Consultation Outcomes

Record ID

_____

Project Details (from Intake Form):
PI/Contact: [contact_lastname]
Formal Project/Grant Title: [formal_title]
Informal/CCH "Working" Title: [informal_title]
Project Summary: [q3]

Grant Funding - Investigator

Proposal Status (most recent):

☐ Application in progress
☐ Application submitted and under review
☐ Application funded
☐ Application NOT funded
☐ Application resubmitted

Funding Agency:

Project details response: [grant_agency]

☐ Federal - CDC, Centers for Disease Control and Prevention
☐ Federal - DOE, Department of Education
☐ Federal - DOJ, Department of Justice
☐ Federal - NIH, National Institutes of Health
☐ Patient-Centered Outcomes Research Institute
☐ Community
☐ Foundation
☐ Industry
☐ Institutional
☐ Other: please specify below

Funding Agency - PCORI - Please specify:

Project details response: [grant_agency_pcori]

☐ Tier I
☐ Tier II
☐ Tier III Pipeline to Proposal
☐ Eugene Washington
☐ Investigator Initiated Research Proposals
☐ Other (please specify below)

Funding Agency - please specify:

Project details response: [grant_agency_other]

_____

Funding Mechanism:

Project details response: [grant_mechanism]

☐ K
☐ R01
☐ U
☐ P
☐ Other (please specify below)

Funding Mechanism - Please specify:

Project details response: [grant_mechanism_other]

_____

Are any community stakeholders/partners on the grant proposal as key personnel?

○ Yes
○ No
○ Unknown

Does the grant proposal call for the creation of a community advisory board?

○ Yes
○ No
○ Unknown

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What other forms of community engagement, if any, are taking place (or will) related to this grant?

_____

Date - submitted to funding agency:

_____

(Note: Select 1st of month if exact M-D-Y date is not known.)

Date - funding decision expected:

_____

(Note: Select 1st of month if exact M-D-Y date is not known.)

Date - funding begins (if funded):

_____

(Note: Select 1st of month if exact M-D-Y date is not known.)

Date - funding ends (if funded):

_____

(Note: Select 1st of month if exact M-D-Y date is not known.)

If funded, what is the total amount awarded:

_____

Please provide any additional information regarding this proposal:

_____

Grant Funding - Community Partner/Organization

Did the consultation activities result in the community partner/organization pursuing funding support?

◯ Yes
◯ No

If yes, please describe:

_____

New/enhanced community partnerships

Please describe the impact of the CCH support on establishing/enhancing one or more community partnerships:

_____

Impact on community programs or health guidelines, practices, and/or policies

Please describe the impact of the CCH support on any community programs or health guidelines, practices, and/or policies:

_____

Co-authored with one or more community stakeholders/partners?

◯ Yes
◯ No

Article(s) under review and/or published

Please provide the citation(s) for any articles
supported by or resulting from the CCH support, and
indicate the publication status (under review, in   _____
press, published):

Co-authored with one or more community   ○ Yes
stakeholders/partners?   ○ No

Conference presentations, posters, etc.

Please list any conference presentations, posters,
etc. based on activities supported by or resulting
from the CCH support: _____

Co-authored with one or more community   ○ Yes
stakeholders/partners?   ○ No

Subsequent IRB-approved research activities

Please describe any subsequent IRB-approved research
activities supported by or resulting from the CCH
support: _____

Other

Other - please specify:

_____