Chapter Research Grants Guidelines

I. Purpose of the Fund
The purpose of the fund is to encourage research by qualified nurses and/or nursing students who are learning to conduct research to advance knowledge in the area of nursing science.

II. Fund Sources
A. Private donations, without restrictions to Sigma Theta Tau policies.
B. General chapter funds as approved in the budget
C. Unused monies from previous grant recipients or research programs.

III. Processing the Funds
A. The Finance Committee
   1. Recommends funds in budget from the general fund or designated research fund for awarding research grants.
   2. The budget is approved and administered by the chapter Executive Committee.
   3. The Treasurer forwards checks from the research fund to the grant recipients.
B. The Research Committee*
   1. Reviews the proposals;
   2. Recommends the awards of grants and allocation of funds according to the policies of the chapter as they correspond to the bylaws of Sigma Theta Tau;
   3. Monitors fund usage by grant recipients;
   4. Secures reports of research findings for public distribution;
   5. Maintains a five-year record of all recipients of monetary grants or awards. Information on recipients should include name and address, amount of award, abstract of project, how person was selected, and criteria utilized.
C. Board of Directors*
   1. Announces the Research Award Program and the criteria.
   2. Approves the recommendations of the Research Committee and may allocate additional funds for research on the basis of availability.
IV. **Criteria for Awarding Grants**

A. **Applicant Criteria**
   1. Hold formal preparation in the conduct of nursing research and a baccalaureate or higher degree in nursing, or nursing students enrolled in a higher degree program in nursing with direct supervision of a qualified teacher meeting above criteria. (Applicant should submit supervisor’s CV.)

B. **Application**
   1. Submit application and a written research proposal according to the guidelines. (Data collection may be in process.)
   2. Submit a signed formal agreement for money usage and public report findings.

C. **Preference will be given to Sigma Theta Tau members, other attributes being equal***

D. **Competitive Basis for Fund Allocation**
   1. Quality of written proposal.
   2. Contribution of the research proposed to nursing science and public benefit, or research that aids the scientific education of nursing students.
   3. Research proposal budget.
   4. Research fund budget and number of proposals submitted.

V. **Grant Allocation**
The amount of a grant will be determined by the amount of funds requested, the number of requests, and the available monies in the chapter research fund. The maximum amount to be awarded each applicant is $1,000.

VI. **Research Committee***
The Research Committee consists of three appointed or elected chapter members who have experience in conducting nursing research. It is preferred that some members hold earned doctorates. One officer should be designated as ex-officio.

VII. **Publicity**
   1. The criteria for awarding grants and selection process are publicized widely.
   2. Grant recipients are publicized.
   3. Final reports are made available at chapter meetings.
   4. Abstracts may be reported in chapter newsletters.
   5. Completion of the studies is announced in chapter newsletters.

VIII. **Grant Application Deadlines**
The chapter should state in its policies and procedures how many times each year grants are awarded and what the deadline for application is.

***No member of the awards, scholarship, research committees or Board of Directors is eligible for funding while in office.
Sigma Theta Tau International
Research Proposal Guidelines

1. Title and Abstract
   A title page and 100-word abstract are to accompany the proposal. The abstract should include the hypothesis, the specific variables and their measurements, the population and sample description and a statement of the design and analysis.

2. Proposal Outline
   The following areas are to be included in a proposal. American Psychological Association style of documentation is preferred.

   **Empirical Research Proposal**
   
   **Part I. The Problem**
   a. Statement of the problem or research question
   b. Hypotheses
   c. Definition of variables – theoretical and operational definitions (instruments)
   d. Theoretical framework and population
   e. Significance to nursing science

   **Part II. Methodology**
   a. Design
   b. Instrument reliability and validity
   c. Data collection procedure including official human subject reviews if conducted and a consent form
   d. Sample, size and sampling procedure
   e. Method of analysis

   **Part III. Bibliography and Appendixes**
   a. Bibliography or reference list
   b. Include letters, forms and instruments in the appendixes
   c. Investigator(s) curriculum vitae

   **Part IV. Budget – Detail the Amount Requested**
   a. Personnel
   b. Supplies
   c. Equipment
   d. Travel
   e. Computer
   f. Other

   **Historical Research Proposal**
   
   **I. Author’s Competency**
   a. Has formal preparation in historical research? (Especially important to ensure checks of validity and reliability of data)
   b. Has knowledge about the time period(s) involved in the proposed study?
   c. Has knowledge about pertinent field related to the proposed study? (e.g., economics, philosophy, anthropology)

   **II. Subject To Be Studied**
   a. Is it unique or is it an outgrowth of history already written?
   b. Is there justification for the study?
   c. Is the planned scope of the subject precise and clearly defined in the title? (There is generally no problem statement developed for a historical research study.)
   d. Is there a possibility that it will serve as a foundation for further study?
   e. Is it of reasonable, manageable scope?

