



# SESSIONAL INSTRUCTOR AND CLINICAL NURSING INSTRUCTOR GRANT FUND GUIDELINES

**PURPOSE:**

To support the scholarly activity of Sessional Instructors and Clinical Nursing Instructors

**VALUE:**

Up to \$1000

APPLICATION DEADLINE	RESULTS
OPEN	Approximately one month after receipt of completed application

**ELIGIBLE APPLICANTS:**

- Sessional Instructors at Step 2 or Step 3 and who are employed by UPEI as a Sessional Instructor at the time of application
- Clinical Nursing Instructors

**GENERAL INFORMATION:**

- This fund has been established to support the development of Sessional Instructors' and Clinical Nursing Instructors' scholarly portfolios.
- Grants support the direct costs of research pursuits such as research assistance, operating expenses, manuscript preparation, materials and supplies, etc. Grants may not be used to travel for the purposes of attending a conference for dissemination of results. See the UPEI Internal Funding - General Regulations document (<http://www.upei.ca/research/internal-funding>) for further information regarding eligible and ineligible expenses.
- Applicants may hold only one Sessional Instructor and Clinical Nursing Instructor Grant at a time. Although it is permissible to submit future applications upon completion of the grant and submission of a final report, priority will be given to those who have not previously held funding from this source.
- Awards will be granted for a maximum one-year duration, with the possibility of a six-month extension upon request. **Applicants must continue to be employed as a Sessional Instructor or Clinical Nursing Instructor at UPEI for the duration of the grant.**



# SESSIONAL INSTRUCTOR AND CLINICAL NURSING INSTRUCTOR GRANT FUND APPLICATION

VALUE: Up to \$1,000 per grant

DEADLINE: OPEN

SUBMIT ORIGINAL ONLY to Kelley 200

*The Research Requirements and Approvals page (p.4) must be completed and signed as appropriate; otherwise, the application will be considered incomplete.*

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## APPLICANT INFORMATION

<b>Principal Investigator:</b>	
<b>Faculty/School:</b>	
<b>Current Sessional or Clinical Nursing Instructor position(s):</b>	
<b>Sessional or Clinical Nursing Instructor position(s) to be held during term of funding:</b>	

## PROJECT INFORMATION

<b>Title of Research Project:</b>	
<b>Total Amount Requested:</b>	\$

**BUDGET - Please provide budget summary in Canadian dollars**

**BUDGET SUMMARY**

**PERSONNEL COSTS** - Justification for the hiring of all personnel must be presented in the project description. Specify whether personnel are full or part-time, state periods of employment and provide hours to be worked. You must verify the rate of pay and benefit costs with [Human Resources](#).

Items	# hours	\$/hr. (inc. Benefits)	Period of Employment	Amt. Requested
Research Assistant(s)				
Other (specify)				

**TOTAL PERSONNEL COSTS**

**TRANSPORTATION** — Identify person(s) for whom a transportation allowance is requested and list the place(s) to be visited. When travel by automobile is more expensive than air travel, funds will be granted only to a maximum of return excursion by economy air fare. Travel must be justified in the project description and comply with [UPEI's Travel Policy](#).

Name(s)	Destination	Dates of Travel	Mode of Travel	Source of Quote

**TOTAL TRANSPORTATION COSTS**

**SUBSISTENCE** — Identify person(s) claiming subsistence & indicate duration of visit in each location. Specify per diem & accommodation amounts. Subsistence must be justified in the project description & comply with [UPEI's Travel Policy](#).

Location	Accommodations	Per Diem	# Days	Amt Requested

**TOTAL SUBSISTENCE COSTS**

**EQUIPMENT** — Justify each piece of equipment requested in the project description; discuss the availability and accessibility of similar equipment within the institution and the region. Give models, manufacturers, and prices, indicating whether the equipment will be purchased or rented. Attach additional pages as necessary.

Type of Equipment	Buy/Rent	Model	Manufacturer	Price

**TOTAL EQUIPMENT COSTS**

**OTHER EXPENSES** — Items should be identified and justified in the project description.

Items	Source of Quote	Amt Requested
Technical Services (specify)		
Supplies and Materials (specify)		
Communication (specify)		
Other Expenditures (specify)		

**TOTAL OTHER EXPENSES**

**TOTAL COSTS**

**Total available from other sources Specify source(s):**

**TOTAL GRANT REQUESTED**

## REQUIRED ATTACHMENTS

### **PROJECT DESCRIPTION**

Provide a two-page description of the project which:

- Summarizes the project: define the objectives, approach, methods, and significance
- Outlines how the project will support the development of your scholarly portfolio as a Sessional or Clinical Nursing Instructor
- Provides budget justification and outlines the time frame over which the funds will be expended

### **ATTACH A CV**

Note: eligibility for this grant requires that the applicant be classified as Sessional Instructor Step 2 or Step 3. Please specify the courses that you have taught.

### **FINAL REPORTS**

If applicable, attach outstanding final reports for previous UPEI internal research grants.

#### **Notes:**

*It is through the research proposal that applicants demonstrate their competence to conduct the proposed research. Accordingly, applicants are expected to provide a logical narrative which demonstrates familiarity with the subject matter, a carefully formulated plan of research and a thorough justification for planned expenditures. Applicants are reminded that the members of the Research Grants Committee are from a variety of disciplines and thus must make their judgement on the basis of what is presented in the application. Other things being equal, applications are more likely to be funded when they are clear, concise, legible, and free from jargon.*

*Incomplete applications will not be considered for funding. If you have questions regarding the required components of your application, please contact the Research Grants Coordinator at 566-0709 or [lcudmore@upei.ca](mailto:lcudmore@upei.ca). However, it is the Principal Investigator's responsibility to ensure that the submitted application is complete.*

## **ADMINISTRATIVE APPROVALS SECTION**

### **1. RESEARCH REQUIREMENTS**

Indicate each that apply:

- Use of human subjects       to be submitted       pending       approved      Certificate # \_\_\_\_\_
- Use of animals       to be submitted       pending       approved      Certificate # \_\_\_\_\_
- Use of biohazards       to be submitted       pending       approved      Certificate # \_\_\_\_\_  
*(anything involving microorganisms, cell lines, human and/or animal tissues/fluids, biotoxins or genetically modified organisms.)*
- Use of radioactive material       to be submitted       pending       approved      Permit # \_\_\_\_\_
- Controlled substances license approval       to be submitted       pending      Certificate # \_\_\_\_\_
- None of the above

### **2. APPROVALS**

**Signature of UPEI Principal Investigator/Lead** indicates acceptance and willingness to carry out the work as described in the proposal, in accord with the various regulations governing such work and within the established budget of the proposal. All research activity will be undertaken in accordance with the policies and procedures of the University of Prince Edward Island. The Principal Investigator also accepts responsibility for any over expenditure on the award and for reporting any changes or delays in the research or research expenditures.

\_\_\_\_\_  
**Signature of Principal Investigator/Lead**

\_\_\_\_\_  
Date

**Signatures of the Chair and Dean** indicate awareness of the research project, and acknowledgement that the academic unit/ faculty/school will be able to accommodate the project if funded (including any space, facilities and personnel requirements).

\_\_\_\_\_  
**Signature of Chair**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Dean/Associate Dean**

\_\_\_\_\_  
Date