

Kentucky Society of Peri-Anesthesia Nurses

Research Grant Agreement Form

If my research grant is approved by KSPAN, I agree to:

1. Use the awarded funds for the project named in the Research Grant Application.

2. Submit a progress report every six (6) months to the KSPAN Research Committee

Chairperson, beginning the effective date of grant funding.

3. Acknowledge KSPAN in any publication resulting from the research.

4. Present research results with an article and abstract to be printed in the KSPAN Newsletter (*Waking Crew News*).

5. Accept responsibility for the scientific, professional, and ethical conduct of the project. 6. Accept any action (including legal) determined by the Board of Directors of KSAPN if

research grant agreement is breached.

Have you applied for IRB Approval for this research? ( ) yes ( ) no

Have you applied for or are you receiving financial support for this research? ( ) yes ( ) no

Have you previously received funding for research projects? ( ) yes ( ) no

Source(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Office use only:

Research Grant: ( ) declined ( ) approved

Amount Awarded (if applicable): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grant Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_