

TriService Nursing Research Program (TSNRP)

Grant Application Cover Packet

Please type.

Principal Investigator (PI) Branch of Service and Component (select all that apply)

- Army: Active Duty Reserve Guard Retired
- Navy: Active Duty Reserve Retired
- Air Force: Active Duty Reserve Guard Retired

Rank:

PI Home Contact Information

Address (street,
city, state, zip
code):
Telephone:
Mobile Telephone:
Fax:
Email:

PI Military Contact Information (if applicable)

Duty Title:
Address:
Telephone:
Mobile Telephone:
Fax:
Email:
Alternate Email:

PI Civilian Work Contact Information (if applicable)

Duty Title:
Employer:
Address:
Telephone:
Mobile Telephone:
Fax:
Email:
Alternate Email:

Preferred Contact Location

- Home Work

Nursing Specialty (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Community Health | <input type="checkbox"/> Nursing Administration |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Nursing Anesthesia |
| <input type="checkbox"/> Education | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Perioperative Nursing |
| <input type="checkbox"/> Family Health | <input type="checkbox"/> Population Health Management |
| <input type="checkbox"/> Flight Nursing | <input type="checkbox"/> Psychological Health |
| <input type="checkbox"/> Health Policy | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Med-Surgical | <input type="checkbox"/> Other: |

Award Mechanism (check one)*Research Award Mechanisms:*

- Career Development Award
- Exploratory Research Award
- Fast Track Award
- Graduate Research Award
- Investigator-Initiated Award
- Military Clinician-Initiated Research Award
- Novice Investigator Award

Research Method: (check one)

- Quantitative
- Qualitative
- Mixed

Evidence-Based Practice Award Mechanisms:

- Graduate Evidence-Based Practice Award
- Conceptual Guideline Development
Evidence-Based Practice Award
- Implementation of Innovation
Evidence-Based Practice Award

Research Priorities Addressed by Grant Application

(See Application Instructions, Section III: TSNRP Research Priorities)

Primary TSNRP Research Priority (check at least one)

- Force Health Protection:
 - Fit and ready force
 - Deploy with and care for the warrior
 - Care for all entrusted to our care

- Nursing Competencies and Practice:
 - Patient outcomes
 - Quality and safety
 - Translate research into practice/evidence-based practice
 - Clinical excellence
 - Knowledge management
 - Education and training

- Leadership, Ethics, and Mentoring:
 - Health policy
 - Recruitment and retention
 - Preparing tomorrow's leaders
 - Care of the caregiver

- Other:

Secondary TSNRP Research Priority (optional)

- Force Health Protection:
 - Fit and ready force
 - Deploy with and care for the warrior
 - Care for all entrusted to our care

- Nursing Competencies and Practice:
 - Patient outcomes
 - Quality and safety
 - Translate research into practice/evidence-based practice
 - Clinical excellence
 - Knowledge management
 - Education and training

- Leadership, Ethics, and Mentoring:
 - Health policy
 - Recruitment and retention
 - Preparing tomorrow's leaders
 - Care of the caregiver

- Other:

Study Population (check all that apply)

- Active Duty: Army Navy Air Force Marines
- Reserve: Army Navy Air Force Marines
- Beneficiaries: Spouses Children Retirees

Is this application a revision of a previously submitted grant application?

Yes No

Have you submitted a grant application to TSNRP in the past?

Yes No

If yes, provide the year, title of the grant application, application number (e.g., N08-P04), and whether the application was funded. Begin with the most recent grant application and list chronologically.

Year	Title	Application Number	Funded? (Yes/No)
-			
-			
-			
-			
-			
-			
-			
-			
-			
-			

Have you attended TSNRP's Research Grant Camp?

Yes No

Have you attended TSNRP's Evidence-Based Practice Grant Camp?

Yes No

Have you attended another grant writing workshop?

Yes No

If yes, list below.

Date	Sponsor	Method of Learning

Have you attended TSNRP's Post-Award Grant Management Workshop?

Yes No

If yes, provide the date and location.

Date Location

How and when did you first learn about TSNRP grant awards?

Report dissemination of information related to each prior TSNRP grant award.

Sort by date (most recent first). If you need additional space, write "SEE APPENDIX" in the last line of the table and include a list of your additional presentations and/or publications as an appendix to your grant application.

Presentations

Presenter's Name	Presentation Title	Presentation Type	Venue	Date	Location
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Publications (Provide the full citation using a consistent reference format. If applicable, indicate whether the paper is in review or in press.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.

I certify that the information above is accurate to the best of my knowledge.

Signature Date

TriService Nursing Research Program (TSNRP)

Relevance to Military Nursing

In the space provided below, describe:

1. The relevance of the proposed research study or evidence-based practice project to military nursing clinical practice, education, management, and/or policy.
2. Either:
 - a. How the research will produce new military-relevant scientific knowledge that will close or narrow an identified research gap,
Or:
 - b. How the project will facilitate evidence-based military nursing practice.

Maximum number of characters: 2,618

Evaluation Survey

TSNRP would appreciate your answers to a few survey questions as part of TSNRP's efforts to evaluate its processes.

How confusing or clear was each component of the application process listed below?

Place an X in only one box per row.

	Very Confusing	Confusing	Somewhat Confusing	Somewhat Clear	Clear	Very Clear
TSNRP research priorities						
Application instructions and guidelines						
Program announcement or specific information for each grant award						
Purpose and characteristics of each grant award						
Eligibility requirements						
Applicant organization requirements						
Submission process						
Budget requirements						
Timeline						
Scientific merit review criteria						
Programmatic review criteria						

Evaluation Survey continued

During the completion of your funding application, did you contact a member of the TSNRP staff to ask a question or seek assistance? Place one X in the row that applies.

	Yes
	No

If yes, how difficult or easy was it to reach a member of the TSNRP staff who could answer your question(s) or help you? Place one X in the row that applies.

	Very difficult
	Difficult
	Easy
	Very easy

During the completion of your funding application, how would you rate the ease or the difficulty of the application instructions? Place one X in the row that applies.

	Very difficult to understand
	Difficult to understand
	Easy to understand
	Very easy to understand

Judging from this application experience, how likely are you to seek TSNRP funding in the future? Place one X in the row that applies.

	Very likely to see funding
	Likely to seek funding
	Will not seek funding
	Undecided