



Community Research Coalition Project Assistance Request

First Name

Last Name

Organization

Project Title

Organization zip code

Contact Email

Contact Phone #

Organization Type

PROJECT INFORMATION

Project Stage

goal date

What population are you working with?

Plannning Process

Applying for Funding

Funded

Counties project will target

Funded by:

Are you collaborating with other people/organizations on this project? Yes

No

If yes, please list
name/organization
of collaborators:

Briefly describe the project topic or research question, and the problem it aims to address.

**What is the change you would like to see happen with this project (goals/outcomes)?
If you have established SMART Objectives, please enter below or attach a document.**

[Click to learn more about SMART Objectives](#)

What data will you need to address the project question, goals/objectives and outcomes? Does the data already exist? Where? If not, how will it be collected?

If you have identified appropriate evaluation tools to measure your outcomes, please list them below.

I would like to request the following assistance:

Initial **Project Consult** with
Community Research Liaison

Proposal Review (requires a completed
application 2 weeks prior to desired
application submission date)

Project Development Support (help
with writing a proposal, project design,
evaluation planning)

Finding **Evidence-based Interventions**

**Data Collection, Data Analysis, and
Reporting**

Finding an **Academic Collaborator**
more about Academic Collaborators

Human Subjects' Protection Consult

Project Set-up and Implementation
(e.g. recruit, consent etc..)

Let's Get Healthy! Health & Research
Fair or Kiosk
More about Let's Get Healthy!

I am interested in **working with a
student**

Not sure or Other (please describe)

Priorities, timeline or funding constraints & notes

Date submitted

**Follow up date
(internal use)**

click for help with this form