School Nurse Organization of Minnesota

TO: School Nurse Researchers

FROM: SNOM Research Committee

RE: School Nursing Research Grant

This is sent in response to your inquiry about the research grant given by the School Nurse Organization of Minnesota (SNOM). It is with pleasure that we announce this opportunity for school nurses to apply for grant(s) to fund proposed research.

Grants will focus on:

• Any area of proposed research pertinent to school nursing or that has an impact on student health and well being.

School nursing research supports the following SNOM goals established in the Strategic Planning process. These are to:

• advance school nursing knowledge and skills through professional development and research
• disseminate research and best practice information that impacts school nursing practice

The grant(s) will be made through a competitive basis. Please review the qualifications and instructions closely. To be eligible for review all application instructions must be followed. All qualified applications will be read and rated by the Research Review Committee. Directions and scoring criteria are enclosed for your reference. Individual grant amounts will be up to $900. A total amount less than this may be awarded depending upon budget requests and quality of grant applicants. The results of your application’s review will be made known to you within 60 days of receipt of your application.

Attachments: Form 2 - Qualifications & Specifications for Applications
Form 3 - Description of Terms & Components of the Research Grant Application
Form 4 - Research Grant Application Form
Form 6 - Letter of Commitment
Form 7 - Research Grant Scoring Criteria
Form 10 - Research Grant Checklist for Applicant’s Use
QUALIFICATIONS AND SPECIFICATIONS FOR APPLICATIONS
FOR RESEARCH GRANT(S)

Applicant Qualifications (If a team is submitting the application, a minimum of one team member must meet these qualifications.)

1. Must be a qualified professional school nurse engaged in one of the following:
   a. Practice of school nursing
   b. Education of school nurses
   c. Study of school nursing (graduate student) or be retired from school nursing

2. A current member of SNOM.
3. Grant applicants must sign letter of commitment and complete application.

Application Instructions
• One signed original and two (2) copies. FAXED copies of the application are not accepted. Research project must be delivered or mailed to:

SCHOOL NURSE ORANIZATION OF MINNESOTA
C/O CYNTHIA HILTZ
4060 149TH AVE NW
ANDOVER, MN 55304

• Applicant must meet qualifications and follow specified format to be eligible for review.

Specified format:
• Applications must be single sided, double spaced, and submitted on 8 1/2 by 11 white paper. Borders can be no less than one (1) inch.
• Font size restricted to 12 point.
• Project narrative and budget pages must be numbered and include title of the project.
• Project narrative cannot exceed 4 pages, excluding budget, budget narrative, or attachments. Applications not meeting these criteria will not be reviewed.
• Each application packet should be stapled together. DO NOT use binders, covers, etc.
DESCRIPTION OF THE TERMS AND COMPONENTS OF THE RESEARCH GRANT APPLICATION FOR THE SCHOOL NURSE ORGANIZATION OF MINNESOTA

BUDGET

LETTER OF AGREEMENT/COMMITMENT

PROJECT NARRATIVE

TITLE PAGE/COVER SHEET
Title of project, name(s) and address(es) of applicant(s), name and address of applicant’s agency/organization, inclusive dates of project, and date of submission.

RESEARCH QUESTION/PURPOSE
State the question/purpose of the proposed research.

STUDY AIM/HYPOTHESIS
State what the research described is intended to accomplish, what hypothesis (if applicable) will be tested, state the intended objectives of the proposed study and identify needs, problems and goals.

BACKGROUND/REVIEW OF LITERATURE/THEORETICAL DISCUSSION
Review significant previous work and current status of research in the field related to the problem or issue under investigation.

METHODOLOGY
Description of how the objectives will be met or the hypotheses or specific aims tested. Describe details about design, sample, setting, procedures, data collection, data analysis, instruments and timeline.

SIGNIFICANCE TO SCHOOL NURSING
Describe potential significance of the proposed research and relevance to school nursing and/or impact on student health.

QUALIFICATIONS OF THE RESEARCHER AND/OR MEMBERS OF THE RESEARCH TEAM
Include faculty (if applicable), team members, facility and resources available to carry out the project at your proposed institution.

INSTITUTIONAL REVIEW BOARD (IRB)
The research protocol and informed consent form must be approved by appropriate institutions’ Institutional Review Boards (IRB) or, in their absence, their appropriate administrative bodies.
SNOM RESEARCH GRANT APPLICATION
FORM FOR FUNDING OF PROPOSED RESEARCH

Application for SNOM Research Grant to fund:
1. Any area of proposed research pertinent to school nursing or that has an impact on student health and well being.

