

**Nova Southeastern University  
College of Health Care Sciences and College of Nursing**

**FY 2018 Faculty Research and Development Grant**

**Grant Application Guidelines and Procedures**

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# APPLICATION AND REVIEW PROCEDURES

## FUNDING PRIORITIES

Each year the Deans of the College of Health Care Sciences and College of Nursing provide annual grants of a maximum of \$5,000.00 to each selected project, for up to 6 projects annually. Funding is prioritized for work that:

1. is deemed scholarly in nature by the applicant and his/her department chair. The department chair must approve;
2. is initiated by faculty with a less extensive research track record and a senior mentor has been identified;
3. involves multiple disciplines; is otherwise collaborative; and/or involves students;
4. represents new or expanded activity for the university;
5. falls within university and the academic unit identity, goals and mission;
6. contains a meaningful evaluative component proposed by the applicant;
7. will expand the knowledge and understanding of the academic community; and
8. will be disseminated, through professional review, outside of the university.

### Category 1

In this category, a less experienced researcher is advised to identify a faculty mentor. This will assist the less experienced researcher in submitting an application likely to be supported. The selection of a mentor is optional and ultimately at the discretion of the applicant. The applicant will follow the cycle including 1) letter of intent followed by 2) full application. The applicant is eligible for an award up to \$5000.

### Category 2

In this category, a more senior researcher will pair with a less experienced colleague. For the first part of the project, the senior researcher will submit a proposal with the junior colleague as a partner/second author. The award maximum for this project is \$2500. For the second part of the project, the junior member will submit a proposal as a lead in conjunction with the senior partner. This project is also eligible for a maximum \$2500 award. Funding awards are contingent on successful completion of both projects.

## ELIGIBILITY

All full-time CHCS or CON faculty members are eligible to apply. Additionally, if an applicant is serving as a reviewer for the competition, he or she is also eligible to submit an application. Applicants may not review an application for any submission they are directly involved with.

## APPLICATION SPECIFICS

### *Procedure*

**Letter of intent** – A faculty member seeking internal grant funding will write a letter of intent which will describe the proposed study. The letter should include a descriptive title of proposed research; name, department, and contact information; introduction; research purpose statement;

goals and objectives; project description; and statement of funding needs. The letter should not exceed 2 single spaced pages of 12-point font. See appendix A for a sample letter of intent.

NOTE: The proposal review subcommittee will respond to the letter typically within about 2 weeks.

***Mentor selection*** – The committee strongly encourages the applicant to identify a mentor. The mentor should typically be identified in the letter of intent. Faculty are encouraged to consider mentors outside of their discipline to facilitate writing that is comprehensible across professions. Once the letter of intent is approved, the mentee will write the proposal with support from the mentor as needed if selected.

***Chair(s)/Program Director(s) Commitment Form*** – This form must be included with the letter of intent. Every faculty submitting a proposal must receive their respective Chairs' (CHCS) or Program Directors' (CON) approval, which must include the following:

1. Approval and support for the proposed work, including approval for the faculty member to devote a portion of his/her time and effort (within workload guidelines) to the project.
2. Commitment of sufficient resources (e.g., space, equipment, personnel, supplies, etc.) necessary to successfully carry out the project beyond that provided by the grant.

***Institutional Review Board (IRB)/Institutional Animal Care and Use Committee (IACUC)*** - While IRB/IACUC approval is not required prior to notification of grant award, it is recommended that applicants review the IRB/IACUC policies and procedures that may aid in the development of their proposal. These materials may be found at their respective websites; IRB [[www.nova.edu/irb](http://www.nova.edu/irb)]; IACUC [[www.rgicr.nova.edu/iacuc/index.html](http://www.rgicr.nova.edu/iacuc/index.html)]

#### ***Proposal Format***

Written proposal narratives must not exceed 10 single spaced pages of 12-point font. This includes the budget and timeline information, however, excludes the application face page, abstract, chair's commitment form, references, bio sketch (see NIH template in Appendix), and appendices. The proposal will be entered into the online application (<http://healthsciences.nova.edu/forms/frdg-guideline-procedures.pdf>). The proposal must be submitted electronically to the NSU College of Health Care Sciences Dean's Office through Debra Tomkinson (dtomkinson@nova.edu) by dates specified in call for proposals. Electronic copies of all proposals will be retained on the College of Health Care Sciences shared network drive.

