

**American Association of Critical-Care Nurses  
Greater Cincinnati Chapter (AACN-GCC)  
Research or Best Practice Project Grants  
Application**

I. Personal Data: Principal Investigator

Name: ----- Date: -----

Title: ----- RN License: -----

Address: ----- AACN  
Membership #: -----

-----  
Phone (H): ----- Local  
Membership #: -----

Phone (W); -----

Co-Investigators: -----  
-----

Has the Principal Investigator previously received AACN-GCC research funding?

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_\_ Year of Previous Funding

II. Education after High School

***INSTITUTION AND LOCATION***

***INCLUSIVE DATES***

***DEGREE / MAJOR***

-----  
-----  
-----

III. Work Experience (most recent)

-----  
-----

IV. Research/Best Practice Proposal Data

Title: -----  
-----

Anticipated Start Date: -----

Target Completion Date: -----

Approvals:

Please attach documentation. If documentation is not yet available, explain when it will be available. No funds will be released until Institutional Review Board Approval is obtained.

Agency Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pending

IRB: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pending

Faculty Approval: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pending  
(If Student Proposal)

If not documentation is available, please explain:

-----  
-----

Have you applied for or received funds from other sources?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please identify sources and amounts:

-----

Total Funds Requested (\$1,000.00 maximum):

-----

(Funds will be awarded following documentation of IRB approval)

V. Agreement: If granted the award, I agree to:

- Provide a summary of your research protocol and results or best practice project for the AACN-GCC Newsletter.
- Present your research results or best practice project at an identified AACN-GCC conference to be held following the completion of the project or at the following AACN-GCC Trends Conference.
- If the research or project cannot be conducted within the stipulated timeframe, a change in timeline must be requested or approved by the AACN-GCC Board.
- If the principal investigator's or project leader's contact information changes prior to completing the award requirements, this individual is to contact the AACN-GCC Board in writing.
- Investigators must acknowledge the financial support (full or part) of AACN-GCC in all presentations and publications. For example: "This project was funded by a grant from the American Association of Critical-Care Nurses Greater Cincinnati Chapter".

-----  
Applicant Signature

-----  
Date