## RESEARCH PROPOSAL SUBMISSION FORM

Research Proposal to the Joint Research Committee - NCSBN

| 1. PROJECT TITLE:          |                      |                          |     |
|----------------------------|----------------------|--------------------------|-----|
|                            |                      |                          |     |
|                            |                      |                          |     |
|                            |                      |                          |     |
| 2. PRINCIPAL INVESTIGATOR: |                      | CO-PRINCIPAL INVESTIGAT  | OR: |
|                            |                      | (if applicable)          |     |
| Name:                      |                      | , , ,                    |     |
|                            |                      |                          |     |
| Title:                     |                      |                          |     |
| Titic.                     |                      |                          |     |
| Institution                |                      |                          |     |
| Institution:               |                      |                          |     |
| Address:                   |                      |                          |     |
|                            |                      |                          |     |
| City, State and ZIP        |                      |                          |     |
| Phone Number:              |                      |                          |     |
| Fax Number:                |                      |                          |     |
| E-mail Address:            |                      |                          |     |
| E-man Address:             |                      |                          |     |
|                            |                      |                          |     |
|                            |                      |                          |     |
| 3. RESEARCH FUNDS          | REQUESTED:           | 4. PROPOSED PROJECT      |     |
| Total: \$                  |                      | Starting Date:           |     |
| 10ιαι. ψ                   |                      |                          |     |
|                            |                      | Ending Date:             |     |
|                            |                      |                          |     |
| E DDIEE A DCTD A CT C      | NE THE DROIECT, (No. | arous these 200 superds) |     |
| 5. BRIEF ABSTRACT C        | of THE FROJECT: (NO  | nore than 200 words)     |     |

## **BUDGET SUMMARY**

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## **BUDGET SUMMARY**

| CATEGORY                                         | Cost | Use these additional columns to split out costs for each phase, if proposing a multi-phased project |  |  |
|--------------------------------------------------|------|-----------------------------------------------------------------------------------------------------|--|--|
| DIRECT COSTS*                                    |      |                                                                                                     |  |  |
| <ol> <li>Personnel salaries and wages</li> </ol> |      |                                                                                                     |  |  |
| 2. Fringe benefits                               |      |                                                                                                     |  |  |
| 3. Consultants and contracts                     |      |                                                                                                     |  |  |
| 4. Travel                                        |      |                                                                                                     |  |  |
| 5. Supplies and materials                        |      |                                                                                                     |  |  |
| 6. Communications (Telephone, postage, etc.)     |      |                                                                                                     |  |  |
| 7. Equipment (Purchase)                          |      |                                                                                                     |  |  |
| 8. Other (Equipment rental, etc.)                |      |                                                                                                     |  |  |
| TOTAL                                            |      |                                                                                                     |  |  |

| BUDGET JUSTIFICATION NARRATIVE |  |
|--------------------------------|--|
|                                |  |
|                                |  |
|                                |  |
|                                |  |
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|                                |  |
|                                |  |

<sup>\*</sup>Note that Indirect costs or other overhead charges will not be reimbursed