Note: Anticipated consultant services must be justified and information furnished on each individuals' expertise, primary affiliation, compensation rate as established, and the number of days of expected service. Consultants could be used for various phases of the project but typically focus on statistical consulting. Consultants' travel costs, including subsistence, may be included. If the applicant's project is awarded, the consultant will be asked to provide his/her insurance information and complete an independent consulting agreement.

#### **ACTIVITIES ELIGIBLE / INELIGIBLE FOR FUNDING**

The following activities are examples viewed to be acceptable expenditures for CHCS & CON Faculty Research and Development Grant awards:

- Work Study assistance to students<sup>1</sup>
- Other temporary employee assistance.
- Equipment to be university property. Applicants are permitted to submit a brief quote (no more than one page) within their appendices to further justify their budget costs.
- Instruments, including test materials or other specialized materials.
- Incentive payment to human subjects involved in the research. This includes direct costs for items such as stipends, registration fees, travel allowances and/or other incentives (i.e. gift cards) paid to human subjects involved in the research project. An average incentive payment normally does not exceed \$20.00 per visit.
- Special promotional activities (i.e., advertising for special clients or student's participation, special seminars or conferences to promote activities, etc.). Focused travels for specific consultations/collaborations.
- Travel for formal presentation of scholarly work in professional venues and/or to collect data.

The following activities **will not be** supported through the CHCS & CON Faculty Research and Development Grant:

- Faculty development travel (i.e., attendance at professional meetings when not presenting).
- Faculty release time.
- Payment of regular full-time or part-time employees and/or enhancement of full-time or part-time faculty cannot be compensated. Student employees will be compensated through the work-study program.
- Cash advances for any non-travel related expenses.

<sup>1</sup>“Student employees are permitted to work up to 20 hours a week when classes are in session and up to 37.5 hours a week when classes are not in session. The PI will determine the salary range which must be at least minimum wage. The PI must contact Patricia Chin in the Office of Student Employment after his/her account with HPD Finance Department has been set up in order to create the student employment position for the award.”

## **LETTER OF INTENT / PROPOSAL REVIEW PROCESS**

Letters of intent will be reviewed and rated by a review panel comprised of faculty members with research experience. The panel will review all letters and determine feasibility of study. Faculty submitting letters of intent deemed feasible and consistent with the CHCS & CON research priorities will be invited to submit in full proposal in collaboration with their identified research mentor. Full proposals will be evaluated by the review panel to collaboratively determine the rating and ranking for each.

Reviewers will adhere to a strict timeline for reading and evaluating the proposals. Attention to proper grammar and language usage should be of high priority. It is strongly recommended that the proposal be edited or proofread by a colleague.

The Deans will make the final selection of the award winners. Notification letters will be mailed to all applicants. All applicants will be provided their final score in these letters and all funded projects can begin pending compliance with post-award procedures.

## **TIMELINES**

1. Deadlines for application (Letter of Intent and associated materials) are September 15 and March 15
2. Responses to the letter will typically occur within 2 weeks
3. Full proposals should be submitted within 2 months of receipt of approval from letter of intent.
4. The project must be completed within one year unless permission to extend the timeline is solicited and granted by the proposal review subcommittee.

*Each project or submission is to be graded on its own merits, and not on past or present funding.*

## **POST-AWARD PROCEDURES**

### **PROJECT PERIOD AND EXTENSIONS**

Funds from the CHCS/CON Grant account will be transferred into a restricted account for each award. The accounts will be accessible following approval of the project for up to one full year. Requests for extensions must be submitted to the CHCS/CON Research Committee at least **60 days before the original project end date**. Extensions may be granted for up to one year, at the discretion of the appropriate Dean or his/her representative. Extensions will not confer any additional funds above and beyond the original award amount

### **BUDGET**

A budget code will be created by the HPD Finance Department. The PI will be notified once it is created.

### **EXPENSES**

All requests for expenditures (purchase orders, travel requests, check requests, etc.) must comply with NSU policy and be submitted through Ariba.

### **FINAL REPORT**

The final report should be submitted to the CHCS/CON Research Committee Chairperson (see contact below) within **60 days after the project end date** unless a project extension has been granted by the CHCS/CON Research Committee. The information contained in the final report will be documented in the award file. In the event the researcher is unable to complete the final report within the allotted time frame, a written request for extension must be sent either by email or by a memorandum to the CHCS/CON Research Committee. The request should state in detail the circumstances that prevented completion of the written report as well as an anticipated receipt date of the final report.

The final report should be double-spaced and written in 12-point Arial font with margin limitation of 0.5 inch all around. The final report should be brief (4-5 pages not including tables figures, timeline, references, and appendices. Please use the following format as a guide when creating your final report.

I. *Project Title*

II. *Key Personnel* – List the names of the principal investigator, co-principal investigator, and additional team members, their titles and roles

III. *Introduction and Specific Aims* – Provide a detailed description of the background, purpose of the project and specific aim(s), research question(s), hypothesis(es). 1-2 pages.

IV. *Methods* – Summary of study design, subjects/target population, outcomes, analyses. 1 page.

V. *Results* – Findings presented by specific aim(s), research question(s), hypothesis(es). 1-2 pages.

VI. *Discussion* – Discuss how the findings add to the existing literature (DO NOT repeat the results) and how the findings will impact the profession. 1-2 page.

VII. *References* – List references in APA or AMA format.

VIII. *Publications and Dissemination* – List all publications, platform or poster presentations, submissions (status or plans and timeline for submitting manuscripts), or other related activities resulting from the CHCS & CON Faculty Research and Development Grant.

IX. *Future Plans* – Describe additional and/or future grant submissions. If, after submitting the report, new funding is secured or works published, this updated information should be forwarded to the CHCS & CON Research Committee so works that resulted from these grants can be accurately documented.

**\*\* Awardees are required to present their finding at the HPD Research Day or a scientific conference organized by CHCS & CON. Awardees who fail to submit a final report to the CHCS & CON Research Committee and/or fail to present at the abovementioned conference(s) may not be eligible for further NSU internal grants, e.g. the President's Faculty Research and Development Grant or HPD Research Grant.**

## CONTACT INFORMATION

Please feel free to contact the following individuals for information regarding the CHCS/CON Grant process:

Dr. Hal Strough	Chair, CHCS/CON Research Committee	<a href="mailto:hstrough@nova.edu">hstrough@nova.edu</a> (x 21443)
Debra Tomkinson	Interim Administrator, CHCS/CON Research	<a href="mailto:dtomkinson@nova.edu">dtomkinson@nova.edu</a> (x 21205)



# APPENDIX A



January 1, 2017

Hal Strough, Ph.D.  
College of Health Care Sciences  
3200 S. University Drive  
Ft. Lauderdale, FL 33328

Re: Letter of Intent for CHCS and CON Faculty Research and Development Grant

Dear Dr. Strough,

I am writing to inform you of my interest in developing a research grant proposal with mentor support for funding from the CHCS and CON Faculty Research and Development Grant. The tentative title for the proposed project is "The effect of driving rehabilitation and/or ~~canalith~~ repositioning treatment for individuals with recurring benign paroxysmal positional vertigo (BPPV) on driving performance." The research team will consist of Julia P. Andrews, ~~Ph.D.~~ with support from Wendy Stav, Ph.D. in collaboration with Memorial Regional Hospital South.

Our understanding of driving requires dynamic movement of the driver including head movement to scan the driving environment. For individuals with BPPV, the act of driving can be particularly challenging as it will likely induce vertigo from typical head movements need for driving safely. Repositioning treatment and driving can positively influence the driver's perception of ease of driving and driving performance when they experience reoccurrence of BPPV.

The goal is to test the effectiveness of repositioning treatment and driving rehabilitation both alone and in conjunction with each other on the patient's perception of ease of driving and driving performance. Individuals diagnosed with reoccurring BPPV will participate in a comprehensive driving evaluation and then assigned to a treatment group. Upon reoccurrence of BPPV, participants will receive the intervention of their designated treatment group. Participant perception of ease of driving will be assessed following intervention.

Grant money would be requested to cover driving evaluation costs, treatment sessions during reoccurring episodes, and mentor stipend.

Thank you for your consideration of this request to enter into the mentored grant proposal process. I can be reached at 954-262-7717 or [jandrews@nova.edu](mailto:jandrews@nova.edu) to answer any further questions.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Julia P. Andrews'.

Julia P. Andrews, ~~Ph.D.~~

Health Professions Division  
College of Health Care Sciences \* Department of Audiology  
3200 South University Drive \* Fort Lauderdale, Florida 33328-3018  
(954) 262-7745 \* Fax (954) 262-2908 \* Hearing and Balance Center, (954) 262-7754  
College of Osteopathic Medicine \* College of Pharmacy \* College of Optometry \* College of Health Care Sciences  
College of Medical Sciences \* College of Dental Medicine \* College of Nursing

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**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

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NAME:

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eRA COMMONS USER NAME (credential, e.g., agency login):

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POSITION TITLE:

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EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**