



Pediatric Endocrinology  
Nursing Society

Advancing Endocrine and Diabetes Care

**PENS EVIDENCE-BASED PRACTICE GRANT APPLICATION**

Thank you for your interest in a PENS Evidence-Based Practice Grant. There is up to \$3,000 available for funding.

Evidence-Based Practice is the process of systematically finding, appraising, and using current research findings as the basis for clinical decisions. Evidence-based research asks relevant clinical questions, finds and appraises searches and critiques the relevant data, and harnesses that information in order to develop recommendations for everyday clinical practice.

**The deadline is February 1.** To complete a grant, you need to do the following:

1. Read and sign the letter of agreement.
2. Read the grant policies and write a paragraph stating that you have read and understand the policies.
3. Complete the grant application.
4. Submit the application by the February 1 deadline.

Please contact Terri Lipman, PENS Grant Director, at [lipman@upenn.edu](mailto:lipman@upenn.edu), with grant ideas, questions, or to explore new research ideas such as multi-site projects.



Pediatric Endocrinology  
Nursing Society

Advancing Endocrine and Diabetes Care

**EVIDENCE-BASED PRACTICE GRANT AGREEMENT**

*If my proposal is funded, I agree to the following:*

**1. To use any grant for the research project** as described in the application and to return any excess funds to PENS when the funding period terminates.

**2. To submit a progress report** to the PENS Research Grant Director every **three (3) months after the award**. This will be followed by both a final narrative manuscript and financial report within 90 days of the expiration of the original or amended funding period.

**3. To make all extension deadline requests in writing** addressed to the Research Grant Director. Requests should include specific extension time frames and a rationale for the request. Requests for extensions may be submitted along with or before a progress report submission. Approval for the request of the extension will be at the discretion of the Grant Director and PENS President. All extension requests will be responded to in writing and include specific dates that constitute the new deadlines.

**4. To acknowledge the assistance of PENS** with the completed research project. This includes publications and presentations.

**5. To present the findings of the research** at the first PENS annual conference after completion of the study as per the approved time frame. I agree not to present the findings of this study to any other professional or non-professional organization or meeting until findings have first been presented at a PENS annual conference.

**6. To not accept duplicate funding.** I may use more than one funding source, however, PENS will not fund expenses covered by another funding source.

**7. To accept responsibility** for the scientific conduct of the project.

**Signed (PI):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Anticipated Start Date:** \_\_\_\_\_ **Anticipated Completion Date:** \_\_\_\_\_



**Pediatric Endocrinology  
Nursing Society**

Advancing Endocrine and Diabetes Care

**RESEARCH GRANT POLICIES FOR THE ADMINISTRATION OF  
RESEARCH FUNDS FROM PENS**

**PENS GRANT POLICY STATEMENT**

The Pediatric Endocrinology Nursing Society (PENS) is an independent, non-profit organization. PENS provides grants to nurse principal investigators for research in the field of pediatric endocrinology. Funds will be awarded to the individual or the individual's institution depending on the preference of the grantee.

**PURPOSE**

The purpose of the research grants offered by the Pediatric Endocrinology Nursing Society (PENS) is to provide the nursing membership of PENS with the financial support required to advance pediatric endocrine nursing practices through basic and applied research. This grant is provided by PENS and is to be used for nursing research only.

**ELIGIBILITY CRITERIA**

**1. The principal investigator (PI) must meet the following eligibility requirements:**

- a. Have current licensure as a Registered Nurse.
- b. Be an active member of PENS, working in pediatric endocrinology for at least two (2) years, and maintain active membership for the duration of the grant. Any lapse in membership may constitute a termination in funding of the grant.
- c. Complete the grant application as required.
- d. Present a well-defined research or evidence-based practice proposal.
- e. Complete the Research Grant Agreement or Evidence-Based Practice Grant Agreement.
- f. Present evidence that the proposal can be completed within the proposed time frame.

**2. Previous grant recipients** are ineligible to apply for additional grants in the same category within a 3-year period of the deadline of their previous grant application.

**3. A Research or Evidence-Based Practice Project that is being completed in fulfillment of a master's or doctoral degree requirement** will be considered as long as the requirements in #1 are met. In addition, the applicant must submit written evidence that the proposal has been

approved by their thesis, dissertation, or capstone project committee. In cases where the institution requires that the Principal Investigator be the committee chair (faculty), the applicant must submit evidence that the project is their primary work.

**4. Research or Evidence-Based Practice Project grant applications previously submitted** that received a unanimous rating of disapproval will not be reconsidered.

**5. The PENS Research Grant Director, PENS Board members, and Grant Review Panel** are ineligible for funding during a grant cycle in which they are reviewing other grant applications.

