**PART 1: PROJECT INFORMATION**

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| --- | --- | --- | --- |
| **Last Name:** | **First Name:** | | **Date:** |
| Hospital or Stanford Affiliation: | | | |
| Job Title: | | Phone: | |
| Office Address: | | Email: | |
|  | | | |
| Research Project Title: | | | |
|  | | | |
| **Application Checklist**:  1. Application  2. Resume/CV  3. Signed Letter from Nurse Manager  4. One Letter of Support  5. Strong recommendation to meet for consultation with  a nurse scientist (*At least 3-4 weeks prior to submission)* | | **Legacy Project Coordinator**:  Contact: Sana Younus  Phone: 650-206-3862  Email: [Research@stanfordhealthcare.org](mailto:Research@stanfordhealthcare.org)  Website: <https://orpcs.org/research/legacygrants/> | |

**PART 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 3 pages maximum. No supplemental documents should be included unless requested by the Legacy Committee. Limit 1 application per person per cycle.*

**PART 2, SECTION I THROUGH SECTION VI** (3 pages maximum)

**Part I: Purpose**

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?

**The aim of this project is…**

**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?

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

**This is a…**

1. *Describe your population of interest*

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

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

1. *Define your measurable outcomes and or interpretive approaches you plan on using for your study/project. 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? Please note anticipated HIPAA and IRB compliance issues.*

1. *Please explain 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.

**SHC ONLY**: *Please submit an additional time budget and justification if you will be requesting sponsored research hours. The Office of Research will support a selection of paid research hours for non-exempt employees.*

**Part VII: References**

Please provide related citations and references.

**Part 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 at least 3 months 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 *(Strongly recommended)*
* I have read through the Legacy Grant Toolkit/FAQ guidelines. If my project is accepted, I agree to attend a financial consultation in the first month of the project. *(Required)*

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PRINTED NAME

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DATE

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SIGNATURE OF APPLICANT