**Research Proposal Form**

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| For Research Approval Committee use Only:  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

RESEARCH PROPOSAL FORM

SCC Research Approval Committee

*Please fill out this form in Word, print out and return with signatures*.

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| --- | --- | --- | --- | --- |
| **Name** | **Email** | **Phone Number** | **Department** | **SCC student, faculty, or staff**  (Please specify if you are a faculty/staff sponsor) |
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**Project Title:** Click here to enter text.

**Project Start and End Dates:** Click here to enter text.

**Where will the work be done?** Click here to enter text.

**NOTE: Research is defined as a systematic investigation (i.e. gathering and analysis of information) designed to develop or contribute to generalizable knowledge. If your project does not fit into this definition, it is not considered research and does not need to be reviewed.**

**Does your project involve participants or individuals from any of these special/vulnerable populations** (Check all that apply):

*Note: If your study involves any of the below populations, you will need to seek formal,* ***external****, IRB review.*

Children under 18 years of age

Pregnant women, Neonates, & Fetuses

Prisoners

Native Americans

Mentally &/or physically infirm

**Subjects Research Project/ Study Checklist** (Check as appropriate):

**Y N**

1.  Does this project of study involve collection of data that identifies individuals (e.g. SSN, name, student ID number, demographics, etc.)?

2.   Will data that identifies individuals be shared with anyone (such as in a performance report for a funding source, conference presentations, published articles and reports, etc.)?

3.  Are the participants being offered one or more incentives to participate (such as money, extra credit for a class, etc.)? List the incentives here: **Click here to enter text.**

5.   Participants will be fully informed about the benefits and any risks.

6.   Will participants be recorded or photographed during the project or study?

7.  Participants’ privacy and personal information will be protected.

8.  Will participants be debriefed following completion of the project or study? If so, provide the debriefing statement with this form.

9.  Will participants, prior to the project, indicate informed consent to participate by completing and signing a written or electronic form? If so, include the informed consent form.

11. Are data sources clearly identified (Such as interviews, surveys, existing project data such as services received, reports, grades, existing school records, focus group, etc.)?

**Check all that apply and estimate total number/range of individual participants in each relevant category about whom you will be collecting data on for your project or grant:**

SCC Students: **Click here to enter text.**

SCC Faculty: **Click here to enter text.**

SCC Staff: **Click here to enter text.**

Children and Youth Under 18: **Click here to enter text.**

Other; specify category and number: **Click here to enter text.**

Comments (optional):

Click here to enter text.

1. **Abstract Describing Project and Purpose:**

Briefly describe (a) the project or study and (b) what human participants will experience during the proposed study or project. [Describe all strategies or experimental methods to be used, project or study design, and program activities.] Indicate what data, measures, or observations will be collected and used in the study or for the project. If any questionnaires, interview questions, tests, or other instruments are to be used, include a brief description and one copy of the instruments.

Click here to enter text.

**II. Methodology:**

Specify who the project participants or research subjects will be. Indicate how they will be solicited, recruited, or contacted. Include any recruitment letters and materials with this document. State how much time will be required of each participant or subject. Describe procedures to which individuals will be subjected. Use additional pages if necessary.

Click here to enter text.

**III: Voluntary Participation:**

Specify the steps that will be taken to ensure that each individual’s participation is voluntary. State what, if any, incentives will be offered for their participation. If extra credit will be used as an incentive, please provide a detailed description of the extra credit and how you plan to implement this incentive.

Click here to enter text.

**IV. Confidentiality of Data and Privacy Protection:**

Describe the methods to be used to safeguard the privacy of your participants and ensure the confidentiality of data obtained, including plans for publication, storage, and destruction of data, including that of print or recorded materials.

Click here to enter text.

**V. Informed Consent:**

Attach a copy of all consent forms to be signed by the participants and/or any statements to be read to or provided to the participant.

* Please see informed consent template for a guide
  + The RAC may waive this requirement in some cases when it finds either:
    - That the only record linking the subject and the research would be the consent document and the principle risk would be potential harm resulting from a breach of confidentiality, or
    - **That the research presents no more than minimal risk of harm to subjects and involved no procedures for which written consent is normally required outside of the research context. In cases where the documentation requirement is waived, the RAC may require the PI to provide subjects with a written statement regarding the research (e.g., a cover letter). Examples of such research where use of a cover letter is generally appropriate are collecting data by survey interview.**
* If you believe your study should be exempt of formal informed consent, provide a statement of why and a copy of your cover letter.

**VI. Risks to Participants:**

(a) Describe any potential risks to participating individuals – physical, psychological, social, legal or other; (b) include all known and anticipated risks to the participants such as side effects, risks of placebo (inert) treatments, etc. Please provide a detailed description on how you plan to mitigate these risks.

Click here to enter text.

**VII. Benefits:**

1. Describe the benefits and/or any compensation that the participating individuals can expect and (b) describe the gains in knowledge that may results from the project or research study.

Click here to enter text.

**Attachments: Attach all that apply to your proposal.** *(Check the ones you’ve included with the proposal. Only include those items that apply to your research)*

Informed Consent Document or Cover Letter (on letterhead of institution the research is being conducted by; all PIs must provide this)

NIH Training Certificate (all PIs must complete and submit this)

External support proposal or award document

Letters of approval from cooperating entities

Research methods (research design, data source, sampling strategy, etc)

Questionnaires, interview questions, surveys, or other data-gathering forms

Letters, flyers, emails, etc., that will be distributed to the study subjects

Debriefing document (if necessary)

External IRB approval (if necessary)

**NOTE:**

The above information should be in sufficient detail to allow for the Research Approval Committee to determine if the study can be classified as EXEMPT or EXPEDITED under Federal Regulations 45 CFR 46.101(b).

**NOTE:**

If you must obtain SCC approval prior to submitting your proposal to an external IRB, then you must receive approval from the external IRB prior to beginning research.

**Certification and Signatures**

*In making this application, I certify that:*

1. I have successfully completed the NIH Human Subjects Training. I have included the certification with this application.
2. I have read and understand the protocol and method of obtaining informed consent.
3. I agree to comply with federal, state and local laws regarding the protection of human participants in research.
4. I will submit any future changes to the research project to the Research Approval Committee for review and approval prior to implementation, as these may alter the status of the project.
5. I agree that any new findings that develop during the course of this study that may affect the risks and benefits to participants will be promptly reported to the Research Approval Committee in writing.
6. I agree that any adverse events that occur in the course of this study will be promptly reported to the Research Approval Committee in writing.
7. I agree and understand that the records of the participants will be kept for at least five years after the completion of the research.
8. I agree that within 30 days of the project end date, a Research Status Form must be completed.
9. I may begin research (including pilot testing) after the Research Approval Committee gives notice of its approval.

**Signature of Principle Investigator:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: / /**

**Signature of Principle Investigator:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: / /**

**Co-Investigator(s) Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approval by Faculty/Staff Sponsor (e.g., student special project).** I accept responsibility for the conduct of this research, the supervision of human participants, and the maintenance of informed consent documentation as required by the Research Approval Committee.

**Signature of the Faculty/Staff Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**  **/ /**

**RAC OFFICE Use Only:**

**This application has been reviewed by the SCC RAC as:**

**Approved**

**Approved, Subject to Revisions**

**Approved, Pending external IRB Approval**

**Tabled (insufficient information for RAC to make final decision)  
Not Approved**

**Authorizing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date: / /**