### **MECHANISMS OF FUNDING**

Several companies have agreed to provide funds each year for the support of nursing research as described above. The Research Grant Director will oversee the review process.

**1. Funds will be granted based on** the study's or project's: a) merit in offering a valuable scientific contribution to health care; b) quality of proposal including the ability of the study or project to answer the research or clinical question(s); c) its importance to furthering nursing's knowledge and practice base with consideration given to the investigator's ability to conduct the study or project; d) the proposed budget; and e) the ability to complete the study or project in the proposed time frame. Funds available for supporting research are budgeted annually based on the organization's financial situation.

**2. After the application deadline, blinded applications (including applicant, institution and location) will be forwarded from the Grant Director to a Grant Review Panel** comprised of Research Committee members and/or other PENS members who are experts in the grant topic or methods. The Grant Director will summarize the panel's ratings and comments and will submit recommendations to the Board within two (2) months of the application deadline. Applications remain anonymous throughout the process. Final decisions will be made by the Board. The Board Liaison to the Research Committee will notify the Grant Director of the Board's decision. The Grant Director will notify the applicant of the funding decision within two (2) weeks of the Board's decision by standard form letter from the Executive Office.

**3. Failure to comply with deadlines for progress and final reports** and failure to comply with policy when requesting an extension as outlined in this section may disqualify the PENS member from receiving PENS grants in the future. All funding extension requests must be in writing and addressed to the Grant Director. Requests should include specific extension time frames and a rationale for the request. Requests for extensions may be submitted along with or before a progress report submission. Approval for the request of the extension will be at the discretion of the Grant Director and PENS President. All extension requests will be responded to in writing and include specific dates that constitute the new deadlines.

**4. The PI must agree** and adhere to additional terms identified in the Research Grant

Agreement.

**5. Funding does not cover any indirect expenses.**

**6. Awardees are required to present at a PENS annual conference.** Travel expenses and conference fees should be budgeted into the proposal and approved by the Grant Director, Grant Review Panel, and Board [amount not to exceed the maximum award of grant]. No additional funds will be awarded for travel.

<b>Deliverable</b>	<b>Deadline</b>
Grant Deadline	February 1
Grant Director to assemble Grant Panel	March 1
All grants to be approved or disapproved by grant director	April 1
Letter to disapproved grant applicants sent by Exec. Office	April 15
Approved grants reviewed by PENS Board of Directors	Next scheduled Board meeting to be no later than May 1
Letters to approved applicants sent by Executive Office	May 15

**APPLICATION**

1. **Submission deadline for a grant is February 1**, and must be submitted on or before this date. No extensions for submissions will be granted.
2. **The Grant Director will summarize the Grant Review Panel’s ratings and comments** and will submit recommendations to the Board within two (2) months of the application deadline. The Grant Director will notify the applicant of the funding decision within two (2) weeks of the Board’s decision by standard form letter from the Executive Office.
3. **Applications accompanied by requests for funds from PENS in excess of the maximum amount allowed** may be considered only after written justification is made to the Research Grant Director and the Board of Directors.
4. **Applications that are incomplete** or not prepared according to the instructions will not be reviewed.
5. **The application should be submitted electronically** to [PENS@kellencompany.com](mailto:PENS@kellencompany.com).
6. **Grant applications must include evidence of IRB submission.** If the Board approves the

grant, it will be contingent upon IRB approval or exemption. Funds will not be disbursed without evidence of IRB approval or exemption.

7. **Applications are treated as privileged communication** and are restricted to the Grant Director, Grant Review Panel, and the Board.
8. **Questions about the grant application process** may be addressed to the Grant Director.



**Pediatric Endocrinology  
Nursing Society**

Advancing Endocrine and Diabetes Care

## **OUTLINE FOR PREPARATION OF EVIDENCE-BASED PRACTICE GRANT PROPOSAL**

### **FORMAT:**

The following format is to be used when preparing your EBP proposal:

- Ten (10) pages or less (excluding appendices, references, and abstract)
- Double-spaced
- Typewritten
- 8 ½ x 11" size
- 1-inch margins on all sides
- Sign using a secure digital signature
- Submit one electronic copy to the PENS Executive Office, [pens@kellencompany.com](mailto:pens@kellencompany.com)

### **COVER PAGE (Page 1):**

- Proposal title
- PI: name, title, institutional affiliation
- Coinvestigator(s): name, title, institutional affiliation
- Date of submission

### **SECTIONS (Pages 2-10, as needed):**

- **CLINICAL QUESTION**  
In question format, what clinical question will the results of this application address?
- **BACKGROUND**  
Review what is currently understood about the clinical question. What are the areas of controversy? Include literature from nursing and related literature from other disciplines. Use original sources.
- **QUESTIONS/OBJECTIVES:**  
Describe the purpose(s) of the proposed review.
- **DESCRIBE METHODS:**
  1. Inclusion criteria
  2. Search strategy

3. Data extraction
4. Quality assessment

- **REFERENCES:**

Use current APA format to list references you cite in the text.

