

# Institute for Health, Policy and Evaluation Research

  

# Evaluation/Research Request Form

(Please Fill Out Completely)

Requestor: \_\_\_\_\_ Requestor's Signature: \_\_\_\_\_

Program Name: \_\_\_\_\_ DCHD Program? Yes \_\_\_ No \_\_\_

Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Description of the Research Question or Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Funding Available?  Yes  No if Yes, Funding Source: \_\_\_\_\_

Private \_\_\_\_\_ or Government \_\_\_\_\_ Type of Funding: Federal \_\_\_\_\_ State: \_\_\_\_\_ Local: \_\_\_\_\_

Amount of Funding: \_\_\_\_\_ No# of Years: \_\_\_\_\_

Type of Assistance Needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

----- **Do Not Write Below This Line** -----

Services Requested

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Develop research design   | <input type="checkbox"/> Data Systems (Create dbase) | <input type="checkbox"/> Report Development                    |
| <input type="checkbox"/> Develop sample strategy   | <input type="checkbox"/> Data Collection             | <input type="checkbox"/> Manuscript & Presentation Development |
| <input type="checkbox"/> Write Proposal /Prg. Plan | <input type="checkbox"/> Data Analysis               | <input type="checkbox"/> Instrument design                     |
|  | <input type="checkbox"/> IRB consultation            | <input type="checkbox"/> Foundation Searches                   |

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Person: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Signature

Date Completed: \_\_\_\_\_

Estimated Work Hours: \_\_\_\_\_ Actual Work Hours: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Signature: \_\_\_\_\_

Coordinator – Center for Program Evaluation

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_