Letter of Intent	Principal Investigator (Last, First, Middle):	
	Application Organization Name:	

TriService Nursing Research Program (TSNRP) LETTER OF INTENT TO SUBMIT A GRANT APPLICATION

The TriService Nursing Research Program (TSNRP) requires receiving a Letter of Intent (LOI) due to the sponsor's budget requirements. The Letter of Intent is due on October 31, 2022 and applications are due on January 31, 2023 with potential available funding awarded in FY 24. Please note budgets are estimates and maybe changed with the application submission.

In the event the PI elects to withdraw from the call period please notify TSNRP no later than January 31, 2023 via email tsnrp@usuhs.edu

Post					
Please type your response	es. Submit y	our comple	eted form as an em	ail attachment to TSNR	P at tsnrp@usuhs.e
1. Working Title of G	Grant App	lication:			
2. Principal Investig	ator (PI) Iı	nformatio	ո։		
2a. <i>Name</i> Last	, First, Mic	ddle:			
2b. Branch of	Service aı	nd Compo	nent (select all th	nat apply)	
Army:	☐ Active	Duty	☐ Reserve	☐ Guard	□ Retired
Navy:	☐ Active	e Duty	☐ Reserve		☐ Retired
Air Force:	☐ Active	Duty	☐ Reserve	☐ Guard	☐ Retired
2c. Rank:					
2d. Highest Le	vel of Edi	ucation Ad	chieved (select o	ne)	
☐ B.S.f	٧.	□ Ph.D	./D.N.Sc.	□ D.N.P.	
□ M.S.	/M.S.N.	□ Ed.D		□ Other:	
2e. Contact In	formation				
Duty Title:					
Duty Statio	n/Unit or E	mployer			
Address (st		state, zip):			
Telephone:					
Email:					
If the PL is not	active du	tv name a	nd rank of active	a duty Associate Inv	estinator:

If the PI is *not* active duty name and rank of active duty Associate investigator:

2g. Educational Information (student applicants only)

College or University:

Expected Date of Graduation:

Date of Proposal Defense:

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3. Gra	nt Applicat	tion Informati	on				
3a	3a. Award Category □ Research or □ EBP						
	Follow-On High Priority Initial Award Graduate A	d		Research Quantii Qualita Mixed			
	Graduate A High Priority			tegories:			
4. TSN	IRP Priorit	y Select all th	at apply:				
4 a.	4a. □ Force Health Protection: □ Care for all entrusted to our care □ COVID-19 □ Deploy and Care of the Warrior □ Fit and Ready Force						
4b.	4b. □ Nursing Competencies and Protection: □ COVID-19 □ Clinical Excellence □ EBP □ Education & Training □ Knowledge Management □ Patient Outcomes □ Quality & Safety						
4c.	4c. □ Leadership, Ethics, and Mentoring: □ Care of the Caregiver □ Health Policy □ Preparing tomorrow's leaders. □ Recruitment & Retention						
5. Stu	dy Populat	ion (check all	that apply)				
Re: Ber	ive Duty: serve: neficiaries: imal Resea	_ 000000	□ Navy □ Navy □ Children	☐ Air Force☐ Air Force☐ Retirees	□ Marines□ Marines		
Gradua	ring Inforn te Awards re te award me	equire 2 mentors	s (1 must be an	active duty nurs	se scientist) Please insert the names of the		
1.							
2.							

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6.	Specific Aims and Research Questions or Hypotheses and Proposed Sample
7	Project Abstract
,.	Project Abstract
8.	Performance Site(s)

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9. Key Personnel and Roles (if known)		
10. Additional Information about Application (if any)		
11. Budget Estimate: Please attach a Research and Related B amount is inclusive of both direct and indirect costs. Please Opportunity Announcement for the award funding limits. Please enter the total budget amount requested:	•	
12. PI Attestation		
FY24A Call due on January 31, 2023. I understand the awar 2023 pending available funding for a two year performance receive other funding for this project this award will not be	period. I understand if I	
PI Signature	Date (mm/dd/yy)	