The proposal is limited to a maximum of three typewritten pages, not including title page, budget, and references. The font size must not be less than 11-point Arial, and the margins must not be less than ½ inch. The style for references and in-text citations must be consistent throughout the proposal.

The proposal should consist of the following items:

• **Title Page** – Including title of project, name, email address, and phone number of investigator(s). Graduate students must include committee chairperson’s name, email address, and phone number.

• **Main body**
  - Research purpose
  - Significance (including brief literature review with references)
  - Research questions or hypotheses
  - Methods
    - Design and explanation of procedures
    - Setting and sample
    - Instrumentation/measurement
    - Analysis
  - **Implications** - Describe implications of your research and the contribution this project will make to your research program and/or clinical practice.

• **References**

• **Appendix** (e.g. research instruments)

• **Timeline** (including award period, beginning and ending date)

• **Budget** (include itemized details and justification)

• **Agreement form** (sign and include form with proposal)

Grant proposal submissions are due on **October 25, 2021**. Please submit your completed proposal to Nancy A. Allen at nancy.allen@nurs.utah.edu. The proposals will be evaluated for soundness of the proposed plan, budget, and the potential implications of the proposed study. Funding decisions will be made by **October 29, 2021**.
BUDGET

Please list budget items under the appropriate section and estimate the budget amount for each item.

1. Supplies
   a. ___________________________ $__________
   b. ___________________________ $__________
   c. ___________________________ $__________
      Sub Total $__________

2. Equipment
   a. ___________________________ $__________
   b. ___________________________ $__________
   c. ___________________________ $__________
      Sub Total $__________

3. Travel Required for Study(not meetings)
   a. ___________________________ $__________
   b. ___________________________ $__________
   c. ___________________________ $__________
      Sub Total $__________

4. Assistance (Hourly or Work-study Wages) (Please indicate the kind of work assistants will do.)
   a. ___________________________ $__________
   b. Employee Benefits (current ___ %) $__________
      Sub Total $__________

1. Grand Total Requested $__________
2. Please List Other Sources of Support $__________
   Funding source ____________________________________________
Sigma Theta Tau International
Gamma Rho Chapter Research Grant
Agreement Form

If my proposal is approved for funding I agree to:

1. Accept responsibility for the scientific conduct of this study.
2. Expend the funds as described in the proposal, and return unused funds to the treasurer of the Gamma Rho Chapter.
3. Submit a progress report annually until the study is complete (Due May 1).
4. Send a written final copy of the research and one abstract to the Research Committee Chair of the Gamma Rho Chapter.
5. Acknowledge the grant support of the Gamma Rho Chapter of Sigma Theta Tau International in any publication or presentation of the research findings.
6. Publish or present the findings of the research in a program sponsored by the Gamma Rho Chapter, if invited to do so.

Title of Study: ______________________________________________________________
Expected date of final report: ______________________________

Signature of Principal Investigator: _________________________________________________
Date: ______________________
Address of PI: ________________________________________________________________
                                      City         State     ZIP Code
Office Phone: _______________________      Home Phone: ____________________________

Signatures of Co-Investigator(s):
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

Name of Co-Investigator(s):
__________________________________________________
Address: ________________________________________________________________
                                      City         State     ZIP Code
Office Phone: _______________________      Home Phone: ____________________________
Name of Co-Investigator(s): ________________________________________________
Address: ________________________________________________________________

City                                    State                                    Zip Code
Office Phone: _______________________      Home Phone: ____________________________

Name of Co-Investigator(s): ________________________________________________
Address: ________________________________________________________________

City                                    State                                    Zip Code
Office Phone: _______________________      Home Phone: ____________________________

Name of Co-Investigator(s): ________________________________________________
Address: ________________________________________________________________

City                                    State                                    Zip Code
Office Phone: _______________________      Home Phone: ____________________________