Title of Project:____________________________________________________

Amount of funding requested: $____________________ (Funding amount is up to $900.00)

Research Applicant Name:___________________________________________

Professional Credentials:_____________________________________________

Address: _________________________________________________________

Telephone: (Home) ___________________________

(Work) __________________________

Fax: _____________________________

Email: _____________________________________

Employer Name:_______________________________________________________________

Employer Address:_____________________________________________________________

Educational Facility Name:_______________________________________________________

Educational Facility Address:_____________________________________________________

Current Membership in SNOM: yes______ no_____

Name and Address of Collaborating Agency if applicable:___________________
_________________________________________________________________
Submit original with identifying information and two (2) copies of the application proposal. The decision of the Committee is final and not open to appeal.

Applicant Signature:

________________________________________________________________________

Date: ___________________________________________________________________
SCHOOL NURSE ORGANIZATION OF MINNESOTA
RESEARCH GRANT FOR FUNDING OF PROPOSED RESEARCH

LETTER OF COMMITMENT

I, ___________________________________________________

if offered a Research Grant from SNOM to fund proposed research, agree to the following:

- Complete the research in the time frame established within the proposal. In the case where extenuating circumstances interfere with research completion, I will request an extension in writing in a letter to the current research committee chairperson prior to the specified deadline informing of the need for an extension and providing a specific date when the materials will be submitted.

- Submit to SNOM Research Committee Chairperson a final report of the research findings within one year of the conclusion of the study.

- Submit a one page summary of the research findings within one year of the conclusion of the study and present findings at a Board of Directors meeting.

- Spend appropriated funds as indicated in the proposal unless otherwise negotiated.

- If requested, give a presentation of the research findings at SNOM Annual Conference and write a short review of findings for the SNOMemo.

Signed_____________________________________________________

Date________________________
A panel of 2 or more readers will score applications. Applications not meeting qualifications or parameters of grant structure will not be read. Readers will score the applications using the following scoring criteria:

I. Content of Project Narrative

RESEARCH QUESTION/PURPOSE 5%

STUDY AIM/HYPOTHESIS 10%

BACKGROUND/REVIEW OF LITERATURE/ THEORETICAL DISCUSSION 15%

METHODOLOGY 35%
  ▪ Design, sample, setting, procedure and data collection, data analysis, instruments, timeline.

II. Significance to School Nursing 15%

III. Quality of Proposal

QUALIFICATIONS OF THE RESEARCHER AND/OR MEMBERS OF THE RESEARCH TEAM 15%

OVERALL QUALITY OF APPLICATION 5%
  ▪ Overall quality, appropriate timeline, clearly written and grammatically correct.
SCHOOL NURSE ORGANIZATION OF MINNESOTA
RESEARCH GRANT SCORING CRITERIA/RANKING SHEET
FOR FUNDING OF PROPOSED RESEARCH

Title of Study: ________________________________________________

Applicant’s Name: __________________________________________

Year of Award: ________

Section I: Verified by SNOM; any “No” makes applicant ineligible for grant review.

I. QUALIFICATIONS OF APPLICANT(S) AND OTHER CONSIDERATIONS

Current member of SNOM: _____Yes  _____No
Scope of practice: _____School Nurse  _____Faculty  _____Student
_____Retired SN
Letter of Commitment Signed:  _____Yes  _____No
Agency/Subject’s Consent:  _____Yes  _____No
Text length does not exceed 4 pages (excluding attachments):  _____Yes  _____No

Section II: Completed by individual review of Research Committee and forwarded to Research Committee chairperson.

II. CONTENT AND QUALITY OF THE RESEARCH PROPOSAL

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and/or Members of the Research Team
5% Overall Quality of Application 1 2 3 4 x .05 __________

TOTAL SCORE __________

Reviewer’s Signature: ____________________________ Date __________

Section III: Completed by Research Committee chair.

III. RANKING

Number of ranking in relation to all applicants
__________________

Committee Chair’s Signature: ____________________________

Date __________

Response to Applicant Date: ____________________________

SNOM treasure instructed to send funds: ______________________

Research Completion Date: ____________________________

Copies of report Received: ____________________________

Information to SNOM executive board: ______________________

Request to present at annual conference: ____________________
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