

# APPENDIX C

## FORMS

### TSNRP FORMS

- Letter of Intent to Submit Application
- Grant Application Cover Sheet
- Relevance to Military Nursing
- Recommendations and Revisions for FY \_\_ Submission

### PHS 398 SAMPLE FORMS

#### *General Use*

- PHS 398 Face Page
- PHS 398 Detailed Budget Page for Initial Budget Period
- PHS 398 Budget Page for Entire Proposed Project Budget Period
- PHS 398 Checklist (usually completed by the applicant organization)

#### *Fast Track Awards*

- PHS 398 Table of Contents – Modified

### PHS 416-1 Forms

#### *Graduate Research Awards*

- PHS 416-1 Pages
  - Scholastic Performance (Form Page 4)
  - Background (Form Page 5)
  - Biographical Sketch of Sponsor (Form Page 7)
  - Facilities and Commitment (Form Page 8)

#### *Research Fellow Awards*

- PHS 416-1 Pages
  - Form Page 2
  - Table of Contents (Form Page 3)
  - Scholastic Performance (Form Page 4)
  - Background (Form Page 5)
  - Research (Form Page 6)
  - Biographical Sketch of Sponsor (Form Page 7)
  - Facilities and Commitment (Form Page 8)

# **TSNRP Forms**

**Letter of Intent to Submit Application**

**Grant Application Cover Sheet**

**Relevance to Military Nursing**

**Recommendations and Revisions for FY \_\_ Submission**

I intend to submit a grant application in response to the TriService Nursing Research Program **FY 2005-A Call for Proposals**.

**First Name:**

**Last Name:**

**Rank:**

**Service Branch:**

**Mailing Address:**

**E-mail Address:**

**Telephone:**

**Fax:**

**Proposal's Working Title:**

**Research Objectives:**

**Study Population/Sample:**

**Study Design:**

**Analysis Plan:**

**Performance Site(s):**

**Research Team (if known) and Roles:**

**Type of Award:**

- Novice Investigator
- 1-year study
- 2-year study
- 3-year study
- Pilot Project
- Graduate Research
- Research Fellow
- Fast Track

**Applicant Organization:**

TRISERVICE NURSING RESEARCH PROGRAM  
GRANT APPLICATION COVER SHEET  
(Please type or print)

**Principal Investigator:** \_\_\_\_\_ **Rank:** \_\_\_\_\_  
(Last, First, Middle Initial)

**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 ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**MILITARY ASSIGNMENT**

**Position Title:** \_\_\_\_\_

**Duty Station/Unit:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DSN:** \_\_\_\_\_

**Commercial:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**CIVILIAN POSITION (if applicable):**

**Position Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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

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

ICU  Med-Surg  OR  Pediatric  OB  GYN  Psych  Nurs. Admin.

Community Health  Other (specify) \_\_\_\_\_

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

- Novice Investigator Award
- 1-Year Award
- 2-Year Award
- 3-Year Award
- Pilot Project Award
- Graduate Research Award
- Research Fellow Award
- Fast Track Award

**Identify the main research priority that is investigated in this proposal**  
(see FY 2005-A Call for Proposals Part III “Research Priorities”):

**Research Priority Area:** \_\_\_\_\_

**Identify 2-3 key words relating to the proposal:**  
\_\_\_\_\_

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

- |                                    |                                    |                                   |
|------------------------------------|------------------------------------|-----------------------------------|
| <b>Active Duty</b>                 | <b>Reserve</b>                     | <b>Beneficiaries</b>              |
| <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"/> 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:

Year	Title	Proposal Number	Funded? (Yes/No)
<b>Attach list if additional space is needed</b>			

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

**Have you received grant writing support from attendance at a TSNRP-sponsored grant writing workshop, or the online course “Research and Proposal Savvy via Distance Learning (RAPPS)”?**  Yes  No

Date	Method of learning	Location (if workshop)

