposal.
- ❑ the extent to which the proposal matches the *intent* of The Noah Tubbs Family Trust Nursing Research grant (see page 3, *Award Intent*).
- ❑ the need for financial support for the proposed study.

Applicants are requested to follow the outline below when submitting a proposal for consideration. The evaluation criteria for each section are described where applicable.

**Please note that Section II and III should not exceed 10 pages, double spaced.**

Section I: Applicant Information Sheet (pg. 7)

Section II: Project proposal

- A. Title of Study
- B. Purpose (aims) of the study. This section should also include a statement that describes how the proposed research is consistent with the intent of The Noah Tubbs Family Trust Nursing Research Grant;
- C. Significance of the research to the nursing profession. Clearly indicate how this project will impact the profession of nursing in New York State and/or the health and well-being of the population;

- D. Review of literature. Briefly summarize relevant literature that supports the research project;
- E. Research questions and hypothesis. The research questions and hypotheses should be clear, concise, and emanate from the review of literature;
- F. Research design and method. Describe the study design and methods. Both the research design and methods should be appropriate for the research question. Validity and reliability of the research instrument(s) should be addressed if applicable.

Section III: Human Subject Protection. Describe the procedures for protecting human subjects. (**Note:** Letters of Institutional Review Board (IRB) approval and/or other relevant materials should be included in an appendix. An example would be IRB application for the institution who will not review before funding.)

Section IV: Budget

- A. Budget narrative: Include a brief justification for how the funds will be used (e.g., to support transcription, copying, postage).
- B. Budget Form: Please complete the attached budget form (pg. 8). [**Note:** this form may be adapted to meet the specific needs of your project.]

Section V: Appendices (Will contribute to the overall quality of the proposal)

- A. Research Instruments (if applicable)
- B. Consent forms (if applicable)
- C. Letter from authorized IRB documenting approval of the proposed research (if applicable)
- D. Letter(s) of agency agreement (if applicable).
- E. A letter of Recommendation (pg. 9)
- F. Applicant's Curriculum Vitae or resume (required)
- G. Copy of current nursing registration

**Application Requirements and Grant Award Dates**

Applicants are required to submit one completed hard copy application with signatures and one application electronically to the Foundation. Rolling application. Applications will be accepted at any time. One scholarship will be awarded in each calendar year.

Applications should be submitted to:

Jeanne P. Westcott, PhD, RN  
Research Specialist  
Foundation of New York State Nurses  
Central New York Nurses Center for Nursing Research  
2113 Western Avenue Suite 1  
Guilderland, NY 12084  
[jwestcott@FoundationNYSNurses.org](mailto:jwestcott@FoundationNYSNurses.org)

Grant funds will be available at the onset of the project.

### **Checklist**

Have you

- Completed the Applicant Information Sheet
- Followed all directions for each section of the Application – including the page limit
- Completed the Budget Form

### **Grant Review Process**

#### **Review**

Grant applications are evaluated by a panel of professional nurses with expertise in nursing practice, education, administration, and research.

#### **Awardee Responsibilities**

As a condition of releasing the approved grant funds, the awardee must agree, in writing, to these terms:

1. Provide a written description of the research and its outcomes for use in Foundation publications.
2. Acknowledge the Foundation grant funding in all publications and presentations about the research. The Foundation suggests this acknowledgement statement: “This study was supported by funds from the Foundation of the New York State Nurses. Study findings and conclusions are those of the author and do not reflect the official position or views of the Foundation.”
3. Complete and submit the attached Research Progress Report (pg.11) annually.

## Applicant Information Sheet

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Day time phone number: (\_\_\_\_)\_\_\_\_\_ Evening phone number: (\_\_\_\_) \_\_\_\_\_

Fax number: (\_\_\_\_)\_\_\_\_\_ E-mail address: \_\_\_\_\_

NYS Professional Registered Nurse License Number: \_\_\_\_\_

Credentials held: \_\_\_\_\_

**Highest degree completed:**

- Ph.D. Major: \_\_\_\_\_
- Ed.D. Major: \_\_\_\_\_
- M.S. Major: \_\_\_\_\_
- M.A. Major: \_\_\_\_\_
- MSN Major: \_\_\_\_\_
- B.S. Major: \_\_\_\_\_
- BSN \_\_\_\_\_
- ADN \_\_\_\_\_
- Other: \_\_\_\_\_

Are you currently enrolled as a student?

- No
- Yes - If yes, please complete the following information:

Institution: \_\_\_\_\_

Degree sought: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Employer: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Expected completion date: \_\_\_\_\_

## Budget Form

Category	Amount Requested from the Foundation	Amount Requested or Received from Other Sources	Total Amount Requested for the Study
Personnel Services (please list each one separately)			
Travel			
Photocopying			
Participant reimbursement			
Postage			
Poster development			
Other (please describe)			
Total			





## The Noah Tubbs Family Trust Nursing Research Grant Reference Form

Applicant name \_\_\_\_\_

Name of reference provider \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

Position \_\_\_\_\_ Organization/Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home/Cell \_\_\_\_\_

- 1) On a separate sheet of paper, please describe how in your relationship with the applicant you were able to assess/observe their aptitude for pursuing nursing research.
- 2) Please rate the applicant on the characteristics listed below using a scale with 5 being the highest and 1 being the lowest.

	5	4	3	2	1
Leadership					
Character/Integrity					
Accountability/Dependability					
Communication Skills/Oral and Written					
Problem Solving/Judgment					
Interpersonal Skills					
Intellectual Potential					
Creativity/Vision					

## Grantee Research Progress Report

Name:

Address:

Date of Progress Report

Year of Grant Award:

Title of Research:

Please provide a brief summary of the research activities completed to date.

Please provide a line item expenditure **summary** for the research award that shows how the funds were spent, amount expended, and date(s) of expenditure(s).

Activity

Amount

Date of Expenditure(s)

### Committee Evaluation Form (for your information only)

<b>Purpose of the study</b>	Consistent with the intent of the award	Yes	No	N/A
<b>Significance of the study</b>	Significant to the nursing profession			
<b>Review of literature</b>	Related to and supports the current study			
<b>Research questions</b>	Clear, logically emanate from the literature			
<b>Research design</b>	Appropriate for the study question(s)			
<b>Research method</b>	Appropriate for the design and/or question(s)			
<b>Human subjects</b>	Well documented			
<b>Budget narrative</b>	Well defined			
<b>Line-item budget</b>	Realistic/appropriate			
<b>Appendices</b>	Appropriate, applicable and complete			

**Comments**