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PROPOSAL SUBMISSION APPLICATION

PART I

1 TITLE OF PROPOSAL	
2 PRINCIPAL INVESTIGATOR INFORMATION	
Name:	Degree(s):
Title:	
Agency:	
Address:	
Phone:	
E-mail:	
3 ALTERNATE CONTACT INFORMATION	
Name:	
Title:	
Phone:	
E-mail:	
4 STUDY SPONSORSHIP (Include sponsor and grant number, if available)	
DO NOT WRITE BELOW THIS LINE – FOR Human Service USE ONLY	
Date of Receipt	
Unit Approval	
IRB Training	
Conflict of Interest	
Other	
Institutional IRB approval	
DO NOT WRITE ABOVE THIS LINE – FOR Human Service USE ONLY	

PART II: CHECK AND COMPLETE ALL APPLICABLE SECTIONS

#	X	
1		Submission of new study
		A. Executive summary – One to two pages. Please include the following information: <ul style="list-style-type: none"> • Description of theory, methodology, intent of study • Duration of study • Value to the Department of Human Services • Risks to subjects • Numbers of participants • Contact information for Principal Investigator
		B. Copy of: <ul style="list-style-type: none"> • All consent and/or assent form(s) • All materials for participant recruitment or distribution, such as flyers, advertisements, reminder cards, etc.
		C. A copy of all additional study documents, including, if applicable: <ul style="list-style-type: none"> • Full grant proposal or research protocol, including any surveys, measurement scales, etc. • If using existing data provide full details of the data set, data management and security plans. • Principal Investigator's Conflict of Interest statement • Proof of satisfactory completion of IRB training within preceding three (3) years for Principal Investigator and all co-investigators. • The confidentiality agreement for any student or intern working within the Philadelphia Department of Public Health. • Institutional IRB approval, if received, or submission date
		<ul style="list-style-type: none"> • One or two paragraphs on the value your study brings to the Department of Human Services.

Signature: _____ Date: _____

Submit Form