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

**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

# **PHS 398 Sample Forms**

## **Profile:**

**Active Duty PI**

**2-year study**

**Nonprofit Organization**

## **Forms:**

**Face Page**

**Detailed Budget for Initial Budget Period (Year 1)**

**Detailed Budget for Year 2)**

**Budget for Entire Proposed Project Period**

**Checklist**

Department of Health and Human Services Public Health Services <h3 style="text-align: center;">Grant Application</h3> <p style="text-align: center;"><i>Follow instructions carefully. Do not exceed 56-character length restrictions, including spaces.</i></p>		<b>LEAVE BLANK—FOR PHS USE ONLY.</b>			
		Type	Activity	Number	
		Review Group		Formerly	
		Council/Board (Month, Year)		Date Received	
1. TITLE OF PROJECT <b>An Intervention for Nurses with Bad Exercise Behaviors</b>					
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If "Yes," state number and title) Number: N/A Title: <b>TriService Nursing Research Program</b>					
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes		
3a. NAME (Last, first, middle) <b>Murphy, Patricia</b>		3b. DEGREE(S) <b>RN, MN PhD</b>			
3c. POSITION TITLE <b>Nurse Researcher</b>		3d. MAILING ADDRESS (Street, city, state, zip code)  <b>124 Challenger Street America City, MD 12345-0000</b>			
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT <b>Nursing Research Department</b>					
3f. MAJOR SUBDIVISION <b>Nursing</b>					
3g. TELEPHONE AND FAX (Area code, number and extension)					
TEL: <b>(123) 456-7890</b>		FAX: <b>(123) 098-7654</b>		E-MAIL ADDRESS: <b>lpaul@bestevernetwork.com</b>	
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No. _____		5. VERTEBRATE ANIMALS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		4b. Human Subjects Assurance No.	4c. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	5a. If "Yes," IACUC approval Date	5b. Animal welfare assurance no
6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY) From <b>6/1/04</b> Through <b>5/31/06</b>		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD 7a. Direct Costs (\$) <b>\$130,976</b>		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT 7b. Total Costs (\$) <b>\$245,353</b> 8a. Direct Costs (\$) <b>\$245,353</b> 8b. Total Costs (\$) <b>\$269,889</b>	
9. APPLICANT ORGANIZATION Name <b>Acme Foundation</b> Address <b>9876 Beausoleil Street, Suite 1 America City, MD 12346</b>  Institutional Profile File Number (if known)			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input checked="" type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
			11. ENTITY IDENTIFICATION NUMBER <b>12-3456789</b> DUNS NO. (if available)  Congressional District <b>6</b>		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name <b>Kay Ginn</b> Title <b>Director</b> Address <b>Acme Foundation 9876 Beausoleil Street, Suite 1 America City, MD 12346</b>  Tel <b>(123) 567-8904</b> FAX <b>(123) 567-8901</b> E-Mail <b>kayginn@acmefoundation.org</b>			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name <b>Kay Ginn</b> Title <b>Director</b> Address <b>Acme Foundation 9876 Beausoleil Street, Suite 1 America City, MD 12346</b>  Tel <b>(123) 567-8904</b> FAX <b>(123) 567-8901</b> E-Mail <b>kayginn@acmefoundation.org</b>		
14. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.			SIGNATURE OF PI/PD NAMED IN 3a. (In ink. "Per" signature not acceptable.)		DATE
15. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. (In ink. "Per" signature not acceptable.)		DATE

Principal Investigator/Program Director (Last, first, middle): Murphy, Patricia Col

