

## Innecare Research Interest Form - Stage 1

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

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

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

<b>PROPOSED RESEARCH PROJECT</b>															
<b>Project Title</b>															
<b>Project Abstract</b> <i>Limit to 500 words</i>															
<b>Project Timeline</b> <i>(MM/YYYY - MM/YYYY)</i>	<b>Funding dates:</b>														
<b>Proposed Investigators</b> <i>Limit to 50 words</i>															
<b>Possible Innecare Collaborators</b> <i>Limit to 100 words</i>															
<b>Funding Information (if known)</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Funding Status:</b>    <input type="checkbox"/> Funded        <input type="checkbox"/> Seeking funding</td> </tr> <tr> <td colspan="2"><b>Funding Agency:</b></td> </tr> <tr> <td colspan="2"><b>Funding Mechanism (include link):</b></td> </tr> <tr> <td colspan="2"><b>Total Direct Costs:</b></td> </tr> <tr> <td colspan="2"><b>Funding agency F&amp;A rate:</b></td> </tr> <tr> <td colspan="2"><b>Due Date:</b></td> </tr> <tr> <td style="width: 50%;"><b>Letter of Intent Needed?</b> Yes    No</td> <td><b>Date LOI Needed:</b></td> </tr> </table>	<b>Funding Status:</b> <input type="checkbox"/> Funded <input type="checkbox"/> Seeking funding		<b>Funding Agency:</b>		<b>Funding Mechanism (include link):</b>		<b>Total Direct Costs:</b>		<b>Funding agency F&amp;A rate:</b>		<b>Due Date:</b>		<b>Letter of Intent Needed?</b> Yes    No	<b>Date LOI Needed:</b>
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<b>Due Date:</b>															
<b>Letter of Intent Needed?</b> Yes    No	<b>Date LOI Needed:</b>														

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

Karla L. Armenta  
 Intervention/Community Engagement Coordinator  
 SDSU HealthLINK Center  
[klarmenta@sdsu.edu](mailto:klarmenta@sdsu.edu)

## Innecare Research Interest Form – Stage 2

Please use the Innecare 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 <b>human subjects</b> for research? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. What <b>subjects</b> from Innecare 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 <b>recruit subjects</b> from Innecare? <i>Response limited to 300 words.</i>
4. In what ways will <b>Electronic Health Records</b> (EHR) be used in the project? <i>Response limited to 300 words.</i>
5. What are the <b>expected outcomes</b> of the project as it relates to Innecare? In what ways may the project benefit Innecare, patient care and/or services? <i>Response limited to 150 words.</i>
6. What <b>clinic sites</b> do you hope to involve in your project? To what extent is <b>Innecare space</b> needed to carry out the project? <i>Response limited to 150 words.</i>
7. What <b>Innecare staff</b> 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 <b>need from Innecare</b> 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 Inncare staff? *Response limited to 150 words.*

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

Sara Sanders  
Chief Development Officer  
Inncare  
[saras@inncare.org](mailto:saras@inncare.org)

**AND**

Karla L. Armenta  
Intervention/Community Engagement Coordinator  
SDSU HealthLINK Center  
[klarmenta@sdsu.edu](mailto:klarmenta@sdsu.edu)

**INNERCARE INTERNAL STAFF USE ONLY**

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