



## 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 Program Director at 215-525-8695; [lchareczko@fight.org](mailto:lchareczko@fight.org)*

Date you are completing this form:

### Study Details

Who is the primary contact for this project?

Name:

Title:

Telephone:

Email:

Is a secondary contact available?

Name:

Title:

Telephone:

Email:

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 ( <i>please explain</i> ):
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 granted 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 will 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:



***\*For internal use only\****

This research has been granted authorization to proceed:     Yes                     No

*(This authorization grants the Principal Investigator permission to proceed with grant submission if necessary and/or IRB submission if there are no funding considerations)*

If no, what if any steps can be taken to grant authorization:

Acknowledgement of  
Administrative Review

Date

Acknowledgement of Research  
Departmental Review

Date