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM 6/1/2004	THROUGH 5/31/2005	
PERSONNEL ( <i>Applicant organization only</i> )		TYPE APPT. (months)	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED ( <i>omit cents</i> )		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Patricia Murphy	Principal Investigator	12	5.0	79,308	WOC	WOC	WOC
Julie Roberts	Co-I	12	5.0	64,689	WOC	WOC	WOC
Deborah Perkins	Project Director	12	100.0	64,500	64,500	16,125	80,6250
To be hired	RA	12	50.0	31,000	15,500	3,875	19,375
S.Tatsisme	Statistician	2	25.0	61,000	2,542	635	3,177
<b>SUBTOTALS</b> →					<b>82,542</b>	<b>20,635</b>	<b>103,177</b>
CONSULTANT COSTS							
Dr. Ima Expert - 1 day on-site consultation						4,000	4,000
EQUIPMENT ( <i>Itemize</i> )							
Random Zero Sphygmanometer \$900 x 2						1,800	
Ambulatory BP Mon Sys \$150/monitor x 103						15,450	
Scanner						799	
							18,049
SUPPLIES ( <i>Itemize by category</i> )							
Office Supplies \$100/mon x 12 mon \$1,200							
3-drawer filing cabinet \$350							
							1,550
TRAVEL							
Consultant travel							1,200
PATIENT CARE COSTS		INPATIENT					0
		OUTPATIENT					0
ALTERATIONS AND RENOVATIONS ( <i>Itemize by category</i> )							
None							0
OTHER EXPENSES ( <i>Itemize by category</i> )							
Duplication Costs \$1,200							
Telephone Line for Downloading Data \$480							
Postage \$720							
Advertising for Personnel hiring (Research Assistant) \$600							3,000
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>							<b>\$130,976</b>
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS					0
		FACILITIES AND ADMINISTRATIVE COSTS					0
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> ( <i>Item 7a, Face Page</i> ) →						<b>\$130,976</b>	
<b>SBIR/STTR Only: FIXED FEE REQUESTED</b>							

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM 6/1/2005	THROUGH 5/31/2006		
PERSONNEL (Applicant organization only)		TYPE APPT. (months)	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED (omit cents)			
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL	
Patricia Murphy	Principal Investigator	12	5.0	79,308	WOC	WOC	WOC	
Julie Roberts	Co-I	12	5.0	64,689	WOC	WOC	WOC	
Deborah Perkins	Project Director	12	100.0	64,500	64,500	16,125	80,625	
To be hired	RA	12	50.0	31,000	15,500	3,875	19,375	
S.Tatsisme	Statistician	2	25.0	61,000	2,542	635	3,177	
<b>SUBTOTALS</b> →					<b>82,542</b>	<b>20,635</b>	<b>103,177</b>	
CONSULTANT COSTS								
Dr. Ima Expert – 1.25 day on-site consultation						6,000	6,000	
EQUIPMENT (Itemize)								
0								
SUPPLIES (Itemize by category)								
Office Supplies \$100/mon x 12 mon \$1,200							1,200	
TRAVEL								
Principal Investigator travel to National Conference (year 2)						1,500	1,500	
PATIENT CARE COSTS		INPATIENT						0
		OUTPATIENT						0
ALTERATIONS AND RENOVATIONS (Itemize by category)								
None								
0								
OTHER EXPENSES (Itemize by category)								
Duplication Costs \$1,200								
Presentation preparation \$250								
Communication Costs \$720								
Manuscript preparation \$330							2,500	
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>							<b>\$114,377</b>	
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS						0
		FACILITIES AND ADMINISTRATIVE COSTS						0
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> (Item 7a, Face Page) →							<b>\$114,377</b>	
<b>SBIR/STTR Only: FIXED FEE REQUESTED</b>								

Principal Investigator/Program Director (Last, first, middle): Murphy, Patricia Col

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD  
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD (from Form Page 4)	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>		103,177	103,177	0	0	0
CONSULTANT COSTS		4,000	6,000	0	0	0
EQUIPMENT		18,049	0	0	0	0
SUPPLIES		1,550	1,200	0	0	0
TRAVEL		1,200	1,500	0	0	0
PATIENT CARE COSTS	INPATIENT	0	0	0	0	0
	OUTPATIENT	0	0	0	0	0
ALTERATIONS AND RENOVATIONS		0	0	0	0	0
OTHER EXPENSES		3,000	2,500	0	0	0
SUBTOTAL DIRECT COSTS		130,976	114,377	0	0	0
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT	0	0	0	0	0
	F&A	0	0	0	0	0
<b>TOTAL DIRECT COSTS</b>		<b>130,976</b>	<b>114,377</b>	<b>0</b>	<b>0</b>	<b>0</b>

**TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD** (Item 8a, Face Page) \$ 245,353

*SBIR/STTR Only  
Fixed Fee Requested*

**SBIR/STTR Only: Total Fixed Fee Requested for Entire Proposed Phase II Period**

(Add Total Fixed Fee amount to "Total direct costs for entire proposed project period" above and Total F&A/indirect costs from Checklist Form Page, and enter these as "Costs Requested for Proposed Period of Support on Face Page, Item 8b.)

\$

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

Principal Investigator/Program Director (Last, first, middle): Murphy, Patricia Col

**CHECKLIST**

**TYPE OF APPLICATION** (Check all that apply.)

NEW application. (This application is being submitted to the PHS for the first time.)

SBIR Phase I     SBIR Phase II: SBIR Phase I Grant No. \_\_\_\_\_

STTR Phase I     STTR Phase II: STTR Phase I Grant No. \_\_\_\_\_

SBIR Fast Track  
 STTR Fast Track

REVISION of application number: \_\_\_\_\_

(This application replaces a prior unfunded version of a new, competing continuation, or supplemental application.)

- COMPETING CONTINUATION** of grant number: \_\_\_\_\_  
 (This application is to extend a funded grant beyond its current project period.)
- SUPPLEMENT** to grant number: \_\_\_\_\_  
 (This application is for additional funds to supplement a currently funded grant.)
- CHANGE** of principal investigator/program director.  
 Name of former principal investigator/program director: \_\_\_\_\_
- FOREIGN** application or significant foreign component.

**INVENTIONS AND PATENTS**  
 (Competing continuation appl. and Phase II only)

No  Previously reported  
 Yes. If "Yes,"   Not previously reported

**1. PROGRAM INCOME (See instructions.)**

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)
N/A	0	N/A

**2. ASSURANCES/CERTIFICATIONS (See instructions.)**

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/certifications are provided in Section III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

- Human Subjects; •Research Using Human Pluripotent Stem Cells•
- Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy •Vertebrate Animals•

- Debarment and Suspension; •Drug- Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); •Lobbying; •Non-Delinquency on Federal Debt; •Research Misconduct; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Recombinant DNA and Human Gene Transfer Research; •Financial Conflict of Interest (except Phase I SBIR/STTR) •STTR ONLY: Certification of Research Institution Participation.

**3. FACILITIES AND ADMINISTRATIVE COSTS (F&A)/ INDIRECT COSTS.** See specific instructions.

- DHHS Agreement dated: \_\_\_\_\_  No Facilities And Administrative Costs Requested.
- DHHS Agreement being negotiated with \_\_\_\_\_ Regional Office.
- No DHHS Agreement, but rate established with USUHS Date 1/29/02

**CALCULATION\*** (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information. Supplying the following information on F&A costs is optional for for-profit organizations.)

a. Initial budget period:	Amount of base \$	<u>130,976</u>	x Rate applied	<u>10</u>	% = F&A costs	\$	<u>13,098</u>
b. 02 year	Amount of base \$	<u>114,377</u>	x Rate applied	<u>10</u>	% = F&A costs	\$	<u>11,438</u>
c. 03 year	Amount of base \$	_____	x Rate applied	_____	% = F&A costs	\$	_____
d. 04 year	Amount of base \$	_____	x Rate applied	_____	% = F&A costs	\$	_____
e. 05 year	Amount of base \$	_____	x Rate applied	_____	% = F&A costs	\$	_____
<b>TOTAL F&amp;A Costs \$</b>							<b>24,536</b>

\*Check appropriate box(es):

- Salary and wages base  Modified total direct cost base  Other base (Explain)
- Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):

**4. SMOKE-FREE WORKPLACE**  Yes  No (The response to this question has no impact on the review or funding of this application.)

# **PHS 398 Table of Content for Fast Track Awards**

The name of the principal investigator/program director must be provided at the top of each printed page and each continuation page.

## FAST TRACK AWARD RESEARCH GRANT TABLE OF CONTENTS

Page Numbers

<b>Face Page</b> .....	_____
<b>Description, Performance Sites, and Personnel</b> .....	_____
<b>Table of Contents</b> .....	_____
<b>Detailed Budget for Initial Budget Period (or Modular Budget)</b> .....	_____
<b>Budget for Entire Proposed Period of Support (not applicable with Modular Budget)</b> .....	_____
<b>Budgets Pertaining to Consortium/Contractual Arrangements (not applicable with Modular Budget)</b> .....	_____
<b>Biographical Sketch</b> —Principal Investigator/Program Director ( <i>Not to exceed four pages</i> ).....	_____
<b>Other Biographical Sketches</b> ( <i>Not to exceed four pages for each – See instructions</i> ).....	_____
<b>Resources</b> .....	_____
<b>Research Plan</b>	
Introduction to Revised Application ( <i>Not to exceed 3 pages</i> ) .....	_____
<i>Items A-N: not to exceed 10 pages</i>	
A. Purpose/Objectives/Specific Aims .....	_____
B. Hypotheses/Research Questions .....	_____
C. Significance.....	_____
D. Military Relevance.....	_____
E. Background/Review of Literature.....	_____
F. Preliminary Studies/Progress Report.....	_____
G. Research Design, Methods, and Randomization Process.....	_____
H. Data Collection and Measurement.....	_____
I. Target Sample, Sample Size, and Inclusion/Exclusion Criteria.....	_____
J. Data Collection and Measurement.....	_____
K. Human Subject Protection, Recruitment, Benefits, Risks, and Risk/Benefit Assessment.....	_____
L. Vertebrate Animals.....	_____
M. Data Analysis .....	_____
N. Timeline.....	_____
O. Bibliography .....	_____

**Checklist** .....

**Appendix** (*Five collated sets. No page numbering necessary for Appendix.*)

*Appendices NOT PERMITTED for Phase I SBIR/STTR unless specifically solicited.*

Number of publications and manuscripts accepted for publication (*not to exceed 10*) \_\_\_\_\_  
Other items (list):

Check if  
Appendix is  
Included

# **PHS 416-1 Forms for Graduate Research Awards**

(For Student Applicants)

To be completed in addition to selected PHS398 forms (see table on page 13)

**Scholastic Performance (Form Page 4)**

**Background (Form Page 5)**

**Biographical Sketch of Sponsor (Form Page 7)**

**Facilities and Commitment (Form Page 8)**



**TSNRP Graduate Research Award Application  
Background**

*(To be completed by applicant--follow PHS 416-1 instructions.)*

NAME OF APPLICANT *(Last, first, middle initial)*

24. PRIOR AND/OR CURRENT TSNRP SUPPORT. List type (individual and/or institutional), level (pre or post), dates, and grant or award numbers.

25a. ACADEMIC AND PROFESSIONAL HONORS. Include all scholarships, traineeships, fellowships, and development awards. Indicate source of awards (NSF, Woodrow Wilson, etc.), dates, and grant or award numbers. List current professional societies, if applicable.

25b. TITLE(S) OF THESIS/DISSERTATION(S)

26. NAME OF DISSERTATION ADVISOR OR CHIEF OF SERVICE  
*(If reference report not included, explain why not.)*

TITLE, DEPARTMENT, AND INSTITUTION

27. APPLICATION FOR CONCURRENT SUPPORT

NO  YES

Using format below, list all support (training, research, supplies, travel, etc.) applied for that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.

Type:

Source:

Type:

Source:

Type:

Source:

Type:

Source:

Type:

Source:

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

**BIOGRAPHICAL SKETCH**

Provide the following information for the sponsor (and co-sponsor, if applicable) in the format indicated. Use a separate Form Page 7 for each biographical sketch submitted. **DO NOT EXCEED FOUR PAGES** Also, complete items 9 through 14 on Form Page 1, and items 19, 20 and 21 on Form Page 2.

