

Philadelphia FIGHT Community Health Centers Research Conduct Proposal

Please complete each of the following fields in order for your research to be considered by FIGHT administration and research staff. If you have questions, please contact Linden Lalley-Chareczko, Research Coordinator at 215-525-8695; lchareczko@fight.org

Date you are completing this form: Study Details Who is the primary contact for this project? Title: Name: Telephone: Email: Is a secondary contact available? Name: Title: Email: Telephone: Summary of Proposed Research: What is the value/importance of this project to the research community and benefit to the FIGHT community? Status of research: Proposed Start Date: **Estimated Completion Date:** Proposed enrollment (total N required): Age range of participants:

Where will your research take place and will research take place across multiple sites?



What research procedures will take place at FIGHT?

Recruitment Survey

Consent Focus Group

Phlebotomy Other (please explain):

Interview

Staffing

Do you have staff to complete all research activity?

Do you have research training certificates for all associated research staff?

Are you seeking FIGHT research staff to conduct this research? (Please note, the use of existing research staff for the conduct of a research trial is contingent upon supervisor approval and funding)

Will staff outside of the FIGHT research department be required to conduct this trial, and has that department's supervisor agreed to allocate staff time for this project?

IRB Considerations

Will you be obtaining IRB approval from another entity in addition to FIGHT?

If yes, which organization(s)?

Has approval been grated at this time?

If not yet approved, when do you expect approval?

Funding

Are you applying for grant funding to conduct this research?

(PLEASE NOTE: If the research requires grant funding, the Principal Investigator is required to work in collaboration with the Philadelphia FIGHT COO and CFO to adequately compensate FIGHT staff. Following authorization to proceed, an introduction with be facilitated by Research staff. If a grant has already been submitted, please provide the requested details below for review by the COO and CFO)

If yes, what is the anticipated funding review date?

Has funding been awarded?

When does your grant expire?

Is there funding to support research staffing that you need but do not currently have?

Name of person completing this form:	
Signature:	Date:



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This research has been granted authorization (This authorization grants the Principal Investigate and/or IRB submission if there are no funding consider If no, what if any steps can be taken to	or permission to proceed with grant submission if necess erations)	ary
Acknowledgement of Administrative Review	Date	
Acknowledgement of Research Departmental Review	Date	