

NURSING FOUNDATION OF RHODE ISLAND  
P.O. Box 41702  
Providence, RI 02940

**Research Grant Application**

Name of Principal Investigator: \_\_\_\_\_

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

License #: \_\_\_\_\_ State: \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ (w) \_\_\_\_\_

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

Highest Degree: \_\_\_\_\_ College: \_\_\_\_\_

**RESEARCH (Use additional sheets as necessary)**

**Statement of Problem:**

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**Approach/Research Design:**

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**Methodology:**

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**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Project Budget (INCLUDE SPECIFIC REQUEST OF FOUNDATION)**

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I agree to conduct the Research as approved, be accountable for funds granted, and submit a final report including results and recommendations at conclusion.

**Signature:** \_\_\_\_\_

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

**Mail Completed Application to: Nursing Foundation by date indicated.**