NAME OF SPONSOR (CO-SPONSOR)		POSITION TITLE	
EDUCATION/TRAINING ( <i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i> )			
INSTITUTION AND LOCATION	DEGREE ( <i>if applicable</i> )	YEAR(s)	FIELD OF STUDY

**NOTE: The Biographical Sketch may not exceed four pages. Items A and B may not exceed two of the four-page limit.**

**A. Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

**B. Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation.

**C. Research Support.** List selected ongoing or completed (during the last three years) research projects (Federal and non-Federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the sponsor (co-sponsor) identified above.

Principal Investigator/Program Director (Last, first, middle):

PART II (Form Pages 7 to 9) Continued

Name of Applicant (Last, first, middle): \_\_\_\_\_

**BIOGRAPHICAL SKETCH**

Provide the following information for the sponsor (co-sponsor). **DO NOT EXCEED FOUR PAGES.**

NAME OF SPONSOR (CO-SPONSOR)	POSITION TITLE
------------------------------	----------------

EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

## TSNRP Graduate Research Award Application Facilities and Commitment

*(To be completed by sponsor--follow PHS 416-1 instructions.)*

NAME OF APPLICANT *(Last, first, middle initial)*

32. Identify the research and research training support available to the sponsor and the applicant during period of proposed award.

### 33. SPONSOR'S PREVIOUS FELLOWS/TRAINEES

Give total number of pre- and postdoctoral individuals and provide information on a representative five. List their present employing organizations and position titles or occupations.

### FACILITIES AND COMMITMENT STATEMENT

*In the space below and on continuation pages, complete the following items. Identify each item by number and title.*

#### 34. Training Plan, Environment, Research Facilities.

Describe the research training plan for the applicant, include such items as classes, seminars, and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewing groups evaluate the applicant and the proposed training. Indicate the relationship of the proposed research training to the applicant's career. Describe the skills, techniques, etc., that the applicant will learn and relate these to the applicant's career goals.

#### 35. Number of Fellows/Trainees to be Supervised During the Fellowship. Indicate Pre-or Postdoctoral.

#### 36. Applicant's Qualifications and Potential for a Research Career.

#### 37. Human Subjects/Vertebrate Animals Use and Description.

38. **CERTIFICATION:** We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.

SIGNATURE	TYPED NAME	OFFICE TELEPHONE	DATE
SPONSOR			
DEPARTMENT HEAD			
OFFICIAL SIGNING FOR SPONSORING INSTITUTION			

# **PHS 416-1 Forms for Research Fellow Awards**

To be completed in addition to selected PHS398 forms (see table on page 13)

**Form Page 2**

**Table of Contents (Form Page 3)**

**Scholastic Performance (Form Page 4)**

**Background (Form Page 5)**

**Research (Form Page 6)**

**Biographical Sketch of Sponsor (Form Page 7)**

**Facilities and Commitment (Form Page 8)**

<b>TSNRP Research Fellow Award Application</b> (To be completed by applicant-- follow PHS 416-1 instructions)				NAME OF APPLICANT (Last, first, middle initial)		
16. APPLICANT'S EDUCATION						
DEGREE	MONTH(mm)	YEAR (yyyy)	FIELD	INSTITUTION	MENTOR	
17. APPLICANT'S TRAINING/EMPLOYMENT (After college)						
ACTIVITY/ OCCUPATION	BEGINNING DATE (mm/yy)	ENDING DATE (mm/yy)	FIELD	INSTITUTION/COMPANY	SUPERVISOR/EMPLOYER	
18. GOALS FOR FELLOWSHIP TRAINING AND CAREER						
<b>SPONSOR</b>						
19. NAME AND DEGREE(S)						
20. POSITION/RANK						
21. RESEARCH INTERESTS/AREAS						
<b>RESEARCH PROPOSAL</b>						
22. DESCRIPTION						

**Table of Contents**

**Page Numbers**

(Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 6a, 6b.)

