

## Houston Chapter of the Oncology Nursing Society

### Investigative Project Application for Funding

#### INSTRUCTIONS

##### 1.0 Purpose

The Houston Chapter of the Oncology Nursing Society has a commitment to promote formal investigative nursing projects that affect oncology nursing practice and improve care for those at risk for or experiencing cancer and their families. The chapter has appropriated \$5000 in funding annually to sponsor one or more projects. Projects may be research, quality improvement, or evidence-based practice projects and must have defined outcomes.

##### 2.0 Applications

Applications for funding requests and additional information about chapter project funding may be requested from the Chairperson of the Research Committee. Applications for funding requests will be accepted throughout the year. Once \$5000 has been awarded, no further projects will be funded during that calendar year without an exception approved by the HCONS Board. Additional applications received in that calendar year can be considered for funding the following calendar year. Based on worthiness of projects and availability of funds, the HCONS Board may vote to award more than \$5000 in a calendar year for additional projects. However, funds awarded for any single project may not exceed \$5000. Funding will be awarded once a project is approved.

##### 3.0 Application Process and Criteria

3.1 The project may be of a clinical, administrative, or evidence-based practice nature but must be related to oncology care and have defined outcomes.

3.2 The primary investigator must be an oncology nurse and a member of HCONS and ONS and must remain a member of both organizations for the length of the funding period. Co-investigators are not required to be HCONS or ONS members. In evaluating projects, consideration will be given to the primary investigator for length of HCONS membership up to one year.

3.3 The project must have support from the service/academic agency with administrative oversight for the project. This approval must be granted prior to submission, and written documentation of approval must be included with the submission. Funds for the project will go to the service/academic agency and not to the primary investigator.

3.4 The project proposal must have been submitted for review to the human or animal subjects protection board (e.g., Institutional Review Board [IRB], Committee for the Protection of Human Subjects [CPHS], Institutional Animal Care and Use Committee [IACUC]) or quality projects approval board of the service/academic agency prior to submitting the application for funding consideration\*. The same protocol/proposal that is submitted for human or animal subjects review board approval or quality projects approval is to be submitted to the chapter's Research Committee.

\*Award of monies will not be made without institutional human or animal subjects' protection board or quality projects approval. If the human or animal subjects protection board or quality projects approval board granted a review waiver because of the nature of the project, documentation of this waiver must be submitted before award of monies.

3.5 The research conducted under the proposed budget must not be completed before the monies are awarded.

3.6 Primary investigators previously funded by HCONS may apply again for funding as primary investigator for a new project only after the last project has been completed and the requirements fulfilled.

3.7 Submitted proposals will be reviewed by at least 2 HCONS members with research/quality improvement/evidence-based practice expertise at the discretion of the HCONS Research Committee. Based on the results of the reviews, the chapter's Research Committee makes a recommendation about proposal funding to the HCONS board. If no proposals are received or recommended for funding in a calendar year or the entire amount of funds appropriated are not awarded, the unused monies will be returned to the treasury of the chapter.

3.8 The recipient of chapter project funds must acknowledge the source of funding in all oral or written presentations of the project. The suggested acknowledgment is: "This project was (partially) funded by the Houston Chapter of the Oncology Nursing Society".

3.9 The recipient(s) must share the project results with the chapter members in the chapter newsletter and in a 15 minute presentation at an HCONS membership meeting.

3.10 The recipient(s) must share the results of the project in at least one of the following ways and notify HCONS of when the results are shared:

3.10.1 Poster submission at ONS Congress or other appropriate institutional, regional, or national meeting

3.10.2 Podium presentation submission at ONS Congress or other appropriate institutional, regional, or national meeting

3.10.4 Manuscript submission to Oncology Nursing Forum, Clinical Journal of Oncology Nursing, or other appropriate nursing or healthcare journal.

