|  |  |  |  |
| --- | --- | --- | --- |
| **2026 NMDPSM Barbara Buchbinder Nurse Research Program - Grant Application** | | | |
| 1. TITLE OF PROJECT | | | |
| 2. TYPE OF PROJECT  Pre-clinical investigation  Clinical Investigation | | | |
| 3. **PRINCIPAL INVESTIGATOR** | | | |
| 3a. NAME (Last, First, MI) | | 3b. DEGREE(S) | |
| 3c. POSITION TITLE | | 3d. MAILING ADDRESS (Street, city, state, zip code) | |
| 3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT | |
| 3f. MAJOR SUBDIVISION | |
| 3g. TELEPHONE (work and mobile preferred) | | 3h. EMAIL ADDRESS | |
| 4. HUMAN  SUBJECTS  No  Yes | 4a. If (4) is “Yes”, IRB approval date or Exemption Number. | 5. DATES OF PROPOSED PERIOD OF SUPPORT  From: 07/01/2026  Through: 6/30/2028 | |
| 6. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT  6a. Total Costs: $ | | | |
| 7. GRANT APPLICATION ORGANIZATION Name:  Address: | | | |
| 8. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE  Name:  Title:  Address:  Telephone:  Email Address: | | 9. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION  Name:  Title:  Address:  Telephone:  Email Address: | |
| 10. SIGNATURE OF P.I. NAMED IN 3a.  (In ink. “Per” signature not acceptable.) | | | DATE |
| 11. SIGNATURE OF OFFICIAL NAMED IN 11.  (In ink. “Per” signature not acceptable.) | | | DATE |

|  |
| --- |
| Principal Investigator (Last, First): |
| **DESCRIPTION**: State the application’s broad, long-term objectives and specific aims. Describe the research design and methods for achieving these goals. This description will serve as a succinct and accurate description of the proposed work when separated from the application. **DO NOT EXCEED 250 WORDS.** |
|  |
| **PERFORMANCE SITE(S)** (organization, city, state): |

|  |  |
| --- | --- |
| Principal Investigator (Last, First): | |
| Type the name of the principal investigator at the top of each printed page and each continuation page.  **RESEARCH GRANT**  **TABLE OF CONTENTS** | |
|  | Page Number |
| Cover Sheet 1  Description, Performance Sites 2  Table of Contents 3  Budget for Entire Proposed Period of Support #  Curriculum Vitae - Principal Investigator (not to exceed five pages) #  Other Support #  Reference Letters #  **RESEARCH PLAN**  a. Specific Aims\* #  b. Background and Significance\* #  c. Preliminary Studies\* #  d. Research Design and Methods\* #  e. Literature Cited #  \*Items a. through d. must not exceed twelve pages  **SUPPORTING DOCUMENTS**  f. Human Subjects #  **APPENDICES** (if needed, otherwise remove)  List Item #  List Item # | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First): | | | | | |
| **BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT** | | | FROM: | | THROUGH: |
| **PERSONNEL**  (Applicant organization only) | | **TYPE APPT.** (months) | | **% EFFORT ON PROJECT** | |
| **NAME** | **ROLE ON PROJECT** |
|  | P.I. | 12 | |  | |
| SUPPLIES (Itemize by category) | | | | $ | |
| OTHER EXPENSES (Itemize by category) | | | | $ | |
| **TOTAL COSTS FOR INITIAL BUDGET PERIOD** (Item 6a, Face Page) | | | | $ | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal Investigator (Last, First): | | | | |
| **CURRICULUM VITAE (CV)**  Please provide for the Principal Investigator.  **DO NOT EXCEED FIVE PAGES.** | | | | |
| NAME | | POSITION TITLE | | |
| EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.) | | | | |
| INSTITUTION AND LOCATION | DEGREE  (if applicable) | | Completion Date  MM/YYYY | FIELD OF STUDY |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| **A. Personal Statement**  **B. Positions, Scientific Appointments, and Honors**  **C. Contributions to Science**  **D. Summarize your Interests and Accomplishments** | | | | |

|  |  |  |
| --- | --- | --- |
| Principal Investigator (Last, First): | | |
| OTHER SUPPORTInformation on other support should be provided in the format shown below, use continuation page if necessary.Format | | |
| NAME OF INDIVIDUAL ACTIVE/PENDING | | |
| Project Principal Investigator  Source of Funding | Dates of Approved/Proposed Project  Annual Direct Costs | Percent Effort |
| Title of Project (or Subproject)  The major goals of this project are… |  |  |
| OVERLAP with the current proposal: | | |
| EXAMPLEPAT A. SCIENTIST ACTIVE  Pat A. Scientist, P.I. 7/1/2026 – 06/30/2027 10%  University of Science Foundation $20,000  Title: A Study of Important Things  The major goals: 1) Identify Important Things, 2) Etc., Etc.  OVERLAP: None | | |

|  |
| --- |
| Principal Investigator (Last, First): |
| **REFERENCE LETTERS** |
| Please include two reference letters including primary mentor, BMT Director, or Nursing Supervisor, as applicable. |

|  |
| --- |
| Principal Investigator (Last, First): |
| **CONTINUATION PAGE** (stay within margins indicated) |
|  |