

Innecare Research Interest Form - Stage 1

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

Request Submission Date MM/DD/YYYY	
---	--

PRIMARY CONTACT PERSON	
Full Name	
Title	
Organization	
Email	
Phone Number <small>(XXX) XXX-XXXX ext. XXXX</small>	

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

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

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

Innercare Research Interest Form – Stage 2

Please use the Innercare 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 Innercare 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 Innercare? <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 Innercare? In what ways may the project benefit Innercare, 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 Innercare space needed to carry out the project? <i>Response limited to 150 words.</i>
7. What Innercare 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 Innercare to submit the grant application?

- ☐ 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 Innercare staff? *Response limited to 150 words.*

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

Caroline Trujillo
Clinical Research Coordinator
Innecare
carolinet@innecare.org

Sara Sanders
Chief Development Officer
Innecare
saras@innecare.org

AND

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

INNERCARE INTERNAL STAFF USE ONLY

Date Received: _____

Date Reviewed:

Recommendations:

Clinical Champion Identified:

Clinic Location Identified:

Forward to CEO: