Department of Children and Families
Human Protections Review Committee (HPRC)
Proposed Research Project Application

1. **Date of submission:** (Please note that the Department HPRC meets monthly to review submissions. Research cannot begin until Department HPRC approval is granted.)

2. **Research Project Title:** (should be the same as on the IRB application)

3. **Principal Investigator:** (should be the same name and contact information as IRB application)

    a. **Research Project Affiliation(s) and/or Sponsor(s):** [Please include whether the research was initiated and/or supported directly by the Department, a contracted Community-Based Care Lead Agency (CBC), or Managing Entity (ME). If so, please provide a letter of approval/support.]

    b. **Please describe any anticipated workload to the Department, CBC, or ME.** Please include data extraction, data collection, data reporting, etc. Please describe the expected role of the Department and/or a CBC or ME throughout your research.

    c. **Funding Source(s):** [If federal or state government, provide the specific source.]

    d. **Other Key Project Participants and Contacts:** [Include contact information and roles on the project]

4. **Institutional Review Board:** [Include the name and FWA number of the Institutional Review Board that approved this research project.]

    a. Is the IRB considered to be in good standing with the Office for Human Research Protections of the U.S. Department of Health and Human Services? (**click here for more information:** https://ohrp.cit.nih.gov/search/search.aspx?styp=bsc)

    b. **IRB-Approved Project Time Frame:** [Please include the approved begin and end dates for the project. Please note that research cannot begin until Department HPRC approval is granted.]

5. **Research Question:**

    a. **What is the purpose of the research?**

    b. **Population to be involved in research:** [Please include the connection of the selected population to the mission and/or the jurisdiction/purview of the Florida Department of Children and Families. Include location, age, characteristics that led to inclusion in project, etc. Is this statewide, or restricted to certain geographic areas?]

    c. **Does the research involve human subjects as defined by the Department?**

        (1) **Does the proposed research require data of any kind through an interaction or intervention with individuals?** Include location, age, characteristics that led to inclusion in project, etc. Is this statewide, or restricted to certain geographic areas?

(2) **Does the proposed research require private identifiable information as defined below?** Include location, age, characteristics that led to inclusion in project, etc. Is this statewide, or restricted to certain geographic areas?

(3) **Are individual subjects selected to provide this data or is the private identifiable information relevant to the research <u>based on his or her connection with the Department</u>?**

(4) **Are individual subjects selected to provide this data or is the private identifiable information related to individuals <u>in the custody of or otherwise under the responsibility and authority of the Department</u>?**

<u>Private Identifiable Information</u>. This includes any information that may be linked to the identity of the subject as defined by HIPAA (e.g., Social Security Number, birth date, agency case number, address, health plan number, or other demographic information). For the purposes of human subject research, it also includes information about any behavior that occurs in a setting in which an individual can reasonably expect that no observation or recording is taking place.

d. **Proposed interaction with subjects:** [Survey, focus group, interview, observation, intervention, etc. If project is data only, describe what is to be collected, including specific data elements sought, frequency, etc.]

e. **If the research includes data collection only, is a Data Sharing Agreement (DSA) or similar agreement required, and if so, has a DSA been acquired?** If yes, please provide the completed and signed agreement or explain what needs to be done to secure the agreement.

6. **Please describe in detail the project's approach, methodology, and expected outcome or results.**

a. **If the project involves the use of specific interventions or control group(s), or otherwise includes any aspect where certain subjects in the project might experience different treatment or receive additional supports, please describe the rationale and necessity for the approach.** (For example, is this an evaluation of a grant project that has been funded for a restricted set of participants, but all participants will benefit from the grant? Or, is it an analysis of data about subjects who are in pre-existing situations, whether different or similar? Or, has the project chosen to randomly assign participants to treatments/control groups that might be perceived as "better" or "different" for the purposes of experimental design?)

b. **Please specify how you will identify and contact participants.**

c. **Please define how the results of your research can be considered reliable, valid, credible and generalizable.**

d. **What level and type of risk, either emotional or physical, is there to the subjects as a result of participating in this project? If there is risk, how will it be minimized?**

e. **Describe the intended use of the project.** For example, publication, dissertation, grant support?

7. **Please describe level of effort by the Principal Investigator to discover similar or identical research to your proposal.** Please include citations for this research. Please describe whether the proposed research duplicates or enhances existing research.