#### 4.0 Funding Application – Support is available for novice investigators

4.1 Submit a Houston Chapter ONS Project Funding Application coversheet. The form must be complete. (See attached Project Funding Application coversheet)

4.2 Submit a paper or electronic copies of the protocol/proposal as submitted to human or animal subjects' protection committee (e.g., IRB, CPHS, IACUC) or quality project approval board. One copy is to have all identifiers removed.

4.3 Submit a paper or electronic copy of a letter documenting that the protocol/proposal has been submitted to or approved by the human or animal subjects' protection committee (e.g., IRB, CPHS, IACUC) or the quality project review board.

4.4 Submit a paper or electronic copy of a letter documenting that the protocol/proposal has been reviewed and approved by the institutional grant/contract department. If such approval is not required by the institution, please submit a letter of support for the project from an administrator at the service/academic agency where the project will be conducted. This letter should include the name and address of the person at the institution who should receive the funds if awarded.

4.5 Submit a paper or electronic copy of documentation of current human or animal subjects' research training (as required by the human or animal subjects protection committee or quality projects review board) for the PI of the project.

4.7 Submit a paper or electronic copy of the detailed budget and justification for the project (Acceptable items are reasonable and appropriate salaries for data collection, data entry, or data analysis, reasonable and appropriate subject incentives for participation, small equipment such as tape recorders, supplies, travel for the purpose of collecting data, etc., with justification. Travel for the purpose of attending a conference, even to present the results of the project may not be included in the budget. The budget may not include publication costs or institutional indirect costs).

4.8 Submit a paper or electronic copy of the curriculum vitae, NIH biosketch, or resumé of the principal investigator.

4.9 All of the above are to be submitted to the Research Committee Chairperson.

4.10 Submission may be made via e-mail, USPS, intra- or inter-institutional mail delivery, or in person to the Research Committee Chairperson or designee. If submitting by e-mail, please verify that the Research Committee Chairperson received the e-mail.

## 5.0 Funding Notification

5.1 Recipient(s) of funds will be notified by e-mail of the award decision. The recipient's agency will receive a check in the amount awarded within 30 days of receipt of documentation of IRB/CPHS/IACUC/quality improvement approval board approval or waiver of the project by the Research Committee Chair. Notification that the check has been sent will be e-mailed to the principal investigator. If IRB/CPHS/IACUC/quality improvement approval board approval or waiver is not received within six months of notification of award of funding, the funding will be rescinded.

5.2 The term of the funding is 5 years from the date that the funds are sent to the agency. A no-cost extension may be requested. Length of the no-cost extension will be determined at the time it is requested.

5.3 If funding is not approved, the principal investigator will be notified by phone or e-mail within 30 days of the Research Committee recommendation to the HCONS Board.

## 6.0 Conditions of Funding

6.1 The PI will submit a progress report every year to the HCONS board until completion of the project. (See attached Progress Report Form)

#### 7.0 Project Critique Process

7.1 Each proposal will be reviewed by a minimum of two (2) reviewers using the Project Critique form. (See attached Project Critique form)

7.2 Proposal review will use a blinded process.

#### 8.0 Check List for Submitting Application Materials

\_\_\_\_\_ HCONS Project Funding Application Coversheet

\_\_\_\_\_ Protocol/proposal submitted to IRB/CPHS/IACUC/Quality Improvement Approval Board

\_\_\_\_\_ Letter documenting submission to or approval of the protocol/proposal by the IRB/CPHS/IACUC/Quality Improvement Approval Board

\_\_\_\_\_ Detailed budget and budget justification for the project

\_\_\_\_\_ Institutional grants/contracts department approval or service/academic agency letter of support

\_\_\_\_\_ Curriculum vitae/NIH biosketch/resumé of the principal investigator

**Submit online or email application and all required documents to [research@hcons.org](mailto:research@hcons.org)**

Houston Chapter of the Oncology Nursing Society  
Project Grant Coversheet

Project Title:					
Project Dates:	From:        /        /		To:        /        /		
Principal Investigator:	Last Name		First Name		Credentials
Professional Title:			Employer's Name:		
Work Address:	Street/P.O. Box		City	State	Zip
Home Address:	Street/P.O. Box		City	State	Zip
Work Phone:	(        )        -		Home Phone:	(        )        -	
FAX #:	(        )        -		Email Address:		
ONS Membership Number:			Length of HCONS Membership	months	
Mentor/Co-Investigator	<input type="checkbox"/> Not Applicable				
Work Address:	Street		City	State	Zip
Home Address:	Street		City	State	Zip
Work Phone:	(        )        -		Home Phone:	(        )        -	
FAX #:	(        )        -		Email Address:		

