## Study Prospectus \\ad.umn.edu\CEHD\Shared\SSW\CASCW\ADMINISTRATION\Logos\MinnLInK\MinnLinkLogo CROPPED.jpg

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| **Use this form as a guide for proposing a Minn-LInK research project. Please fill in as much information as you are able. Once complete please send the form to Kristine Piescher at** [**kpiesche@umn.edu**](mailto:kpiesche@umn.edu)**. If you have questions about this form or the Minn-LInK project, please contact Kristine Piescher by email or phone (612-625-8169)** |

## Proposed Research Project Overview

| **Project Title:** |  |
| --- | --- |
| **Research Staff & Title(s):** |  |
| **Advisory Staff & Title(s):** |  |
| **Study Rationale:** |  |
| **Research Questions:** |  |
| **Anticipated Start Date:** |  |
| **Anticipated End Date:** |  |

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| --- | --- | --- | --- |
|  | **Criteria** | **Yes/No** | **Comments** |
| 1 | Funding Status |  |  |
|  | Is funding currently available?  Is support needed to seek funding? | Yes  No  Yes  No | If yes, please describe (e.g., source, amount, etc.) |
| If yes, please describe: |
| 2 | Data Support by Minn-LInK Staff |  |  |
|  | Dataset creation  Data cleaning and recoding  Data analysis | Yes  No  Yes  No  Yes  No | Please describe anticipated analysis plan: |
|  | Technical assistance | Yes  No | If yes, please describe (e.g., data or analysis consultation): |

|  |  |  |  |  |  |  |
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| 3 | | Data | |  | |  |
|  | | Datasets requested:  MARSS  MCA  SSIS  Other | | Yes  No  Yes  No  Yes  No Yes  No | | Please describe data needs (e.g., years needed, other data utilized, anticipated sample size, variables included, etc): |
|  |
|  | | Does data require a separate DHS IRB? | | Yes  No | |  |
|  | | Will outside data be brought into the project? | | Yes  No | | Please describe: |
|  | | Matched comparison group required? | | Yes  No | | Please describe (e.g., methodology required, size, etc.): |
|  | | Expected Sample Size | |  | |  |
|  | | Does any data contain PHI? | | Yes  No | | If yes, complete IRB Appendix H |
| 4 | Writing | |  | |  | |
|  | Written materials will include:   1. Minn-LInK report 2. Minn-LInK brief 3. Peer-reviewed publication 4. Other | | Yes  No  Yes  No  Yes  No  Yes  No | | Please provide description, if necessary: | |
|  | The person writing will be: | | ML Staff  Research Team  Both | | Please describe: | |
| 5 | Other Project Resources Needed | |  | |  | |
|  | Will other project resources be needed (e.g., local or national conference presentations)? | | Yes  No | | Please describe: | |
| 6 | Training | |  | |  | |
|  | Human subjects  HIPAA  RCR | | Yes  No  Yes  No  Yes  No | |  | |

| **Other Comments:** |
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| After you have entered the necessary information to complete this questionnaire, please send a copy to Kristine Piescher at [kpiesche@umn.edu](mailto:kpiesche@umn.edu). Once received, Dr. Piescher will contact you to further discuss your proposed project. |