   **III. Sources**
   a. Has a preliminary bibliography been included?
   b. Have repositories of data been listed?
   c. Is there evidence that the researcher will have access to additional potential repositories of data?
   d. Are sources balanced? (e.g., primary vs. secondary, government vs. private, professional vs. lay)
   e. If oral history is to be conducted, is a sample legal release to establish right to handle, disseminate and publish interview material included?

   **IV. Approach**
   a. Is tentative outline organized so that it develops according to recognizable plan/framework/design?
   b. Are questions posed which will elicit the essential elements of the subject? (e.g., ones that ask what, when, why, where and what of it?)
   c. Will topic be developed within a sufficiently full context? (e.g., cultural, social and temporal milieu)

   **V. Writing Style**
   a. Does it demonstrate a clear, exact and interesting style?
   b. Does it demonstrate ability or organize and logically articulate ideas?

   **VI. Funding Request**
   a. Are the terms of funding consistent with scholarly integrity?
   b. Is the allocation of funds consistent with the goals of the research?

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Historical Research References

Prepared by Heritage Committee
Sigma Theta Tau International
Approved July, 1981.
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 __________________________ chapter.
3. Submit a progress report (semi-annually) until the study is complete.
4. Send a written final copy of the research and one abstract to the secretary of the chapter.
5. Acknowledge the grant support of __________________________ Chapter of Sigma Theta Tau International in the publication or presentation of the research findings.
6. Publish or present the findings of the research in a program sponsored by __________________________ Chapter, if invited to do so.

Title of Study: ______________________________________

Date signed: _____________________ Expected date of final report: ______________

Principal Investigator signature: ____________________________________________

Address: ______________________________________________________________

City State/Province ZIP/Postal Code

Office Phone: _________________________________ Home Phone: _________________________________

Co-investigator signature(s): _____________________________________________________________

Addresses: Name: _______________________________________________________________

Address: _______________________________________________________________

Phone: _________________________________

Name: _______________________________________________________________

Address: _______________________________________________________________

Phone: _________________________________

Name: _______________________________________________________________

Address: _______________________________________________________________

Phone: _________________________________

Name: _______________________________________________________________

Address: _______________________________________________________________

Phone: _________________________________

Data collection dates: _____________________ _____________________ _____________________

________________________________

______________________________

Name: _______________________________________________________________

Address: _______________________________________________________________

Phone: _________________________________

Name: _______________________________________________________________

Address: _______________________________________________________________

Phone: _________________________________

Name: _______________________________________________________________

Address: _______________________________________________________________

Phone: _________________________________
1. Date: ______________________________

2. Title: _________________

3. Name of Principal Investigator: ________________________________________________________
   Home address: _________________________________________________________________________
   City: _______________________________ State: ___ ZIP/Postal Code ________________
   Home Phone: ________________________ Work Phone: ___________________________________

4. Registered nurse in state(s) of: ___________ License #:
   a. Sigma Theta Tau member: ☐ Yes ☐ No Chapter: _____________________________________

5. Previous Sigma Theta Tau International Research Awards:
   None:
   Chapter: __________________________________________

   International: ""

6. Have you applied for or are you now receiving support for this research? ☐ Yes ☐ No
   If yes, list agency: ____________________________ Amount requested/received:
   If other support is received, please notify ___________________ Chapter Research Committee Chair.

7. Human subjects review? ☐ Yes ☐ No Consent form included in proposal? ☐ Yes ☐ No
   If yes, CV attached ☐

8. Co-investigator? ☐ Yes ☐ No
   Name: __________________________________________
   Address: _______________________________________
   Phone: (H) ___________ (B) _____________

9. Information completed by student(s)
   Degree sought: ___________________________
   Expected date: __________________________
   Specify the amount of the program completed to date: _________________________________
   Courses completed are listed in Part III-C of the proposal _________________________________
   University: ____________________________
   College: ______________________________
   Department: __________________________
   Major: ________________________________
   Minor(s) (if applicable): ________________________________

   Name of Research Advisor, academic credentials (attach CV) and qualifications: ____________________
   Letter from advisor is included in Part III of the proposal: ☐
10. Total amount of budget requested in US dollars: $_________________

11. Please check the materials accompanying this application:
   - Research Grant Agreement
   - Research Grant Proposal
   - Other _____________________________________________

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This section below is to be completed by the Chapter.

A. Approval date: ____________________________

B. Award granted: $__________________________

Chapter Research Committee Chair Signature: ____________________________

C. Progress Reports:
   - Date: ____________________________
   - Date: ____________________________
   - Date: ____________________________
   - Date: ____________________________

Study completed (date): ____________________________
Monies used: ____________________________
Monies returned: ____________________________
Final report date: ____________________________

Mileva Saulo Lewis, Updated July 23, 2010