

CALL FOR RESEARCH & SCHOLARLY PROPOSALS
Office of Research & Grants Management

Purpose: The College of Nursing and Professional Disciplines (CNPD) Office of Research & Grants Management has funds available for scholarly activities. Call for proposals is issued twice a year: fall and spring semesters.

The intention of the CNPD seed grant is to build college research and scholarship:

Proposed research projects should produce preliminary or pilot data to develop larger, grant-funded projects.

Proposed scholarly projects should further the practice or training of practitioners in professional fields of study.

Deadline: Fall semester proposals must be submitted no later than **November 20, 2015**.

Spring semester proposals must be submitted no later than **March 11, 2016**.

Submit proposals to the CNPD Office of Research & Grants Management, michelle.m.meyer@UND.edu before 5 p.m. on deadline date.

Funding: Each award will not exceed \$3,000 and priority will be given to those proposals that clearly advance the research and scholarship mission of the college.

Fall semester call for proposals will fund projects from January 1 through December 31.

Spring semester call for proposals will fund projects from May 1 through April 30.

These funds may be used for research-related costs such as printing, consultation, equipment, travel, supplies and research assistant salary.

Faculty salary is allowed for work conducted during summer months.

Eligibility: Applicants must have a minimum of a 50% appointment within the CNPD.

Only one proposal per applicant is allowed each round.

Previous award recipients are allowed to apply for funding if requirements of prior funding were met satisfactorily. Those who received previous grant support from the CNPD Office of Research & Grants Management and are submitting a proposal for continuation of that research must attach a copy of the previous final report(s) with the current submitted proposal.

Reports: Fall semester award recipients will be required to submit a final report by January 15, 2016.

Spring semester award recipients will be required to submit a final report by May 13, 2017.

Submit final reports to the Office of Research & Grants Management,
michelle.m.meyer@UND.edu.

Award recipients will also be expected to present their research results at a conference, or disseminate through a publication within one year of completing their research or scholarly project.

Application Format

- I. **Title Page:** ATTACHMENT A
 - a. Title of proposal
 - b. Name and title of applicant, campus location and contact information
 - c. Total amount requested
 - d. Any funding received for previous research activity
 - e. Signature of the Department Chair. If applicant does not report to a Department Chair, the signature of direct supervisor is required.
- II. **Abstract:** 250 words maximum.
- III. **Proposal:**
 - a. 3 pages maximum to include study purpose, background/significance, specific aims/research questions, theoretical framework, methods, data analysis and plan for dissemination of knowledge to the professional community.
- IV. **Budget:** ATTACHMENT B
- V. **Time Table:**
 - a. Target dates month by month (meant as a guide)
- VI. **Evidence of Regulatory Compliance:**
 - a. (approved or pending approval), e.g. IRB, Human Subjects Education, Biosafety Committee approval
- VII. **Statement of intent:**
 - a. State plans to disseminate research findings and subsequent funding or subsequent scholarly project.
- VIII. **References**
- IX. **Biographical sketch**
- X. **Historical Grant Support at the College of Nursing and Professional Disciplines:**
 - a. Include copies of final reports related to this or other CNPD-funded projects, if applicable.
- XI. **Appendices:**
 - a. Related support material. (optional)

ATTACHMENT A

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Grant Application Title Page

a) Title of proposal:

b) Name and title of applicant:

Address:

Telephone number:

Email:

c) Total amount of financial support requested:

d) Other funding received or applied for in this area of research:

e) Department Chair/Supervisor **must sign prior to submission** indicating that resources (time, faculty, etc.) are adequate to support this request.

Signature: _____
Principal Investigator Date

Signature: _____
Department Chair or Supervisor Date

For Reviewers Use Only

Proposal approved by the Review committee: Yes No

Budget appropriate: Yes No

Fund fully Fund partially Do not fund

COMMENTS:

APPROVAL:

Chair, Review Committee

Date

ATTACHMENT B

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Project Budget

Budget:

a) Personnel	Amount
b) Supplies	Amount
c) Equipment	Amount
d) Travel	Amount
e) IT Costs	Amount
f) Other expenses	Amount

TOTAL:

Please attach separate page for the Budget Justification.

ATTACHMENT C

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Final Report

I. **ABSTRACT** (with progress incorporated)

II. **CURRENT STATUS OF PROJECT**

Is project completed?

Yes

No

If No, please explain current status of project?

III. **BUDGET REPORT**

Category

Expenditure

Unspent Balance

III. **FUTURE PLANS**

(Specifically address plans for publications, research proposals, grant seeking, etc.)

ATTACHMENT D

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Proposal Review Form
(Completed by reviewers only)

PROPOSAL TITLE: _____

SELECTION CRITERIA	SCORE 1 -5 (low to high)
1. Abstract	
2. Feasibility of attaining objectives/goals	
3. Methodology (human subjects review status (approved or pending), sampling, data analysis plan, etc.)	
4. Estimate of expected contribution to our knowledge base	
5. Applicant's apparent current status of knowledge in this field	
6. Budget (resources align with objectives and justification is appropriate)	
7. Timetable reflects objectives, resources, and funding availability	
8. Overall scientific quality of proposal	
9. Potential of this idea to be developed into either a nationally competitive proposal, peer-review publication, or enhance the practice or training of practitioners	
10. Proposal clearly advances the research and scholarship mission of the college.	
TOTAL SCORE (High of 50)	

PLEASE PROVIDE COMMENTS TO EXPAND/CLARIFY INDIVIDUAL POINTS
(Continue on back and use additional sheets, if necessary.)

RECOMMEND FUNDING: Yes *Amount: _____ No

* If modified from requested amount, justify modification (continue on back as needed):

OFFICE USE:
PREVIOUS GRANT FUNDING RECEIVED: Yes No