**APPENDICES**

- A. Budget: Complete the Research Budget Form provided.
- B. Biographical Sketch: The provided biographical sketch form must be completed by the principal investigator, co-investigator(s), consultant(s) and advisor (if applicable).
- C. Time line proposed for completion of project. Include a detailed chronological description of dates when data collection, analysis and reporting will take place. This should include reports to PENS, submission of a manuscript for publication and presentation at a PENS annual conference.
- D. Include copies of data abstraction instruments to be used (if applicable).
- E. Written verification of committee approval if study is for a thesis or dissertation.
- F. Other documentation, as necessary:
  - Documentation of institutional and/or departmental approval, if required.
  - Documentation of administrative and clinical support.



Pediatric Endocrinology  
Nursing Society

Advancing Endocrine and Diabetes Care

**EVIDENCE-BASED PRACTICE GRANT APPLICATION (up to \$3,000)**

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

Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

PI Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

PI Social Security Number: \_\_\_\_\_

Registered Nurse (P.I. only) State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PI Employer: \_\_\_\_\_

PI Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

PI Preferred Mailing Address: Home  Business

**Is the proposed study the investigator's thesis or dissertation?** \_\_\_\_\_

**If study is awarded funding, make check payable to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Have you applied for or are you now receiving support for this research?** \_\_\_\_\_

A. If yes, the name of the granting agency is: \_\_\_\_\_

B. If yes, the amount requested is: \_\_\_\_\_

C. Funding from this source will be applied to (Clearly define how funds requested from PENS will not overlap):

*Please note: If other support is received after this application is submitted, please notify the Research Grant Director.*



**Do you wish to receive a summary of the grant review panel's comments?** \_\_\_\_\_

**Are there co-investigators?** \_\_\_\_\_

**Co-Investigator #1**

Name: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_

Expertise related to project role: \_\_\_\_\_

Mailing Address (home): \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Business: \_\_\_\_\_

**Co-Investigator #2**

Name: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_

Expertise related to project role: \_\_\_\_\_

Mailing Address (home): \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Business: \_\_\_\_\_

**Purpose of evidence-based practice proposal (50 words or less):**

**Significance of the study in relation to advancing clinical nursing practice:**

**A. RESEARCH BUDGET FORM**

Please specify direct costs for your project. Provide a brief rationale for each. For EBP protocols, PENS anticipates that most costs will release to investigator release time. Costs **not** covered by PENS research grant funding include, but are not limited to, purchase of personal computers, indirect expenses, presentation of papers or conference attendance, and educational expenses such as tuition, textbooks, thesis/dissertation preparation and travel.

**A. PERSONNEL**

Position/Title	% Time	Salary + Fringe	Amount
<b>Subtotal</b>			<b>\$ _____</b>

**B. CONSUMABLE SUPPLIES** (include only when not provided by institution)

Description	Amount	
<b>Subtotal</b>		<b>\$ _____</b>

**C. EQUIPMENT** (include only when not provided by institution)

Description	Amount	
<b>Subtotal</b>		<b>\$ _____</b>

**D. COMPUTER COSTS** (such as Medline searches, librarian consultation, etc.)

Description	Amount	
<b>Subtotal</b>		<b>\$ _____</b>

**E. OTHER COSTS** (including travel for PENS presentation)

Description	Amount

**Subtotal** \$ \_\_\_\_\_

**PENS Total** (not to exceed \$3,000) \$ \_\_\_\_\_

Total Requested from **outside organization** \$ \_\_\_\_\_

**TOTAL** funding required/requested for this study \$ \_\_\_\_\_

## B. BIOGRAPHICAL SKETCH

**A biographical sketch form must be completed by the principal investigator, co-investigator(s), consultant(s), and advisor (if applicable).**

Name & Credentials: \_\_\_\_\_

RN, nursing degree(s): \_\_\_ AD \_\_\_ Diploma \_\_\_ BSN \_\_\_ Masters \_\_\_ PhD \_\_\_ DNP

How long have you worked in pediatric endocrinology? \_\_\_\_\_

Employer \_\_\_\_\_

Title/Position \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home or Mobile Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Have you previously been involved in research projects? Please describe.

Have you previously been funded for a research project? Please describe.

