

**Beta Iota Research Grant
Application Form**

Title of the Proposal _____

Name and credentials of the Principal Investigator (PI) _____

Amount of funding requested _____ Member of Beta Iota Chapter Yes ___ No ___

If awarded the grant funds would be dispersed to _____

The funding will not typically be disseminated all at one time. Receipts will be required for all expenses to document how the funds have been spent before additional funds are released.

Institutional ID _____ Individual Member _____

Home address of the PI _____

Work address of the PI (if applicable) _____

Telephone number of the PI (Work) _____ (Home) _____

Email address _____

Place of employment _____

If student, school that attending and program with anticipated completion date

Professional title _____

Institution where the research will be conducted _____

Name and title of the chief nursing officer of the institution _____

Institution Telephone Number _____

Institutional Review Board Approval Yes _____ Date received _____ No/not yet submitted _____

Name and credentials of Co-Investigator (if applicable) _____

If funded for this proposed research project, I agree to submit written reports at 6 and 12 months as required and also provide documentation including receipts of how the funds were spent. In addition, I agree to present my research findings at the Beta Iota Annual fall meeting within 12 months after completing my research study.

Signature

Date