

Yvonne L. Munn Nursing Research Grant
Proposal Checklist for Original Research

Name of applicant: _____

Please use this checklist and include as the first page of your proposal.

Element	Yes/No
Cover Page	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abstract (300 words)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Aims (1-page max)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Background & Significance (2-page max)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Research Design (1-page max)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Study Procedures (3-page max)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expected Risks and Benefits (1-page max)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recruitment and consent procedures (2-page max)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring, quality assurance, and plans for maintaining privacy (1-page max)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Potential contributions to Nursing and dissemination plan (1-page max)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Timeline, and brief statement on the role of each study team member's responsibility (e.g. preparation of proposal, data collection, data analysis, manuscript preparation, dissemination of research, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Budget approval	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attachments: references, instruments, appendices if applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No