|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FORM** | | | | | | | | | | |
| Principal Investigator Information | | | | | | | | | | |
| **Name:** |  | | | Credentials: | |  | | | | |
| **Email:** |  | | | **Phone:** | |  | | | | |
| **Job Title** |  | | | | | | | | | |
| **Department/Unit:** |  | | | | | | | | | |
| **Co-Investigator(s) Name:** *(Include credentials, job title, department/unit)* | | |  | | | | | | | |
| **Co-Investigator(s) Name:**  *(Include credentials, job title, department/unit)* | | |  | | | | | | | |
| Grant type (check):   * Nursing Research Grant * Heart Center Nursing Research Grant * Nursing Academic Partners Grant * Lenssen Grant for Nutrition Research | | | | | | | | | | |
| Title of Project | | | | | | | | | | |
|  | | | | | | | | | | |
| Abstract *(limit 500 words)* | | | | | | | | | | |
| Background:  Specific Aims:  Design:  Methods: | | | | | | | | | | |
| *By signing and submitting this application, the applicant agree that they have read and understand the nursing research program grant Terms and Conditions and that, if the project is funded, it will be conducted in accordance with those terms and conditions, as well as any applicable institutional policies and/or government regulations.* | | | | | | | | | | |
| **Principal Investigator Signature:**  *Electronic signature is acceptable* | |  | | | | | Date: | | | |
| **Unit Director Signature**  *Electronic signature is acceptable* | |  | | | | | Date: | | | |
|  | | | | | | | | | | |
| **BUDGET & BUDGET JUSTIFICATION** | | | | | | | | | |
| Budget | | | | | | | | | |
| *Enter subtotal amount in appropriate row, rounded to the nearest dollar* | | | | | **Year 1** | | | **Year 2** | **Cumulative** |
| **Salaries** % FTE or Hourly (PI salary allowed for contract nurses. ARNP salary support may be available, if approved by department director and chief of advanced practice nurses) | | | | | $ | | | $ | $ |
| **Benefits**  (Fringe Benefits Based on Current Rates) **28.5%** | | | | | $ | | | $ | $ |
| **Purchased Services**  (\*Children’s Core Services, Outside Consultants, Outside Services) | | | | | $ | | | $ | $ |
| **Supplies & Materials** (Lab and Office Supplies, Books) | | | | | $ | | | $ | $ |
| **Equipment** (Equipment/computers purchased with Children’s funds remain the property of Children’s) | | | | | $ | | | $ | $ |
| **Other Expenses** (Postage, Copying, Printing, Shipping, Research Subject Inducement) | | | | | $ | | | $ | $ |
| **Consortium/Contractual Costs** | | | | | $ | | | $ | $ |
| **TOTAL BUDGET** | | | | | $ | | | $ | $ |
| \* Seattle Children’s/University of Washington core services must be used when available. Detailed justification is required for core service request outside of Seattle Children’s of the University of Washington. | | | | | | | | | |
|  | | | | | | | | | |
| Budget Justification | | | | | | | | | |
| *Detail expenses listed above and explain how funds will be used.* | | | | | | | | | |

**RESEARCH PLAN *(REQUIRED - USE THESE HEADINGS AND SUBHEADINGS)***

* Background
* Significance
* Specific Aims
* Research Design
* Methods
  + Subjects
  + Setting
  + Instruments
  + Procedure
  + Analysis
* Dissemination Plan
* Timetable
* References
* Appendices