Research Evaluation Committee
Project Proposal Application

Thank you for your interest in working with Erie Family Health Centers. To process your request, complete this application and submit all relevant supporting documents (see REC application checklist). Erie's Manager of Research and 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 to fully evaluate this project. If REC approves the Project Proposal Application, the applicant and the Manager of Research and Academic Partnerships will work together to complete a delegation log of responsibilities for all aspects of the project. Once the delegation log, budget, timeline, and IRB application are approved, the project may begin implementation. We also ask that all projects have a dissemination plan for results that can be shared with Erie's stakeholders.

Erie charges a $50 application fee 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 your "Project Title".

Should your methodology or recruitment strategies change, contact the Manager of Research and Academic Partnerships, as **any changes to the project or the project's supporting documents will require approval.** Submit this application and the below required supplemental documents to: REC@eriefamilyhealth.org.

If you have questions or require additional information, reach out to REC@eriefamilyhealth.org.

REC application checklist:

- ☐ REC application (required)
- ☐ Institutional Review Board approval letter (required before implementation)
- ☐ IRB approved protocol or draft protocol
- ☐ IRB approved consent forms or draft consent forms
- ☐ IRB approved surveys, assessments, text messages or other instruments
- ☐ IRB approved flyers or promotional materials
- ☐ 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 the project with "N/A" and note if IRB approval is pending.

Project Title:	

Principle Investigator(s) and contact information:	
Project contact information if different than the PI:	
Sponsoring agency or funder:	
Study timeline for all research activities involving Erie:	
Have you collaborated with anyone at Erie on the development of this project? Provide his/her name and describe the collaboration:	
Summary of the project and a description of the role or request of Erie:	
Has this project received IRB approval? Provide the name of the IRB agency and when you intend to receive approval. Include IRB approved material with this application or as it becomes available.	
Which of Erie's sites are you hoping will participate in the project?	

Define the target population and any inclusion/exclusion criteria for participants:	
How many total participants do you hope to recruit? How many from Erie?	
What is your recruitment methodology? Which components of recruitment will happen at Erie?	
Is your agency able to provide staff members to conduct patient recruitment?	
What language(s) are the study materials available in?	
Provide an overview of your consent protocol: Include a copy of your approved consent form with this application.	
What methods do you plan to use to collect information? (interviews, surveys, medical exams, medical records etc.)	
Will you be collecting identifiable patient information? (name, address, date of birth, etc.)	

Will you need to remove any data from Erie premises?	
What resources are you requesting from Erie? Consider Erie **staff time** (direct and indirect support of the project, space, access to phones or computers, access to medical records, provider champion, provider training, or software)	
Will there be any required training of Erie staff or Erie providers?If yes, elaborate on who will be trained, how they will be trained, and include a timeline with duration of training activities.	
How will the project compensate Erie for requested resources described above?	
What incentives or compensation will participants receive for their participation?	
How will **Erie's patients benefit** from participating in this project?	
How will **Erie as an organization benefit** from participating in this project?	

What are the potential risks **to participants and the organization** associated with participating in this research?	
What is your dissemination plan for the results of this project? Note specifically how you will share results with Erie's stakeholders at the conclusion of, and throughout the project.	
Will Erie be responsible for any reporting related to the project?	
Additional relevant information:	

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

Updated 10.06.21