



Research Evaluation Committee Project Proposal Application

Thank you for your interest in working with Jericho Road Community Health Center (JRCHC). To process your request, complete this application and submit all relevant supporting documents (see REC application checklist). JRCHC's Research Evaluation Committee (REC) will contact you within 10-20 business days from submission date, depending on the nature of your application. Please note that a presentation to JRCHC's REC may be required to fully evaluate this project. If REC approves the Project Proposal Application, the applicant and the REC 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 JRCHC stakeholders.

Should your methodology or recruitment strategies change, contact the REC, as any changes to the project or the project's supporting documentation will require approval. Submit this application and the below required supplemental documentation to: REC@jrchc.org

- I agree to review and revisions of any presentation or publication by an assigned JRCHC staff member, and I agree to including a JRCHC staff member as an author.

If you have any questions or require additional information, reach out to REC@jrchc.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

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 JRCHC:	
Are you currently affiliated with JRCHC in any capacity?	
Have you collaborated with anyone at JRCHC on the development of this project? Provide his/her name and describe the collaboration:	
Research question, summary of the project and a description of the role or request of JRCHC:	
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 JRCHC sites are you hoping will participate in the project?	<input type="checkbox"/> 184 Barton St, Buffalo NY 14213 <input type="checkbox"/> 182 Breckenridge St, Buffalo NY 14213 <input type="checkbox"/> 1021 Broadway, Buffalo NY 14212 <input type="checkbox"/> 21 Doat St, Buffalo NY 14211

	<input type="checkbox"/> 100 E Tupper, Buffalo NY 14203
Define the target population and any inclusion/exclusion criteria for participants:	
How many total participants do you hope to recruit? How many from JRCHC?	
What is your recruitment methodology? Which components of recruitment will happen at JRCHC?	
Is your agency able to provide staff members to conduct patient recruitments?	
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.	
Will you be collecting identifiable patient information? (name, address, date of birth, etc.)	
Will you need to remove any data from the JRCHC premises?	

<p>What resources are you requesting from JRCHC? Consider JRCHC 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)</p>	
<p>Will there be any required training of JRCHC staff or JRCHC providers? If yes, elaborate on who will be trained, how they will be trained, and include a timeline with duration of training activities.</p>	
<p>How will the project compensate JRCHC for requested resources described above?</p>	
<p>What incentives or compensation will participants receive for their participation?</p>	
<p>How will JRCHC's patients benefit from participating in this project?</p>	
<p>How will JRCHC as an organization benefit from participating in this project?</p>	

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

Thank you for filling out our application! We will be in-touch within 10-20 business days.

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