



Cathryne A. Welch
Center for Nursing Research

FOUNDATION of NEW YORK STATE NURSES

CATHRYNE A. WELCH

CENTER FOR NURSING RESEARCH

APPLICATION PACKET

For

The Noah Tubbs Family Trust

Nursing Research Grant

Deadline for submission:

**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 to 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 \$5,000. 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 baccalaureate or higher degree 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 by **5:00 PM on May 13, 2022**

Applications should be submitted to:

Deborah Elliott, MBA, BSN, RN
Executive Director
Foundation of New York State Nurses
Central New York Nurses Center for Nursing Research
2113 Western Avenue Suite 1
Guilderland, NY 12084
delliott@cfny.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	COMMENTS/EXPLANATION

Committee Evaluation Form (for your information only)

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

Comments: _____
