



Chatham County Public Health Department  
Post Office Box 130, Pittsboro, NC 27312  
Phone: (919) 542-8220, Fax: (919) 542-2473  
[www.chathamnc.org/health](http://www.chathamnc.org/health)

### Application for Collaboration of Research and/or Community-Based Activities

Thank you for your interest in working with the Chatham County Public Health Department to conduct research or other community-based activities. To effectively review all requests for our participation we ask all potential collaborators to complete this application form which requests a description of your project, information about the consistency of your project with the vision and mission of Chatham County Public Health Department, and an explanation of the specific support activities you are requesting from Chatham County Public Health Department. Prior to filling in this application, please review the mission and activities of Chatham County Public Health Department.

Proposal Title: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of Researcher(s) and Position Title(s):  
\_\_\_\_\_

Organization:  
\_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Organization Web Address: \_\_\_\_\_

Proposed Project Period: \_\_\_\_\_ Total Cost of Project: \_\_\_\_\_

Funding Source(s): \_\_\_\_\_

1. Provide an abstract or a one paragraph overview of this community based project and how it is consistent with the overall goals and mission of Chatham County Public Health Department.

2. What resources and/or assistance are you requesting from Chatham County Public Health Department? This may include: use of the facilities; facilitating access to the community; and assistance from staff at Chatham County Public Health Department. Please be specific.
3. In what ways do you plan to compensate Chatham County Public Health Department for collaboration with you on this project? (Note: *Compensation is not limited to financial remuneration.*)
3. Please state briefly how you and your agency/institution/organization will benefit from this Community Based Research project or community based activity?
4. How will this project enhance knowledge and promote change in ways that will benefit public health and/or the community (health improvement, leadership development, skills building, capacity building, systems changes)?
5. How will the community based project enhance the capacity of the principal participants and/or in what ways will you compensate the individuals that participate in the project? (Compensation does not necessarily mean only monetary)
6. Describe the involvement of 1) community members, 2) public health agencies, and/or 3) educational institutions, as appropriate, in defining the problem, gathering the data, and using the results and/or publishing the data. Please be specific.
7. How will this project strengthen collaboration among community, public health agencies, and/or educational institutions?
8. What are your plans for disseminating the findings to community members in a language they can understand and in a way that will be useful for community action or for developing a dissemination plan that involves community members?

9. Please attach a copy of the Institutional Review Board (IRB) Approval for this project.

Please submit completed application to:

Health Director  
Chatham County Public Health Department  
P.O. Box 130  
Pittsboro, NC 27312