

**Sigma Theta Tau International  
Omicron Psi Chapter  
Research Grant Agreement Form**

**Directions:** Complete and sign the form. Submit the completed form to Dr. Ann White, Chair of the Research Committee

Title of Study: \_\_\_\_\_

Date signed: \_\_\_\_\_ Expected date of final report: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Co-investigator Information:

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Data collection dates:

If my proposal is approved for funding, I agree to:

1. Accept responsibility for the scientific conduct of this study.
2. Expend the funds as described in the proposal, and return unused funds to the treasurer of Omicron Psi Chapter.
3. Submit a progress report quarterly until the study is complete to Dr. Ann White
4. Send a written final copy of the research and one abstract to the Dr. Ann White of the chapter.
5. Acknowledge the grant support of Omicron Psi Chapter of Sigma Theta Tau International in the publication or presentation of the research findings.
6. Publish or present the findings of the research in a program sponsored by Omicron Psi chapter if invited to do so.

Signature of Grant Recipient: \_\_\_\_\_

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