Center for Community Health (CCH)
Community & Stakeholder Engagement Consultation Request

Instructions: Please answer the following questions in relation to the specific project or proposal for which you are requesting assistance. Please save and email the completed form to cch@northwestern.edu.

A member of the CCH team will contact you within 3 business days after receiving your submission. Click here for additional information about CCH consultation services.

1. Organization/Contact Information

Name:                           Title:

Department/Organization:       

Email:                           Phone:

1a. Are you the PI/Co-PI for this project?

☐ Yes, I am the PI
☐ Yes, I am the Co-PI. Other Co-PIs on this project include:
☐ No, I am not the PI. PI(s) on this project include:

2. Please select your primary organizational affiliation (Select one):

☐ Academic
☐ Northwestern
☐ Lurie Children’s
☐ RIC
☐ Hospital/Health System
☐ Community-based Healthcare Provider
☐ Community or Faith-based Organization
☐ Public Agency
☐ Patient Advocacy Organization
☐ Other:

3. Are you currently working with or have you reached out to other Northwestern University Clinical and Translational Sciences (NUCATS) Institute center(s) for assistance with this project?

☐ No
☐ Yes, please specify:

4. Research Topic/Area of Interest. Provide a brief description of your project aims/research objectives and research design here. If this request is in reference to an
existing proposal or current research project, you can attach an abstract. *(Please describe in no more than 250 words.)*

5. **What population and/or health issue is your project or proposal focusing on?** Be specific (e.g. population, age, health issue/condition, community area or neighborhood).

5a. **What is your past experience working with this population and/or health issue?**

6. **What is your specific consultation request of CCH?** *(Please describe in 100-150 words.)*

7. **Are you currently collaborating with any investigator(s) and/or organization(s)/partner(s) on this project?** List the name their names, titles, and organizations/departments.

8. **Does your team have past experience or training on community and academic partnerships in research?** *(If so, please describe in 150 words or less.)*

9. **What are the anticipated deadlines?**

   - Proposal submission date: 
   - IRB submission date: 
   - Recruitment to begin: 
   - Recruitment to be completed: 
   - Project approval date, *if applicable*: 
   - Project completion date: 

   Specific funding opportunity *if applicable*: 

   - Specific funding opportunity if applicable: 
   - Recruitment to be completed: 
   - Project completion date: