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| **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 SUPPORTFrom: 07/01/2026 Through: 6/30/2028 |
| 6. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT6a. Total Costs: $ |
| 7. GRANT APPLICATION ORGANIZATIONName: Address:  |
| 8. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADEName: Title: Address: Telephone: Email Address:  | 9. OFFICIAL SIGNING FOR APPLICANT ORGANIZATIONName: 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 |

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| 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.** |
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| **PERFORMANCE SITE(S)** (organization, city, state):  |

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| 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 1Description, Performance Sites 2Table of Contents 3Budget 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 # |

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| 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) | $ |

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| 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 DateMM/YYYY | FIELD OF STUDY |
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| **A. Personal Statement****B. Positions, Scientific Appointments, and Honors****C. Contributions to Science****D. Summarize your Interests and Accomplishments** |

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| 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 INDIVIDUALACTIVE/PENDING |
| Project Principal InvestigatorSource of Funding | Dates of Approved/Proposed ProjectAnnual Direct Costs | Percent Effort |
| Title of Project (or Subproject)The major goals of this project are… |  |  |
| OVERLAP with the current proposal:  |
| EXAMPLEPAT A. SCIENTISTACTIVEPat A. Scientist, P.I. 7/1/2026 – 06/30/2027 10%University of Science Foundation $20,000Title: A Study of Important ThingsThe major goals: 1) Identify Important Things, 2) Etc., Etc.OVERLAP: None |

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

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