

Human Subjects Information

Note: Applications that require project IRB approval can be submitted prior to receipt of IRB approval. However, a copy of the of the project IRB approval letter must be on file with the Beta Mu Chapter Research Counselor before a check will be issued to an award recipient. Discuss questions regarding the need for project IRB approval with the Beta Mu Chapter Research Counselor before the application is submitted.

5. Have you obtained human subjects approval for this project?

- Not Applicable
- Yes (Provide copy of IRB approval letter with application)
- Pending
- No

Proposal Guidelines

Directions: Please submit a proposal that: 1) meets the following format requirements; and 2) addresses the proposal criteria. If you consider a proposal criterion as “not applicable”, please indicate why it is not acceptable in your application.

Format Requirements:

1. No more than 8 pages, which includes title page, references, attachments and/or appendices.
2. Single-spaced.
3. 12 point Arial font.
4. 1 inch margins on all sides
5. References using any approved format consistently throughout proposal

Proposal Criteria:

- Page 1. Title Page with: 1) project title; 2) applicant name, title, and affiliation; and 3) names, titles, and affiliations of any co-applicants involved in the project; 3) Contact information (mailing address, message telephone, preferred email) for primary applicant only
- Page 2: Structured Abstract of no more than 250 words. Abstract should contain and address the following headings: Problem and Significance for Community, Purpose of Project, Community Setting/Sample, Data Collection Strategies, Evaluation Plan. Email abstract only to cmerkle@nursing.arizona.edu
- Pages 3-7: Describe the following:

- I. *Project Background*
 - A. Health issue or problem and its significance for the community of interest
 1. Describe the specific community targeted by the project
 - B. Purpose of proposed project; specific objectives
 - C. The partnership agreement between the nurse scholar and community group/organization
 1. Roles and contributions of each partner
 - D. Potential impact of proposed project on health problem/issue and community
- II. *Project Plan*
 - A. Project development (e.g., specific programs, tools, procedures)
 - B. Data collection tools (e.g., surveys, questionnaires) and procedures
 - C. Evaluation plan to assess project impact on community
 - D. Timeline of project implementation

III. *References, Attachments, and/or Appendices*

- I. Itemized Budget and Associated Costs (e.g., supplies, equipment, etc.)
- II. Budget Justification (*Note*: This should include a description of why the budget is appropriate to support the project.)

Applicant Statement of Agreement

In the event that I, the undersigned, receive a Beta Mu Chapter Community Partnerships Project Grant, I agree to:

1. Accept responsibility for the scientific conduct of the project.
2. Adhere to human subjects protection protocols as approved for the project.
3. Expend funds as described in the application budget.
4. Notify the Beta Mu Chapter Research Counselor of any additional funding support received for the project.
5. Return unused funds to the Beta Mu Chapter treasurer upon completion of the project.
6. Submit an annual project progress report by [April 1](#) to the Beta Mu Chapter Research Counselor until the project is completed.
7. Submit a final project report to the Beta Mu Chapter Research Counselor upon completion of the project.
8. Acknowledge the support of Beta Mu Chapter in all scientific publications and presentations resulting from this project.
9. In collaboration with the Beta Mu Chapter Research Counselor, disseminate project findings in a venue sponsored by Beta Mu Chapter (e.g., Chapter newsletter, Chapter program meeting, or Chapter web site posting).

Applicant Printed Name/Credentials

Applicant Signature/Credentials

Date