**Research Proposal Snapshot**

The purpose of this snapshot is for researchers at other institutions/agencies to provide a summary of their proposed research to Howard Brown Health’s (HBH) HBH’s Research Committee. Based on the information provided here, the HBH Research Committee will determine if HBH will move forward as a research partner for this study.

Please note that the completion of this Research Proposal Snapshot does not guarantee that HBH will participate in the proposed research study. Any supplementary relevant study materials should be provided or review with this snapshot

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| **Principal Investigator Name:**  |
| **Principal Investigator Affiliation:**  |
| **Date:**  |
| **Prior HBH PI**: [ ] **Yes** [ ] **No***If yes, please detail:*  |
| **Study Details (attach additional pages as needed)****Research Study Title:** **Project Dates:** **Please provide a brief summary of the project and the research aims:**  |
| **Funding****What is the funding source (or target funding source if not yet funded)?** **What is the total Funding Amount (if available)?****Estimated/Projected HBH Funding/Subcontract Amount:** |
| **HBH Role****What would be the role of HBH in this study?**[ ]  **Passive Recruitment (e.g., sharing recruitment materials)** [ ]  **Active Recruitment (e.g., HBH engaged in research activity)** [ ]  **Intellectual Contribution (e.g., will someone from HBH serve as a Co-I)** [ ]  **Other role (e.g., no recruitment/participation in advisory role, etc.)**  |
| **Materials****If this is for a grant submission, what materials do you need from HBH (e.g., letter of support, sub-contract documents)?** **What is the due date for grant submission materials?** |
| **Recruitment and Data Collection****What is the target population of interest?****How many total patients will be recruited for the study?****How many patients will be recruited from HBH?****How will patients be recruited?****Will data be collected on site at HBH:** [ ] **Yes** [ ] **No***If yes, please detail:*  |
| **Resources****Does this study support the hiring of New HBH Staff or Buying out of HBH Staff Time?** [ ] **Yes** [ ] **No***If yes, please detail:***Does this study propose to have outside individuals work in HBH space and use HBH resources?**  [ ] **Yes** [ ] **No** *If yes, please detail:* |
| **Study Data****Would HBH share ownership of the study data and results?** [ ] **Yes** [ ] **No** |
| **Authorship and Publications****Would HBH have the opportunity to review a manuscript before publication?** [ ] **Yes** [ ] **No****Would any HBH staff have the opportunity to serve as authors on publications?** [ ] **Yes** [ ] **No***If not, why?***Would HBH be acknowledged in publications?** [ ] **Yes** [ ] **No** |
| **Other Comments:** |

**In the following table, please describe how HBH and HBH patients will be involved with and impacted by the proposed research study:**

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| --- | --- | --- |
|  | **Involvement/Activities**  | **Operational Impact** |
| **HBH****Programs** | *Examples: recruitment, assistance with data collection.*  | *Examples: clinic workflow, staff training, time commitment, improved health of patient population.* |
| **HBH Patients** | *Examples: patient data, patient interviews* | *Examples: patient waiting time, time commitment, improved quality of care.* |
| **Self**  | *Examples:**PI, Co-I, Collaborator* | *Examples: relevant to my research interest, fits with my career goals.* |

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| **The Below is for Internal Use Only** |
| **Reviewer Guidance**Please fill in the below set of questions ending with your recommendation for proceeding or not proceeding with collaborating on this research project as outlined above. If there are additional questions/concerns about HBH involvement on this research, please indicate that in the NOTES section. 1. Does this project support or align with Howard Brown’s mission and/or strategic vision?

[ ] Yes [ ] No1. Does this project offer any benefits to our patients (please note that individual incentives and stipends do not qualify as benefits)?

[ ] Yes [ ] No1. Does this project offer any direct benefits not already available to our patients through standard HBH programs/services (please note that individual incentives and stipends do not qualify as benefits)?

[ ] Yes [ ] No1. Does this project include any topics that would be considered controversial or illegal?

[ ] Yes [ ] No1. Does this project offer any non-tangible benefit to HBH outside of any benefit to our patients and/or community? This may include building of HBH or Research department infrastructure or relationship building.

[ ] Yes [ ] No1. Does this project bear any similarity to or compete with any research, service or program that is active or being considered by or at HBH?

[ ] Yes [ ] No1. Does this project have any potential to cause any disruption to existing HBH/BYC programs or services?

[ ] Yes [ ] No1. Is this project important in terms of partnership and collaboration?

[ ] Yes [ ] No  |
| **Final Recommendation**Do you feel that HBH should promote this project as noted above?[ ] Yes [ ]  NoIf no: Please provide rationale for the recommendation not to promote this project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |