**FNHA RESEARCH REQUEST FORM**

This form is for completion by individuals and teams seeking to collaborate with the First Nations Health Authority (FNHA) on a research project. \*Note: Requests require a minimum of 5 days for review and decision by the Research Executive Committee.

**Date form submitted:**

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| **SECTION 1 – APPLICANT** |
| **1a. Applicant Information** |
| Role (select all that apply): Principal Investigator [ ]  Co-Principal Investigator [ ]  Project Manager [ ]  Primary Contact [ ]  Doctoral Student [ ]  Master’s Student [ ]  Community Organization [ ]  Health Care Provider [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| First Name: | Last Name:  | Title:  |
| Institution/Organization:  | Position:  |
| Email:  | Phone:  |
| Important deadlines we need to be aware of to help you: |

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| **1b. Project Team** |  |
| ***Name***  | ***Role*** *(e.g., Principal Investigator, Co-Investigator)* | ***Affiliation*** |
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| **SECTION 2 – PROPOSAL**We recognize that your project proposal may be in development. Please provide as many details as possible. |
| **2a. Project Title** |
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| **2b. Project Origin (i.e., conceived of by First Nations community or researcher? Fills a community-identified need?)** |
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| **2c. Supporting Documents** |
| Required: Most recent draft of proposal, project summary Optional: letters of support, email chains, agreements/contracts, consent forms, interview guides, etc.Comments (components to be added, etc.):  | [insert attachments as objects here or attach them in the email]  |

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| **2d . Project Plan** |
| Briefly, what are the goals and objectives of this project? |  |
| Methods? |  |
| What kind of data will you collect? Will you link to pre-existing datasets?  |  |
| Projected outcome/s? (anticipated wellness impacts, not outputs) |  |
| Briefly summarize the knowledge exchange plan:  |  |

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| **2e. Project Scope** |
| What is the geographic scope of the project? Check all that apply: | National [ ] Provincial [ ] Regional [ ] Sub-regional [ ] Community level [ ]  |
| Where will the project take place? Which communities, if any, are involved in this project? |  |
| Is this project Indigenous-led and/or –driven? Does it involve an Indigenous sub-analysis or component? |  |

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| **2f. Roles and Resources** |
| What is being requested of FNHA? Provide details and/or requirements regarding collaboration with FNHA.  |  |
| Please describe, in detail, the resources required from FNHA (i.e., staffing, knowledge exchange and/or translation tools, communications for participant recruitment, etc.) |  |
| Is FNHA being asked to guide engagement or community selection processes?  |  |
| Is FNHA being asked to make a contribution to the project, cash or in-kind? If so, please describe. | Cash (if applicable):  |
| In-kind (if applicable):  |
| Please describe, in-detail, the individuals and departments at the FNHA that the project seeks to engage with. Please provide key contacts, if known, for each of these. (e.g. Communications, Nursing, Office of the Chief Medical Officer, Environmental Public Health Services, Policy, Planning and Quality) | Individual/department name: |
| Individual/department name: |
| Individual/department name: |
| Individual/department name: |
| Other individuals/department names:  |
| Please provide any additional information that may be helpful in an FNHA operations review of the project. |  |

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| **2g. FNHA Criteria**  |
| 1. How will this project be beneficial for First Nations in BC?
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| 1. How does the project align with FNHA’s [7 Directives](http://www.fnha.ca/about/fnha-overview/directives), [Summary Service Plan](https://www.fnha.ca/about/governance-and-accountability/summary-service-plan) and [Mandate](http://www.fnha.ca/about/fnha-overview/mandate)?
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| 1. What is the identified need for the research?
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| 1. How does the project adhere to [OCAP® principles](https://fnigc.ca/ocap-training/)?
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| 1. How does your project integrate [cultural safety](http://www.fnha.ca/documents/fnha-policy-statement-cultural-safety-and-humility.pdf) and a [trauma-informed approach](file:///%5C%5Cfnha.local%5Cgroups%5CRKEE%5CRKEE%20General%5CResearch%20Executive%20Committee%5CForms%5Ci.%09https%3A%5Cwww.fnha.ca%5CWellnessSite%5CWellnessDocuments%5CFNHA-Policy-on-Mental-Health-and-Wellness.pdf)?
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| 1. How do the project methods suit aims and objectives?
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| 1. Is there anything else you would like to tell us about your project?
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| **2h. Funding and Ethics** |
| Is this project grant funded?  |  |
| Please describe, in detail, the $ and human resources that the project has secured and has available throughout its duration (i.e., grant, in-kind and match funding, staffing support, other).Please provide as much information as possible. | Details of the funding arrangement (i.e. details of funding source(s), grant opportunities, etc.),grant name: funding body:amount requested/ awarded:deadline:web link to grant description: |
|  | Staffing supports available for the project: |
|  | Other resources and supports available for the project: |
| Which Research Ethics Board will process ethics for the project?  |  |
| Will this project require a harmonized research review?  |  |
| What is the projected timeline for the project? | Start Date:  |
| End Date:  |

Thank you for your interest in collaborating with the FNHA. We will respond to you as soon as possible. Inquiries can be sent to the FNHA’s Research and Knowledge Exchange team at rke@fnha.ca .

**\*\* End of Form \*\***