



Contact Information

Please answer every question completely and carefully.

* 1. Proposal Title

* 2. Lead Researcher/Evaluator Contact Information

Lead

**Researcher/Evaluator
Name**

**Organization/University
Name**

Address

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number



Affiliation

Please answer every question completely and carefully.

* 3. Are you affiliated with NorthPoint?

Yes

No



Affiliation with NorthPoint

Please answer every question carefully and completely.

* 4. Please describe your affiliation with NorthPoint

- Employee
- Board Member
- Community Partner
- Other (please specify)

* 5. Position/Title

* 6. NorthPoint Department

* 7. NorthPoint email



For Graduate Students

Please answer every question completely and carefully. Note: If you are a graduate student additional information be required, particularly as related to your University's expectations for research site personnel or sponsorship, if applicable.

* 8. Is this study part of a degree requirement?

Yes

No



Degree Program Information

Please answer every question carefully and completely.

* 9. Program Level

Doctorate

Masters

* 10. Advisor's Name

* 11. Advisor's email address



Study Information

Please answer every question completely and carefully.

* 12. Study Description

* 13. Briefly describe how this research/evaluation has potential to benefit NorthPoint's patients and/or clients

* 14. Briefly describe your dissemination plan

* 15. Will you be submitting a data request as part of this project?

Yes

No

* 16. Is this study being conducted as part of a contractual agreement with NorthPoint? (e.g. part of a grant and required by the funder)

Yes

No

* 17. Projected Start Date

Date / Time

MM/DD/YYYY

* 18. Projected End Date

Date / Time

MM/DD/YYYY



* 19. Research Proposal

Choose File

No file chosen

* 20. IRB Decision letter

Choose File

No file chosen

* 21. Data Collection protocols (survey instrument, interview or focus group protocol, observation protocol, etc.) If you have more than one, please use "Other Document " for remaining data collection tools.

Choose File

No file chosen

* 22. Assent/Consent Forms

Choose File

No file chosen

* 23. Co-Sponsor Support Letter

Choose File

No file chosen

24. Other Document

Choose File

No file chosen

25. Other Document

Choose File

No file chosen

26. Other Document

Choose File

No file chosen



Thank you

Thank you for your application to conduct research/evaluation at NorthPoint Health & Wellness Center. Your application is considered "complete" once we have received all of the information/ documents requested and your application fee. You will be contacted if additional information is needed to consider this request.