



COLLEGE OF NURSING AND HEALTH SCIENCES

OFFICE OF THE DEAN

**CNHS Research Support Request**

**Background**

The CNHS Dean's office receives miscellaneous requests by faculty to support research temporarily. This process is designed to handle these requests for research and scholarship support and allows requests to be considered consistently and transparently across the CNHS. The funding is not guaranteed and is contingent upon available funds.

**Application Process**

The faculty will direct their requests to the Chair of the Research Committee and outline how their requests help to meet CNHS strategic goals. The Research Committee will review the request and make a recommendation to the Dean who will determine whether or not the request should be approved, in part or in full, in consultation with the Budget Manager and the Associate Dean. Applications and the required documents must be submitted to the Chair of the Research Committee.

**Instructions**

1. Complete cover page, Itemized Budget Page and Other Support.
2. The proposal should address each of the items listed below.
  - A. Specific Goals/Aims: Please limit to 1 or, at most two goals/aims that can reasonably be completed within 1 year period.
  - B. Background and Significance (1 page); state the problem and review up-to-date relevant literature in the area.
  - C. Preliminary Data (1 page); include relevant preliminary data that has led to the proposed studies.
  - D. Research Design and Methods (1-2 pages); outline the approach/methods used to address the proposed studies.
3. Explain how the results of the proposed studies will be used in an upcoming extramural grant application (~1 page). This should include the title of the grant application, the

organization to which the application will be sent and the expected date of submission.

4. Faculty that have received prior funding through the Bridge Support or research support will not be eligible for repeat funding until 3 years following the end date of the prior award. Furthermore, if the applicant received prior funding from CNHS Dean's office through either mechanism, a separate section should be added to the new request for funding specifically outlining how prior funds were spent and whether extramural support was obtained from the proposed studies. New faculty members that have received startup packages are not eligible to apply for additional research support (excluding the CNHS incentive grants) within the first three years of their initial appointment and must spend all of the startup funds before making a request for additional funds.
5. Efforts should be made to obtain support through the faculty's department. If it is not possible, applicants must submit a statement detailing why such funding is not feasible.
6. Please provide a letter of support from the department chair.

### **Progress Report**

All funding recipients are required to submit a 1-2 page progress report within one month after end-date of the award period.



## COLLEGE OF NURSING AND HEALTH SCIENCES

### OFFICE OF THE DEAN

### **CNHS Bridge Support Request**

#### **Background**

Funds can be requested from CNHS Dean's office for interim research support of faculty who are temporarily without extramural funding for research. The funding is not guaranteed and is contingent upon available funds.

#### **Application Process**

The faculty will direct their requests to the Chair of the Research Committee and outline how their requests help to meet CNHS strategic goals. The CNHS Research Committee will review applications and will make a recommendation to the Dean who will determine whether or not the request should be approved, in part or in full, in consultation with the Budget Manager and the Associate Dean.

#### **Application Guidelines**

1. All full-time/salaried faculty members (0.75 FTE or greater) are eligible to apply.
2. Applications will be accepted two times annually (September 1, and January 15).
3. Efforts must be first made to obtain support through the faculty's home department. Please provide a letter from the department Chair detailing why this bridge support is needed.
4. The faculty member must provide evidence that grant applications have been submitted prior to the budgetary shortfall or provide an explanation as to the circumstances that prevented submission of applications for extramural funding.
5. Please provide any critiques from the extramural granting agencies for the submitted grants.
6. In order to be eligible, the applicant must have had a minimum of three years of continuous extramural funding at UVM. Funds will be provided to maintain the continuation of the research project. No salary dollars will be allowed for the faculty.
7. These funds will be available for one calendar year only. The unused funds will be returned to the CNHS Dean's office by the faculty's department.

#### **Instructions**

1. The applicant should provide a detailed and focused plan of how the requested funds will be used to address the critiques of the extramural reviewers.
2. Specific Aims: The proposal should outline the strategy of the investigator for correcting any deficiencies in the original proposal. Please list the Specific Aims from the grant application that will be addressed in the proposed studies and how the results will address the deficiencies outlined by the Reviewers.

3. All Current Support: Please provide details of the ongoing support for all projects.
4. Prior CNHS Bridge or Research Support: Faculty that have received prior funding through the Bridge Support or research support will not be eligible for repeat funding until 3 years following the end date of the prior award. Furthermore, if the applicant received prior funding through either mechanism, a separate section should be added to the new request for funding specifically outlining how prior funds were spent and whether extramural support was obtained from the proposed studies. New faculty members that have received startup packages are not eligible to apply for bridge funding within the first three years of their initial appointment and must spend all of the startup funds before making a request for bridge funding.
5. No funds will be disbursed to approve projects until all necessary institutional approvals (IRB, IACUC or IBC) have been received.

### **Progress Report**

All funding recipients are required to submit a 1-2 page progress report within one month after end-date of the award period.

## APPLICATION FOR CNHS RESEARCH FUNDS

SUPPORT REQUESTED (Please check one):

Research Support

Bridge Funding Support

Date:

DOES THIS PROJECT INVOLVE:

Human Subjects:

Vertebrate Animals:

IRB , IACUC or IBC Status:

Proposed Title:

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Principal Investigator: \_\_\_\_\_

Department: \_\_\_\_\_

Co-Investigator, if any: \_\_\_\_\_

Department: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Estimated End Date: \_\_\_\_\_

### PI ASSURANCE:

I certify that the statements herein are true and accurate to the best of my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me to disciplinary action according to the bylaws of the CNHS and/or University of Vermont. I agree and accept responsibility for the scientific conduct of the project and to provide the required progress reports if the funds were awarded.

### Signatures:

Principal Investigator: \_\_\_\_\_

Department Chair: \_\_\_\_\_

**Record of Action**

Received on: \_\_\_\_\_

Acted on: \_\_\_\_\_

Approved for: \$ \_\_\_\_\_

Dates of Award:

From: \_\_\_\_\_ To: \_\_\_\_\_

Notification to Applicant:

\_\_\_\_\_  
Comments

**Budget Request**

Please itemize individual categories in your budget using sections such as personnel, equipment, consumable supplies, patient costs, animal costs, and whatever else is necessary to determine the suitability of your budget. Please provide justification for budget items. Please add categories as needed.

**PERSONNEL**

Name: \_\_\_\_\_

Monthly Salary: \$ \_\_\_\_\_

Fringe Benefits: \$ \_\_\_\_\_

Total Salary Requested: \$ \_\_\_\_\_

Consumable Supplies (Please itemize and provide justification below) \$ \_\_\_\_\_

Other Expenses (Please itemize and provide justification below) \$ \_\_\_\_\_

Total Funds Request: \$ \_\_\_\_\_

**Budget Justification**

## **OTHER RESEARCH SUPPORT**

Please list below all other research support (current, pending and planned) regardless of relevance to this application. Indicate and provide explanation for any overlap between this proposal and current or pending support. This information should cover the past three years.

### **Previous Research Support from CNHS:**

Project Title	Amount/year	Dates of Award
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### **All Current Research Support:**

Source/Agency	Project Title	Amount/year	Dates of Award
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### **Pending Requests for Research Support:**

Source/Agency	Project Title	Amount/year	Dates of Award
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### **Other Requests for Research Support not funded:**

Source/Agency	Project Title	Amount/year	Dates of Award
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