



East Holly Avenue, Box 56 Pitman, New Jersey 08071-0056  
(856)256-2343 FAX (856)589-7463

## **FNRE Research Grant Application**

### **Foundation for Neonatal Research and Education (FNRE)**

(Instructions--please read prior to the completion of any forms)

#### **A. Eligibility**

1. All applicants must be professionally active neonatal nurses.
  - \* Actively engaged in a service, research, or educational role that contributes directly to the health care of neonates or to the neonatal nursing profession. (Includes all professional neonatal nursing roles and neonatal nursing students).
  - \* An active member of a professional association dedicated to enhancing neonatal nursing and the care of neonates whose mission is consistent with the mission of the Foundation for Neonatal Research and Education. Must be active member more than one year prior to applying for a grant.
  - \* Demonstration of ongoing professional education in neonatal nursing as demonstrated by at least 10 contact hours in neonatal content in the past 24 months. Or neonatal nurses enrolled in degree nursing programs (advanced or RN to BSN) during the same time period.
2. FNRE does not provide funds to the same person for both a FNRE Scholarship and Research Grant or recipient of either award in the past 5 years.
3. FNRE board members and FNRE Research Review Committee members are ineligible to apply.
4. Only one FNRE Research Grant will be awarded per research project.
5. Applicant must be the principle investigator.
6. If the principle investigator has limited research experience, it is expected that a mentor will be consulted.

#### **B. Fund Requirements**

1. FNRE grants are awarded **up to** a maximum of **\$5,000 per project**.

2. As is the policy of FNRE, 50% of the research grant will be provided to you and the remaining funds will not be released until budgeted items are submitted on a billing statement with receipts to the FNRE grant monies will not be released until budgeted items are submitted on a billing statement with receipts to the FNRE Central Office.
3. Funds not spent by the end of the project must be returned.
4. Grantees who fail to file a progress report every six months will not receive further money until a review of the project determines whether the grant terms are being met.
5. If research has not been started within one calendar year of the award date, a written request for an extension must be submitted to the FNRE Central Office within 30 days after the end of the first year of the grant period. Failure to obtain an extension in a timely manner will result in loss of the FNRE monies.
6. Submit a personal statement of educational and career goals in the field of neonatal nursing.

Please note: FNRE grants may pay for research assistants and consultants.

#### C. Procedure for Application Submission

1. A research plan (see Preparation Outline), must address problem/significance, literature review (five pages maximum), methodology, data collection instruments, data analysis, and completion schedule.
2. Institutional Review Board (IRB) approval must accompany the grant. If this approval is pending, it must be received before monies are released. If IRB approval is waived or the project is exempt or does not include human subjects, verification must be submitted.
3. If animals are to be used, documentation verifying that research procedures meet federal guidelines for animal protection must be submitted.
4. A detailed budget must be submitted.
5. A one-page vita of each principle investigator, co-investigator, and support person is required. A conflict of interest disclosure must be signed.
6. A conflict of interest disclosure must be signed.
7. Students must obtain the signature of their major advisor or dissertation/thesis/project committee chairperson before the application will be reviewed.
8. One (1) typed or printed copy of the application must be submitted to the FNRE Central Office.

D. **Dates**

Completed applications must be received in the FNRE Central Office by **May 1<sup>st</sup>** of each year. The award notifications will be mailed **the beginning of September** of each year. **Incomplete applications will not be considered.**

E. **Procedure Once Funding is Received**

1. A progress report, including a detailed budget, must be received in the FNRE Central Office every six months until the project is complete.
2. A copy of the final report must be received within 90 days of the grant completion date. Failure to do so will result in the principle investigator becoming ineligible for future FNRE funding.
3. The grant funding period will be for one year from the award date.

F. **Dissemination of Research Findings**

1. It is expected that all FNRE Grant findings will be published and presented. When such publications and presentations occur, acknowledgment of FNRE support is expected.
2. The principle investigator must notify the FNRE Central Office of publications or presentations that have resulted from FNRE funding.

**Preparation Outline**  
**(FNRE Grant)**

- A. **Abstract:** The abstract should serve as a succinct and accurate description of proposed research. It should state the problem, purpose of the work, and indicate study population and methodology (design, sample, instruments, procedures, analysis). It should also include a brief statement of the relevance of the project to neonatal nursing. Limit to one page.
- B. **Research Plan Overview:** This plan informs the review committee of:
1. What you want to do and why it is important.
  2. What you have already done in the field.
  3. How you are going to perform your work.

The narrative gives the committee an example of the investigator's ability to perform the work. Complexity is not a major funding consideration; clarity and conciseness are important. If the investigator is new to research, indicate support to be utilized. Limit written plan to 10 double-spaced typewritten pages (excluding references). List references cited in text using the American Psychological Association format. Identify hypotheses or research questions.

C. **Research Plan Details:**

1. **Problem statement** - State the problem and any relationships between variables. Include patient population and sample. May include research questions and hypotheses.
2. **Purpose or aim of study** - State overall objective and why the research should be conducted. How will the work affect neonatal nursing? If the proposed study is part a larger study, explain relationship to larger study.
3. **Literature review** - Provide a review of recent work that pertains to proposed study. Include a critical analysis of literature that support the need for research and reflects a basic understanding of the topic.
4. **Methods** - Identify the design to be used and why. Indicate sample size and composition, including sampling method and rejection criteria. If appropriate, provide power estimation. Describe setting and availability of subjects. Provide details about instruments and data collection procedures. Provide rationale for all procedures used.
5. **Data analysis** - Describe means of data analysis and interpretation. Include plans for consultation, if appropriate.
6. **Human subjects** - Provide information concerning human subject protection and include the consent form.
7. **Animal Protection** - If animals will be used, provide documentation on approval or exemption by federally approved IRB. Funding will not be released until approval is received.
8. **IRB Approval** - Funding will not be released until approval is received.

9. **Appendices** - Attach copies of data collection instruments.
10. **Conflict of Interest Disclosure** - All members participating in a research project are expected to disclose any significant financial interest or other relationships; (1) with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services utilized in the research project, and (2) with any commercial supporters of the project (significant interest or shareholder, etc.).
11. **Time frame** - Provide proposed time table for completion of work.
12. **Budget** - Submit a comprehensive budget for your entire proposal. Disclose other sources of confirmed or requested funding.

D. Applications not addressing the outline above will not be reviewed.

E. Please arrange application as follows:

1. Application form
2. Budget
3. Curriculum vita or biographical sketch
4. Abstract
5. Research Plan (see above)
6. Reference
7. Appendices
8. IRB approval
9. Conflict of Interest disclosure



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Application: RG# FNRE \_\_\_\_\_

**Application for Research Funds**

**1. Principle Investigator & credential** \_\_\_\_\_

Employer address (specify clinical area)

Home address

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Professional License: (State & Number): \_\_\_\_\_

**2. Title of Proposal:**

\_\_\_\_\_

**3. Co-investigators or research advisors/consultants:** (list names, role in research study and attach abbreviated curriculum vita or biographical sketch for each individual)

\_\_\_\_\_  
\_\_\_\_\_

**4. Budget:** Amount requested is \$ \_\_\_\_\_ (total of budget worksheet)  
Will you accept partial funding? Yes \_\_\_ No \_\_\_

Other funding sources (list source, amount, and percent of expenses funded.)

\_\_\_\_\_  
\_\_\_\_\_

Is project part of a larger study? Yes \_\_\_ No \_\_\_ If yes, describe funding status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **If applicant is a student, complete the following section.**

School: \_\_\_\_\_ Program/Degree sought: \_\_\_\_\_

Grant proposal is a: Master's Thesis: \_\_\_\_\_ Dissertation: \_\_\_\_\_

**Chairperson's signature:** As chairperson of the dissertation/thesis committee, I have reviewed this research proposal and approve its submission to FNRE for funding.

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_ Check here if research proposal has been reviewed and approved by entire dissertation/thesis committee.

6. **Human Subjects/Institutional Review Board (IRB) Approval:**

Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_ Date of approval: \_\_\_\_\_

7. **Animal Protection Review:**

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_ Date of approval: \_\_\_\_\_

8. **Projected start date:** \_\_\_\_\_ **Expected completion date:** \_\_\_\_\_

**(FNRE research funds are awarded for a one year period.)**

9. **Has this grant been revised for resubmission?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach reviewer comments and list previously assigned RG# here: \_\_\_\_\_.  
State your response to reviewers' comments in writing and attach to the reviewer's comments. Additionally, highlight changes made to your proposal in bold type.

10. **Grant Submission Checklist:** Did you include the following?

- \_\_\_\_\_ Application form
- \_\_\_\_\_ Budget
- \_\_\_\_\_ Curriculum vita or biographical sketch
- \_\_\_\_\_ Abstract
- \_\_\_\_\_ Research Plan (see above)
- \_\_\_\_\_ Reference
- \_\_\_\_\_ Appendices
- \_\_\_\_\_ IRB approval
- \_\_\_\_\_ Conflict of Interest

=====  
For Official Use Only: Resubmission \_\_\_\_\_ Date Received \_\_\_\_\_  
Committee Review \_\_\_\_\_ To FNRE \_\_\_\_\_ Funded \_\_\_\_\_ Amt. Funded \_\_\_\_\_ Start date \_\_\_\_\_  
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**Budget Worksheet**  
**(FNRE Grant)**

The amount requested **must not exceed \$5,000**. Only expenses essential to conduct research are considered. Expenses related to thesis, publication, and presentation **will not be funded**. Limitations are provided for each area. Provide necessary justification. List individual item or hourly costs. Funding is provided by direct payment **after qualified expenses and receipts are submitted**. No indirect or overhead charges are funded. Novice researchers should budget for research consultation as appropriate. If budget described below represents partial funding or if study is part of a larger project, please attach budget for entire project.

**Personnel:** Only consultation, clerical, and research associate cost is funded. No funds for principle investigator or co-investigator salaries. List job title, hours to be worked, and pay rate. Describe responsibilities.

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**Total \$** \_\_\_\_\_

**Supplies:** Include those not provided by supporting institution, add reproduction costs.

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**Total \$** \_\_\_\_\_

**Equipment:** Ownership with cost greater than \$100 is determined per item. Rental is preferred over purchase. Purchase of capital equipment (equipment costing more than \$500) is usually **not** approved.

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**Total \$** \_\_\_\_\_

**Travel:** Include cost of conducting research. Travel for presentation is not funded.

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**Total \$** \_\_\_\_\_

**Computer Expenses:** Include those not provided by institution.

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**Total \$** \_\_\_\_\_

**Other Expenses:**

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**Total \$** \_\_\_\_\_

Add up to three (3) extra pages if necessary.