

# APPENDIX C

## TSNRP Forms

<b>Form</b>	<b>Pages</b>
Letter of Intent to Submit Application, Revised 05/08	C3–C5
TSNRP Grant Application Cover Sheet, Revised 12/07	C6–C8
Relevance to Military Nursing, Revised 12/07	C9
Recommendations & Revisions for FY __ Submission Form, Revised 07/06	C10–C11



## Letter of Intent

The Letter of Intent (LOI) to submit allows TSNRP advance notification of application receipt. Submission of a LOI is **not a commitment** to submit an application, **nor a requirement** for submission of an application. The letters assist in selecting nurse scientists with the appropriate expertise to serve as Scientific Review Panel members. As time permits, you may receive feedback regarding the content of your letter.

**I intend to submit** a grant application in response to the TriService Nursing Research Program FY  Call for Proposals. (Indicate cycle A [November] or B [March], e.g., FY08)

1. First Name:
2. Last Name:
3. E-mail Address:
4. Work Address:
5. Home Address:
6. Telephone:
7. Fax:
8. Service Branch:
9. Component:
  - Active Duty
  - Reserve
  - Retired
  - USA Guard
  - USAF Guard
10. Rank:
11. Military Assignment:
  - Position Title:
  - Duty Station/Unit:
  - Duty Station Address:
12. Funding Category: 
  - Expected Date of Graduation:
  - School:
13. If applicant is mentoring a junior investigator, please name the person being mentored:

14. If applicant is being mentored, name the mentor:

15. Proposal's Working Title:

16. Type of Research Study:

- Quantitative
- Qualitative
- Mixed

17. Research Objectives:

18. Study Population (check all that apply):

Active Duty

- US Army
- US Navy
- US Marine Corps

Reserve

- US Army
- US Navy
- US Air Force
- US Air Force
- Guard

Beneficiaries

- Spouses
- Children
- Retirees
- Elderly

19. Study Design:

20. Analysis Plan:

21. Performance Site(s):

22. Research Team (if known) and Roles:

23. What is the name of your grantee organization or university? This is the organization which manages grant funds:

**TRISERVICE NURSING RESEARCH PROGRAM (TSNRP)**

**Grant Application Cover Sheet**

(Please type or print)

**Principal Investigator:**

*(Last, First, Middle initial)*

**Rank:**

**Branch of Service and Component:**

- |                                    |                                 |                                  |                                |                                  |
|------------------------------------|---------------------------------|----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> ARMY      | <input type="checkbox"/> ACTIVE | <input type="checkbox"/> RESERVE | <input type="checkbox"/> GUARD | <input type="checkbox"/> RETIRED |
| <input type="checkbox"/> NAVY      | <input type="checkbox"/> ACTIVE | <input type="checkbox"/> RESERVE | <input type="checkbox"/> GUARD | <input type="checkbox"/> RETIRED |
| <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> ACTIVE | <input type="checkbox"/> RESERVE | <input type="checkbox"/> GUARD | <input type="checkbox"/> RETIRED |

**HOME**

<b>ADDRESS:</b>		
<b>Phone:</b>	<b>Cell phone:</b>	<b>FAX:</b>
<b>E-mail:</b>		

**MILITARY ASSIGNMENT**

<b>Position Title:</b>		
<b>Duty Station/Unit:</b>		
<b>Address:</b>		
<b>Phone:</b>	<b>Cell phone:</b>	<b>Pager:</b>
<b>DSN:</b>	<b>FAX:</b>	
<b>E-mail:</b>		

**CIVILIAN POSITION (if applicable):**

<b>Position Title:</b>		
<b>Employer:</b>		
<b>Address:</b>		
<b>Phone:</b>	<b>Cell phone:</b>	<b>Pager:</b>
<b>FAX:</b>		
<b>E-mail:</b>		

**Preferred Contact Address/Phone/FAX/E-mail (check one):**

- Home                                       Military                                       Civilian

**Nursing Specialty (check all that apply):**

- Med-Surg       Critical Care       Women's Health       Psych  
 Pediatric       Community Health       Education       Nursing Administration  
 Other (specify):

**Category of award for this application (check one):**

- Novice Investigator Award                                       Graduate Research Award  
 1-Year     Research Fellow Award  
 2-Year     Pilot Project or Feasibility Award  
 3-Year     Evidence-Based Practice  
 Fast Track

**Identify the type of research study:**

- Quantitative                                       Qualitative                                       Mixed

**Identify the main research priority that is investigated in this proposal.**

(see FY 2010 Call for Proposals Part III “Research Priorities”)

Please check one item for the Primary Research Priority (Required) and one item for Secondary Priority Area (if appropriate).

