**SECTION 1: APPLICANT INFORMATION**

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| **Last Name:** | | **First Name:** | | **Credentials:** |
| Hospital or Stanford Affiliation: | | | | |
| Job Title: | | | Phone: | |
| Office Address: | | | Email: | |
| Research or Project Title: | | | | |
| Name of Nurse Scientist Consultant: | | | | |
|  | | | | |
| **Co-Investigators:** | | | | |
| Name: | Credentials: | | | Email: |
| Name: | Credentials: | | | Email: |
| Name: | Credentials: | | | Email: |
| Name: | Credentials: | | | Email: |
|  | | | | |
| **Application Checklist**:  1. Completed Application  2. Resume/CV  3. One Letter of Recommendation from Manager  4. One Letter of Support  5. Read through the Legacy Handbook/FAQ Guide\*  6. ***Recommended*:** *Please meet for a consultation with  a nurse scientist at least 3-4 weeks prior to submission. Do not wait until the last minute.* | | | **Legacy Support**:  Email: [Research@stanfordhealthcare.org](mailto:Research@stanfordhealthcare.org)  Website: <https://stanfordhealthcare.org/health-care-professionals/nursing/professional-excellence/orpcs/orpcs-alumnae-legacy-grants.html>  *\*Legacy Handbook/FAQ Guide is available on the website.* | |

**SECTION 2: LEGACY GRANT PROPOSAL**

*General Instructions: Please describe your project proposal and include the purpose, background/significance, methodology, analysis, a detailed budget, and how it will impact the care we deliver to our patients at Stanford Children’s Health and Stanford Health Care. Please limit the application to no more than 5 pages, not including supplemental documents. Supplemental documents may be added as appendices (such as tools, questionnaires, interview guides, randomization plans, etc.). Limit 1 application per person per cycle.*

**Part I: Purpose and Aims**

Describe the purpose of this work, and what you hope to accomplish by doing this project. How will this study/project contribute to patient care and how will it be translated to the bedside?

**Part II: Background and Significance**

Please summarize the current literature and describe how your study/project will impact clinical practice.

**Part III: Pilot Work**

Have you participated in any pilot work focused on this subject, or have you published on the topic?

**Part IV: Research Study or Project Design***Explain your study or project design.*

1. *Describe your population of interest*

1. *How do you plan to access your participants for your study/project:*

1. *What methods, procedures, and/or interventions do you plan to use for your study/project:*

1. *Define your measurable outcomes and or interpretive approaches that you plan to use for your study/project.*

1. *How will your outcomes or results be evaluated? How will you know your project is successful?*

1. *What difficulties do you anticipate (e.g. patient recruitment, limitations to methodology)? How will you handle them? Note anticipated HIPAA and IRB compliance issues, refer to the Legacy Handbook for guidance.*

1. *Describe how this project will be sustained and how it will make a difference to patients.*

**Part V: Timeline**

Please provide a detailed timeline describing your plan for project completion in 12 months.

**Part VI: Budget**

Please provide a detailed budget and justification for all expenses with quotes as appropriate.

**Part VII: References**

Please provide related citations and references.

**SECTION 3: TERM AGREEMENT & SIGNATURE**

**By signing below, I certify that I have read the statements and agree to the terms stated herein:**

* I agree as the applicant to accept responsibility for the management of this project as outlined.
* I agree to use the funds as specified on the project budget for the duration of the project.
* I agree to submit a 6-month Progress Report, including all expenses incurred.
* I agree to submit a 12-month Final Report. The report must include the total amount of funds used and description of the outcome or impact of the project on patient care.
* I agree to complete the project within one year. I understand if an extension is needed, I must submit the request prior to the project end date.
* I agree to provide copies of all manuscripts, publications, and presentations that result from this work.
* I agree to acknowledge funding support for all published journals, manuscripts and presentations from the *Stanford Nurse Alumnae, Stanford University.*
* I understand I am advised to attend a consultation with a nurse scientist at least 3-4 weeks prior to the application submission. ***(Strongly recommended)***
* I have read through the Legacy Grant Handbook / FAQ Guide.
* If my project is accepted, I agree to attend a required financial consultation to manage reimbursement and funding in the first month of the project.
* I understand that my application will not be considered or reviewed unless all items are included with the application and submitted by the cycle deadline.

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PRINTED NAME

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DATE

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SIGNATURE OF APPLICANT