Research Evaluation Committee
Project Proposal Application

Thank you for your interest in working with Erie Family Health Centers. In order to process your request, we ask that you complete this application and submit relevant supporting documents. Erie's Manager of Academic Partnerships will contact you within 15 business days of submission. Please note that a presentation to Erie's Research Evaluation Committee (REC) may be required in order to fully evaluate this project. If REC approves the Project Proposal Application, the applicant and Erie's Manager of Academic Partnerships will work together to complete a delegation log of responsibilities for the project. Once the delegation log is approved, the project may begin implementation on the agreed upon and approved timeline. We also ask that all projects have a dissemination plan for results that can be shared with Erie's stakeholders.

Erie charges an application fee of $50 to review proposed research applications. The application fee can be mailed in the form of a check to: 1701 W Superior St, Chicago, IL 60622, ATTN: REC and in the memo line of the check please make a note of the "Project Title".

Should your methodology or recruitment strategies change, please contact the Manager of Academic Partnerships, as any changes to the project or the project's supporting documents may also require an updated approval from REC. If you have questions or require additional information please reach out to REC@eriefamilyhealth.org and our Manager of Academic Partnerships, Tina Schuh, will assist. After completion of this REC Project Proposal Application, please submit the application and the below required supplemental documents to: REC@eriefamilyhealth.org.

Required supplemental document check-list:

☐   Protocol or draft protocol
☐   Consent forms
☐   Any flyers or promotional materials
☐   IRB of record approval letter
☐   Anticipated project work plan with timeline
☐ $50 application fee

Instructions: Please do not leave any spaces blank. Indicate if any of these categories do not pertain to your project with "N/A."

Project Title:	

Principle Investigator(s):	
Address, phone number and email of Principal Investigator(s):	
Project Contact and Contact Information if different than the PI:	
Sponsoring Agency of Funder:	
When will the component of the project involving Erie begin? When do you expect Erie components to finish?	
Have you collaborated with anyone at Erie on the development of this project? If so, please provide his/her name and describe the collaboration.	
Are you open to Erie residents working on the project?	
Please provide a brief summary of your project and a description of the role or request of Erie:	

September 2019

Has this project received IRB approval? If so, please provide the name of the IRB agency and/or from whom and when you intend to receive approval.	
Does the project team have ideas of how many and which of Erie's sites they are hoping will participate in the project?	
Please define the specific target population and inclusion and exclusion criteria for participants:	
How many patients do you hope to recruit total in the project? How many from Erie?	
What methods do you plan to use to recruit patients? Which components of recruitment will happen at Erie?	
Is your agency able to provide staff members to conduct patient recruitment?	

September 2019

Will there be any training of Erie staff or Erie providers required? If yes, please elaborate on who will need training and how you anticipate the training will be conducted.	
What language(s) are the recruitment materials available in?	
Will participants be consented to participate? If yes, send a copy of your current consent form with the other application attachments and explain the consenting process here.	
Can your agency commit to providing Erie with signed copies of patient consent forms, if needed?	
What methods do you plan to use in order to collect information? (interview, survey, medical exam, medical records etc.)	
Will you be collecting identifiable patient information? (Name, address, date of birth, etc.)	
Are you requesting access to Erie's medical records?	

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Would you need to remove any data from Erie premises?	
What resources are you requesting from Erie? Please consider Erie staff **time** (direct and indirectly supporting the project), interviewing space, access to phones or computers, access to medical records, provider champion, provider training, etc.	
Describe how the project will compensate Erie for requested resources.	
Do patients receive incentives/compensation for their participation? If so, describe here.	
How do Erie's patients benefit from participating in this project?	
How does Erie benefit from participating in this project?	

Please share your dissemination plan for the results of you project. Please note specifically how you will share results with Erie's stakeholders at the conclusion of and/ or throughout the project.	
Will Erie be responsible for any reporting related to the project?	
Additional relevant information:	

Thank you for filling out the form! We will be in-touch within 15 business days.

This section is for INTERNAL USE ONLY:
Date Application was Received: _____
Scheduled for REC Presentation: _____
REC Decision: _____
Approved Start Date: _____
Project Sites: _____