

**TriService Nursing Research Program (TSNRP)  
Letter of Intent to Submit a Grant Application**

The TriService Nursing Research Program (TSNRP) requests that nurse scientists submit a Letter of Intent (LOI) by the requested date before submitting a grant application. Submitting an LOI is neither a commitment to submit a subsequent grant application nor is it a requirement to do so.

TSNRP uses Letters of Intent to identify civilian nurse scientists who have research expertise, professional experience, and publication history that qualifies them to perform the scientific merit review of each potential grant application that TSNRP is likely to receive. In addition, TSNRP may send feedback to nurse scientists on the research or project topics identified in their LOI.

Please type your responses. Submit your completed form as an email attachment to Pamela A. Moses, Program Manager, at [tsnrp@usuhs.mil](mailto:tsnrp@usuhs.mil).

**I intend to submit a grant application to the TriService Nursing Research Program by \_\_\_\_\_ (date).**

**Principal Investigator (PI) Information**

**Branch of Service and Component** (select all that apply)

- |            |                                      |                                  |                                |                                  |
|------------|--------------------------------------|----------------------------------|--------------------------------|----------------------------------|
| Army:      | <input type="checkbox"/> Active Duty | <input type="checkbox"/> Reserve | <input type="checkbox"/> Guard | <input type="checkbox"/> Retired |
| Navy:      | <input type="checkbox"/> Active Duty | <input type="checkbox"/> Reserve |                                | <input type="checkbox"/> Retired |
| Air Force: | <input type="checkbox"/> Active Duty | <input type="checkbox"/> Reserve | <input type="checkbox"/> Guard | <input type="checkbox"/> Retired |

**Rank:**

**Highest Level of Education Achieved** (select one)

- |                                      |  |                                 |
|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> B.S.N.      | <input type="checkbox"/> Ph.D./D.N.Sc. | <input type="checkbox"/> D.N.P. |
| <input type="checkbox"/> M.S./M.S.N. | <input type="checkbox"/> Ed.D.         | <input type="checkbox"/> Other: |

**Home Contact Information**

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

**Military Contact Information** (if applicable)

Duty Title:  
 Duty Station/Unit  
 Address:  
 Telephone:  
 Mobile Telephone:  
 Fax:  
 Email:  
 Alternate Email:

**Civilian Work Contact Information** (if applicable)

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

**Preferred Contact Location**

Home     Work

**Educational Information** (student applicants only)

College or University:  
Expected Date of Graduation:

**Grant Application Information**

**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

**Mentoring Information** (if applicable)

If you will be mentored by an experienced investigator, please enter his or her name:

**Working Title of Grant Application** (no more than 81 characters, including spaces)

**Specific Aims and Research Questions or Hypotheses**

**Study Population** (check all that apply)

- |                |                                  |                                   |                                    |                                  |
|----------------|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|
| Active Duty:   | <input type="checkbox"/> Army    | <input type="checkbox"/> Navy     | <input type="checkbox"/> Air Force | <input type="checkbox"/> Marines |
| Reserve:       | <input type="checkbox"/> Army    | <input type="checkbox"/> Navy     | <input type="checkbox"/> Air Force | <input type="checkbox"/> Marines |
| Beneficiaries: | <input type="checkbox"/> Spouses | <input type="checkbox"/> Children | <input type="checkbox"/> Retirees  |                                  |

**Study Design**

**Data Analysis Plan**

**Performance Site(s)**

**Key Personnel and Roles** (if known)

**Name of Applicant Organization:**