General Instructions:
The applicant must be a licensed professional and carry malpractice insurance throughout the period of the grant.

Please complete the form below. You will be asked to attach the following documents to your application as appendices:

- Provide a biosketch for each investigator using the format provided in the instructions below in Section XI
- Human Subjects (IRB) Board Information (See Section XII)
- A sample copy of all consent forms (See Section XII)
- Copies of pertinent outcomes measures, surveys, trigger questions, etc.

The application should be a maximum of **12 double-spaced pages**, plus appendices. Arial, 12 point font should be used throughout the document. Please use appropriate citations and references using either the American Psychological Association (APA) or the American Medical Association (AMA) guidelines.

Upon receipt of a Mini-Grant Research Award, you will be expected to sign a contract.

**Instructions for submission:** All work should be combined into one document for submission, and converted to a PDF file.

Two files must be submitted:

- one including all information
- one with identifying information removed, to allow a blinded review.

These files should be submitted by email to minigrant@ndta.org
Title of Project:

Investigators

Principal Investigator (PI):
Name:

Discipline:
Is the principal investigator a NDTA Member? Yes___No___
If yes, NDTA Member Number:________________________

Professional license(s):
Identify the type of license(s) (OT, PT, SLP, etc.)
Attach a copy of your license as an appendix

Associate Investigator
Name:

Discipline:
Is this investigator a NDTA Member? Yes___No___
If yes, NDTA Member Number:________________________

Professional license(s):
Identify the type of license (OT, PT, SLP, etc.)
Attach a copy of your license as an appendix

Role in this study:

Associate Investigator
Name:

Discipline:
Is this investigator a NDTA Member? Yes___No___
If yes, NDTA Member Number:________________________

Professional license(s):
Identify the type of license (OT, PT, SLP, etc.)
Attach a copy of your license as an appendix

Role in this study:
Human Subjects Approval:
All studies must have approval from an Institutional Review Board (Human Subjects Committee) and evidence of compliance with HIPAA guidelines before the release of funds.
Attach a copy of your IRB approval letter as an Appendix
Institution Granting IRB approval:
IRB Protocol Number:
IRB Approval Date:
IRB Renewal Date:

Total Budget requested for a 12-month budget period:__________
(Complete detailed budget in Section XIII)

Site(s) where research will be conducted:
Include names and locations (city, state/province)

Study Contact Person: Identify the person who will be the contact person for this study
   Name:
   Institution:
   Address:
   Phone Number:
   Fax Number:
   Email:

Certification:
I certify that the information presented herein is accurate. I understand that providing inaccurate information will disqualify this study from receiving NDTA funds. I have also read this application in its entirety, and I fully understand the responsibilities of grant awardees listed and described in the contract.

Print Name of PI:
Signature:_________________________ Date:_________________________

Print Name of Associate Investigator:
Signature:_________________________ Date:_________________________

Print Name of Associate Investigator:
Signature:_________________________ Date:_________________________
RESEARCH PLAN

I. TITLE:

II. RESEARCH QUESTION:
State the problem, purpose, and specific aims of the study. The research question(s) should be stated clearly.

III. PERTINENT LITERATURE:
Describe a complete and up-to-date review of the literature that specifically relates to the research question. The literature review should establish the need for the study. Please limit the literature review to less than two pages typed. Please use appropriate citations using AMA (American Medical Association) or APA (American Psychological Association) guidelines. You will be asked to provide a complete reference list in section VI.

IV. SIGNIFICANCE OF THE STUDY:
Describe the clinical significance of this study, and how the study will contribute to theory development, the effectiveness of practice, and/or advance knowledge and understanding of NDT. How will the fields of OT, PT, SLP, nursing, and/or education benefit from this study?

V. METHODS:
Use the following format to describe your research methodology.
A. Describe the study methodology or approach (e.g. experimental, correlational, psychometric, survey, or qualitative) as it relates to the research question. If conducting quantitative research, clearly identify the independent and dependent variables (if applicable).
B. Subjects: Describe the intended subject population including number of subjects, subject demographics (age, gender, etc.) and inclusion criteria, exclusion criteria (if applicable to design).
C. Outcomes Measures/Instrumentation/ Sources of Rigor: Describe instrumentation and outcomes measures including purpose, reliability, validity, and historical use of these measures/instrumentation, authenticity, dependability and/or trustworthiness (as relevant to the design).
D. Procedures: Describe procedures to be conducted in a logical sequential order. Include subject recruitment, pre and post testing procedures, interventions performed, interview and/or observational approach, trigger questions and statistical &/or qualitative data analysis.
E. Application of Study Results: Describe potential application of study results.
VI. **LIMITATIONS OF STUDY:**
Describe any limitations that may affect the internal validity of the study or that will limit the conclusions that can be drawn from this study.

VII. **PLAN OF OPERATION/STUDY TIMELINE:**
Describe the timeline for the project including subject recruitment, use of consultants, data collection, and data analyses. Describe who will be responsible for each phase of the project.

VIII. **BUDGET: (Complete Appendix 1)**
Using the format below, describe each budget item, the amount, and justification for inclusion in the budget. Allowable budget items include salaried personnel for data collection or data analysis, consultants’ costs, equipment, supplies, travel to conduct research, secretarial support, and photocopying.

Salary reimbursement for investigator’s travel to conferences, conference fees, or indirect costs such as office space and overhead are not allowable budget items.

**Total Amount Requested** should not exceed $10,000

**OTHER GRANTS FOR THIS PROJECT**

**Other Grants Awarded:**
List any other grants awarded for this project. Include funding agency name, dates and amount of award

**Submitted grant applications for this project:**
List any other grant applications in progress for this project. Include funding agency name, amount of award requested, and anticipated date of award notification.

**Future Grant Applications**
Is this grant for a pilot study?   Yes______ No______

If yes, explain how this work will provide the foundation for larger-scale grant applications.

Provide a detailed plan on how you will use the results of this study to apply for larger grants. In your plan, please include names of grants, funding agencies, and a timeline for application.
IX. **QUALITY OF KEY PERSONNEL AND RESOURCES:**
Describe the qualifications of the key personnel and resources available at the facility/facilities.

**Attach a biosketch using the format below for the PI and each associate investigator. Limit each biosketch to 2 pages and include as an appendix. Use the exact format below**

1. Full Name including Credentials
2. Current Employer and Position
3. Education and Training: Include Institution(s), Dates of attendance, Degree(s) earned, and field of study
4. Advanced Certifications: For each certification include name of the certification, granting institution or organization, date granted, and expiration date (if applicable.)
5. Professional Experience: List names, locations, and dates of professional experiences
6. Peer-reviewed publications: List using full citation in AMA or APA format
7. Non-peer reviewed publication: List using full citations in AMA or APA format
8. Peer-reviewed scientific research presentations (platform and poster presentations) and abstracts
9. Grants awarded: List other grants awarded. Include project title, granting agency name, the amount awarded, and dates
10. Professional organizations and activities

X. **Submissions with IRB Approval**
Attach a copy of the IRB approval letter
Attach a copy of the IRB approved informed consent/s* that include study title, names and contact information of investigators; purpose and benefits of the study; procedures; risk, stress, or discomfort; and confidentiality procedures.

XI. **Submissions with pending IRB Approval**
Institutional Review Board approval must be received before funds will be awarded. A copy of the IRB letter of approval for your study must be submitted to the NDTA before funds will be dispersed.

Provide a copy of each IRB approved consent form.** This should include study title, names and contact information of investigators; purpose and benefits of the study; procedures; risk, stress, or discomfort; and confidentiality procedures.
**FOR CONSENT FORM:** Provide all appropriate consent forms for your study. For example, in adult studies, there may only be one consent form for the participant; however, in pediatric studies, there will be parent consent forms, youth assent forms, child assent forms, and/or assent waivers if very young children are participating in the study.

For further information about preparing consent forms, consult your institution’s IRB. Additional information may be found at http://www.hhs.gov/ohrp/

**XII. LIABILITY COVERAGE FOR CLINICAL STUDIES**

Does this study involve study participants who are receiving clinical testing or intervention?  
Yes_______  No___

If yes, then the PI and all associate investigators involved in any clinical testing or intervention must carry malpractice liability coverage.

**Liability/Malpractice Insurance Company**

(attach a copy of your malpractice certificate of coverage as an appendix)

Name:
Address:
City:     State or Province:

**XIII. DISSEMINATION OF RESULTS**

Provide your specific plan for disseminating the results of this study. This plan must include a written article describing your study and results for the NDTA Network. Also, identify the specific journal(s) in which you plan to submit your work and a timeline for submission and any anticipated presentations of your work.

At the end of the study, it is recommended that you present a poster or presentation at an NDTA conference.

**XIV. REFERENCE LIST:** (appendix 1)

Please provide a list of references using either AMA or APA guidelines.

(Include a 2-page list as an appendix)
## Appendix 1
### Budget

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