**Primary Research Priority Area:  
(Required)**

- 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.

**Secondary Research Priority Area:**

- 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 (please specify)

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

- | <u>Active Duty</u>                 | <u>Reserve</u>                     | <u>Beneficiaries</u>              |
|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> ARMY      | <input type="checkbox"/> ARMY      | <input type="checkbox"/> Spouses  |
| <input type="checkbox"/> NAVY      | <input type="checkbox"/> NAVY      | <input type="checkbox"/> Children |
| <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> AIR FORCE | <input type="checkbox"/> Retiree  |
| <input type="checkbox"/> MARINES   | <input type="checkbox"/> GUARD     | <input type="checkbox"/> Elderly  |

**Is this application a revision of a previously submitted application?**  Yes  No

**Indicate the year of application and title of project:**

Year

Title


Have you applied as a Principal Investigator for TSNRP support in the past?  Yes  No

Indicate the year of application, title of project, proposal number (e.g., N96-100) and whether or not project was funded. *Attach list if additional space is needed.*

YEAR	TITLE	Proposal Number	Funded? (Yes/No)
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Have you participated in TSNRP's grant writing workshop?  Yes  No

Have you participated in other grant writing workshops?  Yes  No

If yes, please list below.

Date	SPONSOR (IF WORKSHOP)	Method of learning

Have you participated in TSNRP's Post-Award Grant Management Workshop?  Yes  No

If yes, please provide dates and location.

Date	Location

How and when did you first learn of TSNRP funding opportunities?


**PIs previously funded by TSNRP must report dissemination efforts related to each of their TSNRP-funded studies on attached pages.**

For each presentation report: Presentation Title, Type (e.g., poster/podium/other), Author Name, Venue (e.g., Conference Name), Date, Location (City, State/Country).

For each publication report: Type (e.g., Journal, Newsletter, Policy Paper), Author Line, Publication Title, Source Title, and Date. Provide full journal citations (if applicable), using APA format. Provide publication status (e.g., published, in review, or in press).

Arrange your dissemination efforts by TSNRP study number.

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

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Signature

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**TRISERVICE NURSING RESEARCH PROGRAM**  
**RELEVANCE TO MILITARY NURSING**

**DIRECTIONS:** In the space provided below, please state the relevance of the proposed research to military nursing and how the research will expand the body of military scientific knowledge or military nursing practice.

**DO NOT EXCEED THIS SPACE.**



**TRISERVICE NURSING RESEARCH PROGRAM  
RECOMMENDATIONS AND REVISIONS FOR FY SUBMISSION**

**Introduction:**

This Revised proposal is submitted in response to concerns outlined by TSNRP reviewers. The applicant greatly appreciates the vital comments and hopes the recommendations are addressed adequately in this revised application. The table summarizes responses to review concerns, identifies the proposed solution(s), and references the location of the amendments.

**Major Concerns from Scientific Review**

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Match aims to an analysis plan.	Aims have been modified.	A, p. 29; D p 44-49

**Major Concerns from Programmatic Review**

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Rationale	Rationale has been expanded, including an explanation as to how this group may not differ from previously studied groups, but that the circumstances have changed since 10 years ago.	B, 5 p 39

**Primary Reviewer's Evaluative Comments**

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Power analysis.	Power analysis has been added.	C, p 43-44

**Secondary Reviewer's Evaluative Comments**

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Preliminary study does little to provide a background for the proposal.	Applicant's previous research experience and how it contributed to the development of the proposal is discussed, pilot study information added.	C, p 39-44

**Military Reviewer's Evaluative Comments**

REVIEWER'S SUGGESTION	CHANGES MADE	PAGES SHOWING RELEVANT CHANGES
Dissemination plan lacking.	Dissemination plan added.	E 6, p 54