Other Project Members:	Name and Credentials:		Name and Credentials:	
	Name and Credentials:		Name and Credentials:	
Project will be Conducted at:	Institution Name:			
	Institution Address:			
IRB (Ethics) Review Committee	Institution Name:			
	Institution Address:			
IRB Approval:	<input type="checkbox"/> Letter Attached	IRB Approval Number:		Date:
	<input type="checkbox"/> Pending	If Pending, Explain:		
IRB Contact Person:		Phone:	(      )	-
IRB Office Address:	Street	City	State	Zip
<p>I, the undersigned, certify that the statements in this proposal are true and complete to the best of my knowledge and accept the obligation to comply with terms and conditions of any grant awarded by the Houston Chapter of the Oncology Nursing Society as a result of this application.</p>				

Principal Investigator		Date:
Mentor/Co-Investigator (If Applicable)		Date:

Please email your proposal along with your completed application and all required documents to [research@hcons.org](mailto:research@hcons.org)

***HCONS INVESTIGATIVE PROJECT YEARLY PROGRESSS REPORT***

**Report Date:** \_\_\_\_\_

**Project Title:**

\_\_\_\_\_

**Date of Award:** \_\_\_\_\_

**Name of Principal Investigator:**

\_\_\_\_\_

**Principal Investigator Date of Last ONS/HCONS Membership Renewal:** \_\_\_\_\_

**Number of Subjects Enrolled/Number of Subjects Needed for Study:** \_\_\_\_\_

**Accomplishments in Last Year (include analyses and presentation of results):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goals/Timeline for Next Year:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Expected Project Completion Date:** \_\_\_\_\_

**Barriers of Problems Encountered in Last Year:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Modifications (include rationale):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Budget**

**Total Amount of Award:** \_\_\_\_\_

**Expenses to Date:** \_\_\_\_\_

**Budget Modifications in Last Year:**

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**Date of Current IRB/CPHS/IACUC/Quality Project Board Approval:** \_\_\_\_\_

**Were there any allegations, inquiries, or confirmed incidents of scientific misconduct associated with this project?** \_\_\_\_\_

**If yes, please explain:**

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**Were any adverse effects or grievance reports filed with any oversight board?** \_\_\_\_\_

**If yes, please explain:**

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**Please attach copy of most recent continuing review submission**

**If not applicable, please state why:**

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**I certify that there are no known deviations from ethical standards associated with this project.**

**Signature\*/Printed Name:**

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**Date:** \_\_\_\_\_

**(\*If submitting online, your completion of this form indicates that you are certifying that all information in this form is correct and true.**

**If submitting by email, send completed form to [research@hcons.org](mailto:research@hcons.org))**



**Criteria for Proposal Evaluation**

Project Title:		Investigator:			
Instructions for reviewer: Please award one (1) point for each question answered 'yes' and sum the number of points acquired by the applicant.		3 Well done	2 Adequate	1 Missing/ inadequate	COMMENTS
1.	Is the problem clearly stated?				
2.	Is this a significant problem for oncology nursing practice?				
3.	Is the research design clear and appropriate?				
4.	Is the sampling method and sample size clear and appropriate?				
5.	Is the method of data analysis identified?				
6.	Are spelling and grammar flow acceptable				
7.	Is the proposed budget appropriate?				
8.	Has the investigator practiced in oncology nursing in the past three years?				
9.	Investigator's membership in HCONS (member in the last 6 months)				
10.	Is this specifically an oncology research study?				
11.	Does the study reflect ONS research priorities?				
Date		Total Score			Reviewer