

The sections below correspond directly to the sections of the
**CLPNA – Advancing Knowledge in Practical Nursing Research Grant
Grant Application Instructions**

Application Deadline: Friday, October 14, 2016 at 4:00 pm

Applications will be accepted if they are sent by overnight courier by 4:00pm on the day of the deadline

GENERAL INSTRUCTIONS

- Make sure you fill out the entire application form (including signatures). We accept electronic, faxed, PDF or original copies of signature pages. You can submit signatures on multiple pages.
- Use 12 pt. font size for all parts of the application. Margins should not be less than 0.5 inches on all additional pages provided.
- Use only the space provided on the form for each item of information. Additional pages may only be attached where indicated.
- Do not modify or reproduce the tables in the application form.
- Do not include copies of publications in the application package.
- One copy of the application and all attachments must be submitted to AIHS by the deadline.
- Do **NOT** bind, staple or place the application in binders. Please use a paper clip or elastic to assemble application.
- Do **NOT** use double sided photocopies.
- **We may remove information that is additional to the application without notifying applicants and/or affiliated organizations.**
- Please review the Advancing Knowledge in Practical Nursing Research Grant Program Guide

Section 1: Project Title

Please list the title of the research proposal. If using acronyms, be sure to list the full title of the proposal first followed by the acronym. Subsequent use of the acronym does not need the full title preceding it.

Section 2: Personal Data (principal applicant and co-principal applicant(s))

Applications are filed under the principal applicant's name. A co-principal applicant's name will also be listed. All correspondence relating to this application will be sent to both the Principal Applicant and Co-Principal Applicant(s). See section 3 for the Collaborative Member(s) personal data form.

Section 3: Signatures

Please identify the primary administering institution you work at by completing either Signature Block A (Non-Academic Institutions) or Signature Block B (Academic Institution). We accept electronic or original signatures. Signatures may be submitted on multiple pages.

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Section 4: Collaborative Member(s)

List all Collaborative Member(s) along with their institution/organization, position title, and role (Research, Knowledge/End-user, Other) in the proposed research. Knowledge/end-users are people who can use or move the evidence resulting from the research into use. Knowledge/end-users can include healthcare professionals, community leaders, and individuals who develop policy. We encourage active and meaningful partnerships between research teams based in institutions (including universities, hospitals, and affiliated research institutions) and those in practice-, policy-, private sector- or community-based knowledge/end-user groups. The roles of knowledge/end-users should be formally agreed upon to ensure equity and mutual benefit from the partnership.

Section 5: Public summary

Summarize the research proposal in language suitable for a general public audience. Make sure you describe why the research is important and how it can benefit people. Use analogies, simplifications and generalizations rather than scientific and technical terms. Please Note: This section may be used for external communications purposes or other activities intended for a public audience.

Section 6: Research Abstract

Please provide a brief summary to help scientific readers understand your research proposal. Clearly state the topic and research question or hypothesis of your proposal, include the methods you will use and expected results. Please Note: This section is used for internal administrative purposes including reviewer selection. For successful applications, the research abstract will be accessible to external stakeholders.

Section 7: Detailed Description of Proposal

Attach a clear and concise description of the project using the headings outlined below. Up to three pages can be submitted for this section (does not include references). You can attach up to two more pages to include figures, charts, tables, graphs or surveys/questionnaires. Figure legends are limited to five lines.

Objectives: What do you want to achieve with this project (e.g. generating knowledge, generating awareness, changing practice, changing policy, product development)? What need(s) does the project address? Are the objective(s) realistic?

Audiences: Who do you want to involve and/or engage with in your research or project (please define by *sector or role*, e.g. policy decision-maker, health service provider, researcher, public, investors)? What role will the knowledge users have in the research project (e.g. identifying knowledge needs, generating knowledge, knowledge implementation, evaluating impact)? What would prevent you from or help you engage with your target audience(s)?

Methodology: What methodology will you use? How does this methodology support the objectives of the research or initiative? How will the outcomes be achieved? How does the methodology fit with the intended audiences? Does the project require ethics approval? ([ARECCI](#))

NOTE: *ARECCI helps practitioners assess and mitigate the ethical risks of projects that are not research (e.g., quality improvement, program evaluation, knowledge translation, health innovations and needs assessment). There are two decision-support tools that practitioners use to determine whether a project is research or not, the ethical risks in that project, and the appropriate level of ethical review.*")

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Section 8: Project Work Plan

The work plan should include:

- a clear timeline indicating project start and end date;
- details on activities including team member responsibilities, and deadlines;
- approaches to address challenges;
- a description of any individuals, including roles and responsibilities, who are not part of this application but who are required in the research project. Two more pages may be attached (includes any references, figures, charts, tables, graphs or surveys/questionnaires).

Section 9: Budget

A) Funds Requested. Provide a detailed budget (using the table provided in the application) that includes estimated amounts for each of the following categories: direct investigator support, trainee support, research associate(s)/technicians, management/administration, other personnel, general supplies and minor equipment, communications/networking, knowledge dissemination and any other expenses.

B) Detailed Budget Justification. In addition to the budget table, please provide a detailed justification as follows:

- For each position, state: role, hourly wage, work hours per week and number of weeks to be worked. Use salary/hour rates that are current and appropriate to the work proposed;
- Provide details of any contracts or arrangement for professional and technical services;
- Attach cost estimates for all equipment valued at \$2,000 or more, quoted in Canadian dollars, and include applicable taxes, shipping costs, and any other costs that are part of the purchase; and
- Provide relevant details about any items listed as “other.”

Supporting documentation, including cost quotations for equipment or service contracts, is to be attached immediately following the budget justification.

C) Funding from Other Source(s). If applicable, please list other sources of funding for this project including the agency, amount, period of support and funding status.

D) Funding Partners. If applicable, please describe any partnerships and other contributions you (including Co-Principal Applicant(s) and Collaborative Member(s)) have developed to complete the proposed research activities including funding and in-kind support. A maximum of one page may be used.

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Section 10: Biographical Sketches

Provide biographical sketches for the Principal Applicant, Co-Principal Applicant(s), and **all** Collaborative Member(s) listed in sections 2 and 3. Use the application format only.

When complete, submit **1 original copy** of your application and if applicable to:

**PROGRAMS DEPARTMENT
ALBERTA INNOVATES – HEALTH SOLUTIONS**
Suite 1500, 10104 – 103 Avenue, Edmonton, AB T5J 4A7
Phone: (780) 423-5727 Fax: (780) 429-3509

Full applications must be **received no later than 4:00 pm on Friday, October 14, 2016**.
Applications will be accepted if they are sent by overnight courier by 4:00 pm on the day of the deadline

Electronic submissions are NOT permitted

Additional information on AIHS is available at:

<http://www.aihealthsolutions.ca>

or on the CLPNA site at

<http://www.clpna.com>