Nursing Grant by the Nurses Advisory Board (NAB)

Research/Evidence-Based Practice/Quality Improvement/Capstone

**Purpose:** These grants are awarded to nurses or nursing students interested in studying patients with myasthenia gravis (MG) or related neuromuscular conditions, families of these patients, or nurses caring for them. The stipend is up to $10,000. The grant is for one year. Quarterly updates will be submitted to the NAB.

**Requirements:** Proposed question/hypothesis and study proposal must be associated with myasthenia gravis or related neuromuscular conditions. Applicants and sponsoring institutions must comply with policies governing the protection of human subjects.

**Application:** Submit four copies of a cover letter and the completed application form to MGFA at mgfa@myasthenia.org. Application deadline is September 1, 2020 and applications will be reviewed and monies awarded in a timely fashion. Members of the NAB will review applications using established criteria and make a recommendation to the MGFA Board of Directors for approval within 30 days of submission. Applicants will be notified by MGFA.

Funding notification is expected by **October 15, 2020** and funds provided by **January 2021.** A single grant is expected to be awarded in 2020, assuming meritorious submissions. Participation in MGFA key activities, such as presentations on their work at the MGFA National Conference are
expected from award recipients. Recipients may also be asked for interviews on their project and its relevance to the MG Community for MGFA’s lay oriented website and/or newsletter at both the start and completion of the project.
Budget Worksheet

Title of project: [Click here to enter text.]

Name of applicant: [Click here to enter text.]

Address: [Click here to enter text.]

City, State, Zip: [Click here to enter text.]

Phone: [Click here to enter text.] Fax: [Click here to enter text.] Email: [Click here to enter text.]

Degree(s) Earned: [Click here to enter text.] Name(s) of Institution(s): [Click here to enter text.]

Does this research involve human subjects?  Yes ☐ No ☐

Human subjects’ assurance number (if applicable): [Click here to enter text.]

Is this an exempt study?  Yes* ☐ No ☐

*If yes, attach a copy of your consent form and a copy of your institutional review board or ethics committee approval form.

Proposed timeline of project:

Start Date: [Click here to enter text.] Finish Date: [Click here to enter text.]

Research/EBP/QI/Capstone Mentors: (identify experts to serve as resources; list committee members if applicable): [Click here to enter text.]

Proposed Costs (attach budget): [Click here to enter text.]

Are you receiving funding from another source? Yes ☐ No ☐

If yes, specify source of funding: [Click here to enter text.]
Submit one budget worksheet for each year of proposed funding. Consider the following when estimating your budget:

**Funding Date (Start/End):** [Click here to enter text.]

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costs for Recruiting Subjects (including incentives) if applicable</td>
<td>$</td>
</tr>
<tr>
<td>Supplies such as paper, printing, folders, etc.</td>
<td>$</td>
</tr>
<tr>
<td>Travel for subjects or investigator</td>
<td>$</td>
</tr>
<tr>
<td>Consultant Costs such as statistical consultation, librarian services, seasoned researcher, etc.</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

**Budget justification:** Be specific in explaining why you need money for each of your categories. For example, if you are requesting supplies, list each item that you will need and the cost of each. If you are requesting copying, list the cost/copy and the number of copies you will need. If you are requesting travel, list cost per trip. If you need a consultant, list the name of the consultant and the institution with which the consultant is associated.
Biographical Sketch, Part 1

Provide the following information for the principal investigator and other key people for this research effort.

Name: Click here to enter text. Position Title: Click here to enter text.

Education/Training

Begin with baccalaureate or other professional education (nursing) and include all degrees and postgraduate training or fellowships.

Institution: Click here to enter text. Degree: Click here to enter text.
Field of study: Click here to enter text. Years: Click here to enter text.
Institution: Click here to enter text. Degree: Click here to enter text.
Field of study: Click here to enter text. Years: Click here to enter text.
Institution: Click here to enter text. Degree: Click here to enter text.
Field of study: Click here to enter text. Years: Click here to enter text.
Institution: Click here to enter text. Degree: Click here to enter text.
Field of study: Click here to enter text. Years: Click here to enter text.

Positions and Honors

In chronological order, list previous positions, concluding with your present position. List any honors.

Position/Honor: Click here to enter text. Date(s): Click here to enter text.
Position/Honor: Click here to enter text. Date(s): Click here to enter text.
Position/Honor: Click here to enter text. Date(s): Click here to enter text.
Position/Honor: Click here to enter text. Date(s): Click here to enter text.
Position/Honor: Click here to enter text. Date(s): Click here to enter text.
Biographical Sketch, Part 2

Name: [Click here to enter text.] Position title: [Click here to enter text.]

Selected Peer-Reviewed Publications

In chorological order, list publications that bear most directly on your project. List only those actually in print.

Publication: [Click here to enter text.] Date(s): [Click here to enter text.]
Publication: [Click here to enter text.] Date(s): [Click here to enter text.]
Publication: [Click here to enter text.] Date(s): [Click here to enter text.]
Publication: [Click here to enter text.] Date(s): [Click here to enter text.]

Related Research/EBP projects/QI initiatives

List any research/EBP/QI projects you may have been involved with that bear directly on your project. Describe your role on the project.

Project: [Click here to enter text.] Role: [Click here to enter text.]
Project: [Click here to enter text.] Role: [Click here to enter text.]
Project: [Click here to enter text.] Role: [Click here to enter text.]
Project: [Click here to enter text.] Role: [Click here to enter text.]
Project: [Click here to enter text.] Role: [Click here to enter text.]
Project: [Click here to enter text.] Role: [Click here to enter text.]

Signature ___________________________ Date ___________
Research/EBP/QI/Capstone Plan:

Include the following information in this section. This section should not be more than about 10 pages.

A. Specific Aims

Examples include testing a specific hypothesis or research question or challenging an existing clinical practice. Make sure your aim or purpose is specific, concrete, and measurable.

B. Background and Significance

Explain concisely the existing knowledge about the problem and identify gaps or explain why existing knowledge is incomplete. Explain concisely how your investigation/project is important to the care of people with myasthenia gravis. Be sure to support your assertions with specific literature and/or data.

C. Design and Methods

1. Design – research, EBP model, QI framework, project outline
2. Conceptual, clinical, or explanatory framework if applicable
3. Subjects, including inclusionary and exclusionary criteria and how you plan to recruit them if applicable
4. Data collection instruments, including reliability and validity information
   If you are proposing a qualitative study, provide details of which specific method you intend to use. Explain how you will ascertain the validity of your data.

5. Data collection procedures
   Explain exactly how you will go about collecting your data including training of data collectors if needed and timeline.

6. Data analysis plans
   Explain how you plan to analyze your data. Be specific about statistical tests, and include the level of significance you will accept. If this is greater than p=.05, then you must justify your choice. If you are using a qualitative method, please specify details of data analysis.

D. Preliminary Studies or Progress Report

If this study is a follow up of another study, that information would be presented here.

E. Literature Cited (References)

These should be in APA format, in alphabetical order.
For questions or further information contact Dr. Anne Williams, RN at annemwilliams515@yahoo.com or (205) 934-6583, a member of the Nurse Advisory Board (NAB)

**NAB Nursing Grant**
Research/Evidence-Based Practice/Quality Improvement/Capstone

**Checklist**

<table>
<thead>
<tr>
<th>Application page (complete including identification of mentors)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent if applicable</td>
</tr>
<tr>
<td>IRB/Ethics Committee approval letter, if applicable</td>
</tr>
<tr>
<td>Budget Worksheet with justification</td>
</tr>
<tr>
<td>Bio-sketch Part I</td>
</tr>
<tr>
<td>Bio-sketch Part 2</td>
</tr>
<tr>
<td>Plan – aims, background &amp; significance, design &amp; methods, references (not to exceed 10 pages)</td>
</tr>
<tr>
<td>Signature and date on Bio-sketch Part 2</td>
</tr>
</tbody>
</table>