**Section 1 — Applicant**

Face Page (PHS 398 form), Form Page 2, and Table of Contents (Form Page 3)

1-3

Scholastic Performance (Form Page 4).....

4

Background (Form Page 5).....

5

Research (Form Page 6)

a. Summary.....

b. Doctoral Dissertation .....

c. Publications.....

Revised Application.....

Training Plan .....

a. Activities Under Award.....

b. Training Proposal.....

(1) Background and Career Goals of the fellow }.....

(2) Significance to Military Nursing Research }.....

(3) Specific Aims of the Training..... } (Not to exceed 10 pages)

(4) Mentoring Plan .....

(5) Final Product .....

(6) Literature Cited .....

c. Respective Contributions.....

d. Selection of Sponsor and Institution .....

e. Responsible Conduct of Research .....

Biographical Sketch of Research Fellow (PHS 398 form)

**Section 2 — Sponsor**

Biographical Sketch (Form Page 7).....

Facilities and Commitment Statement (Form Page 8).....

Training Plan, Environment, Research Facilities.....

Number of Fellows/Trainees to be Supervised .....

Applicant's Qualifications and Potential.....

Human Subjects .....

Vertebrate Animals .....

**Section 3 — Budget**

Detailed Budget for Initial Budget Period (PHS 398 form) .....

Budget for Entire Proposed Period of Support (PHS 398 form) .....

Budgets Pertaining to Consortium/Contractual Arrangements (PHS 398 form) .....

Checklist (PHS 398 form).....

Other Items (list):

Personal Data Page for Applicant (PHS 398 form)

**Section 4 — Appendix**

(3 collated sets. No page numbering necessary. Not to exceed 3 publications; 2 for predoctoral candidates.)

Check if Appendix is included



**TSNRP Research Fellow Award Application**  
**Background**

(To be completed by applicant--follow PHS 416-1 instructions.)

NAME OF APPLICANT (Last, first, middle initial)

24. PRIOR AND/OR CURRENT TSNRP SUPPORT. List type (individual and/or institutional), level (pre or post), dates, and grant or award numbers.

25a. ACADEMIC AND PROFESSIONAL HONORS. Include all scholarships, traineeships, fellowships, and development awards. Indicate source of awards (NSF, Woodrow Wilson, etc.), dates, and grant or award numbers. List current professional societies, if applicable.

25b. TITLE(S) OF THESIS/DISSERTATION(S)

26. NAME OF DISSERTATION ADVISOR OR CHIEF OF SERVICE  
 (If reference report not included, explain why not.)

TITLE, DEPARTMENT, AND INSTITUTION

27. APPLICATION FOR CONCURRENT SUPPORT

NO  YES

Using format below, list all support (training, research, supplies, travel, etc.) applied for that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.

Type:

Source:

Type:

Source:

Type:

Source:

Type:

Source:

Type:

Source:

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

TSNRP Research Fellow Award Application

NAME OF APPLICANT (Last, first, middle initial)

**Research**

(To be completed by applicant--follow PHS 416-1 instructions.)

## 28. RESEARCH EXPERIENCE

- a. Summary
- b. Doctoral Dissertation
- c. Publications (published, accepted, submitted, or in preparation)

## 29. REVISED APPLICATION

## 30. TRAINING PLAN

- a. Approximate percentage of proposed award time in activities identified below. (See instructions.)

Year	Research	Course Work	Teaching	Clinical
First				

## b. Training Proposal

- Background and Career Goals of the fellow
  - Significance to Military Nursing Research
  - Specific Aims of the Training
  - Mentoring Plan
  - Final Product
- c. Respective Contributions
  - d. Selection of Sponsor and Institution
  - e. Responsible Conduct of Research

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POSITION TITLE

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

INSTITUTION AND LOCATION

DEGREE  
(*if applicable*)

YEAR(s)

FIELD OF STUDY

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SIGNATURE	TYPED NAME	OFFICE TELEPHONE	DATE
SPONSOR			
DEPARTMENT HEAD			
OFFICIAL SIGNING FOR SPONSORING INSTITUTION			