



**Application for Collaboration for
Research and/or Community Based Activities**

Thank you for your interest in working with the Lee County Health Department to conduct research or other community-based activities. In order to effectively review requests, all potential collaborators are required to complete this application form.

This form requests:

- a) Description of study, project, or activities
- b) Information about the consistency of the study, project, or activities with the vision, mission, and activities of the Lee County Health Department, and
- c) Information about any support and/or resources needed from the Health Department to complete the study, project, or activities

Prior to filling this application, please review the vision, mission, and activities of the Lee County Health Department. This information can be found at leecountync.gov or by speaking with a representative from the Lee County Health Department.

Proposal Title: _____ Today's Date: _____

Name of Researcher(s) and Position Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

Email Address: _____

Organization Web Address: _____

Proposed Project Timeframe: _____ Total Cost of Project: _____

Funding Source(s): _____

Please elaborate on the following:

1. Provide an abstract or one paragraph overview of the community-based project and describe how it corresponds to with LCHD's vision, mission, and activities.
2. What resources and/or assistance are you requesting from LCHD? Resources and assistance may include use of facilities, facilitating access to community organizations and/or members, assistance from staff. Please be specific.

3. In what ways do you plan to compensate LCHD for collaboration on this project. Compensation is not limited to financial remuneration.
4. Please state briefly how you and your agency, institution, or organization will benefit from this community-based research project or activity.
5. How will the community-based study, project, or activity enhance the capacity of the principal participants and/or in what ways will you compensate the individuals (monetarily or otherwise) the individuals that participate in the project or activity?
6. How will this project enhance knowledge and promote change in ways that will benefit public health and/or the community by modes of health improvement, leadership development, skills building, capacity building, and/or Policy, System, or Environmental (PSE) changes?
7. Describe the involvement of 1) community members 2) public health agencies and/or 3) educational institutions, as appropriate, in defining the issue, data collection, data analysis, and/or publication.
8. How will this project strengthen collaboration amongst the community at large, public health agencies, and/or educational institutions?
9. What are the plans for disseminating findings and interpretation(s) to community members, and how will information be shared in a way that is culturally and linguistically appropriate by appropriate modes that will be useful for community action that actively engages community members?
10. Describe any potential conflicts of interest that may exist within your study, project, or activity and plans to address or mitigate such conflicts.
11. Describe your plans for obtaining Institutional Review Board (IRB) approval.

Please submit your completed application and relevant attachments to:

Heath Cain, Health Director
Lee County Health Department
PO Box 1528
Sanford, NC 27331