

CSDSP Research Interest Form - Stage 1

Please use the CSDSP Research Collaboration Guidelines as a basis for responding to these questions.

Request Submission Date <i>MM/DD/YYYY</i>	
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PRIMARY CONTACT PERSON	
Full Name	
Title	
Organization	
Email	
Phone Number <i>(XXX) XXX-XXXX ext. XXXX</i>	

SECONDARY CONTACT PERSON (if applicable)	
Full Name	
Title	
Organization	
Email	
Phone Number <i>(XXX) XXX-XXXX ext. XXXX</i>	

PROPOSED RESEARCH PROJECT	
Project Title	
Project Abstract <i>Limit to 500 words</i>	
Project Timeline <i>(MM/YYYY - MM/YYYY)</i>	Funding dates:
Proposed Investigators <i>Limit to 50 words</i>	
Possible CSDSP Collaborators <i>Limit to 100 words</i>	
Funding Information (if known)	Funding Status: <input type="checkbox"/> Funded <input type="checkbox"/> Seeking funding
	Funding Agency:
	Funding Mechanism (include link):
	Total Direct Costs:
	Funding agency F&A rate:
	Due Date:
Letter of Intent Needed? Yes / No	Date LOI Needed:

Please submit your completed CSDSP Research Interest Stage 1 Form and CV to:

Karla Armenta
 Intervention/Community Engagement Coordinator
 SDSU HealthLINK Center
klarmenta@sdsu.edu

CDSDP Research Interest Form – Stage 2

Please use CDSDP Research Collaboration Guidelines as a basis for responding to these questions. **The Stage 2 form can only be submitted when your Stage 1 submission has been accepted.**

1. Does the project involve human subjects for research? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. What subjects from CDSDP will be included in the project, how many subjects do you intend to include, and what will their participation involve (<i>if applicable</i>)? <i>Response limited to 150 words.</i>
3. How do you intend to recruit subjects from CDSDP? <i>Response limited to 300 words.</i>
4. In what ways will Electronic Health Records (EHR) be used in the project? <i>Response limited to 300 words.</i>
5. What are the expected outcomes of the project as it relates to CDSDP? In what ways may the project benefit CDSDP, patient care and/or services? <i>Response limited to 150 words.</i>
6. What clinic sites do you hope to involve in your project? To what extent is CDSDP space needed to carry out the project? <i>Response limited to 150 words.</i>
7. What CDSDP staff may be needed to assist with project activities? <i>Response limited to 150 words.</i>
8. In addition to the required subcontract documents (see guidelines), what would you need from CDSDP to <i>submit the grant application</i> ?

- Support with writing portions of the grant application
- Feedback and guidance on the development of project activities
- Electronic health record (EHR) data to characterize the patient population
- Other, please specify: _____

9. Do you have any **questions** that you would like to discuss with HealthLINK or CDSDP staff? *Response limited to 150 words.*

Please submit your completed CDSDP Research Interest Stage 2 Form to the following CDSDP and HealthLINK staff, in the same email communication.

Analiza Gastelum
Clinical Quality Improvement & Assurance Manager
Clínicas de Salud del Pueblo, Inc.
analizag@cdsdp.org

AND

Karla Armenta
Intervention/Community Engagement Coordinator
SDSU HealthLINK Center
klarmenta@sdsu.edu

CDSDP INTERNAL STAFF USE ONLY

Date Received:
Date Reviewed:
Recommendations:
Clinical Champion Identified:
Clinic Location Identified:
Forward to CEO: