TN Department of Children's Services

Research, Survey and Grant Request Form

Please provide **basic information** and **type of request** for every request and any other appropriate sections relevant to your request.

Email your request to: EI_DCS.Research_Grant_Survey_Review@tn.gov

Basic Information
Please complete all fields.

Name and Title of Principal Investigator: _____

Credentials of Principal Investigator (or attach academic CV): _____

Academic, Agency, or Institutional Affiliation: _____

Address: _____

Phone Number: _____

Email Address: _____

Title of Grant / Survey / Research Proposal: _____

Is this Proposal: ☐ New ☐ Amended ☐ Addendum

Reason for Request: ☐ Dissertation ☐ Other Student Research ☐ Faculty Research (funded)
☐ Other Faculty Research ☐ Pilot Study / Demonstration Project ☐ Grant Proposal
☐ Letter of Support ☐ Other (describe): _____

What materials, staff time and other resources will you require DCS to provide for you to accomplish your proposed project?

Describe how your proposed research project will benefit the following: Department of Children's Services, the children of this state and/or children within DCS programs, the state of Tennessee, the citizens of this state, and advancement of scientific and human knowledge.

If your request is approved, what do you intend to do with the information that you requested?

Type of Request

Indicate the type of request you are making with the Department and complete the required corresponding section.

☐ Letter of Support for Grant:
The requestor only needs a letter from the department and does not require additional information or data.
No other sections required.

☐ Grant Request:
The requestor is applying for a grant only and does not require a letter of support or data.
Complete Section A. If you require additional data or access to human subjects, select appropriate box(es) below.

☐ Request for Information:
The requestor already accessed public records and needs additional Information/statistics.
Complete Section B.

☐ Request to Access Human Subjects or Records Which May Involve Consent:
Research project involves access to human subjects or access to confidential records).
Complete Section C.

☐ Research involving Study of Existing Records or Data:
The proposed research only involves use of existing data/records, which do not require informed consent to access.
Complete Section D.

Section A: Grant Request Form

Some research proposes to obtain data from existing data bases, reports, or other records where the Department of Children's Services (DCS) may grant consent and consistent with applicable laws/regulations, do not require consent by the subjects. This is often called archival research and does not involve any contact with a research subject. If your proposed research only involves use of existing data/records, which do not require informed consent to access, please complete this form. DCS reserves the right to verify that informed consent (either subjects' or parents') is not required prior to release of archival data. *Title 45 of the Code of Federal Regulations*, *Part 46*, (see, for example, *Appendix G*) allows for use of existing data, reports, and records when investigators do not record information which identifies anonymous subjects. Some records (*e.g.* see *TCA 10-7-504*) such as medical records are considered confidential and would require consent of the subjects involved and compliance with the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*. Please attach documents and write "see attached" as applicable

Section A
Grant Request

Will your grant / research require that you submit your proposal to an established IRB in compliance with Title 45 of the Code of Federal Regulations, part 46? ☐ Yes ☐ No

If yes, please complete **Section D**.

Anticipated Start Date: _____

Length of Project Period: _____

Is a letter of support needed from DCS? ☐ Yes ☐ No ☐ N/A

If yes, provide the name and address of the letter of support recipient: _____

Describe in detail, specifically what you plan to do with the needed information (attach copies of any forms, tests, surveys, questionnaires, etc., you plan to administer) and/or what confidential records you wish to access:

Describe how subject anonymity will be preserved and how confidentiality of the data will be maintained:

Estimated Total Funding (attach supporting documents such as funding announcements, budgets, RFP, etc.):

Will this grant require DCS to match funds? ☐ Yes ☐ No

If yes, provide information about request for funding:

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

If your proposal is approved, once you have completed collecting the data, describe your plans for quantitative and/or qualitative data analysis (please provide sufficient detail so that a reviewer could examine the appropriateness of your approach):

If approved, once your research is completed, what do you intend to do with your results? What agencies might receive and/or benefit from receipt of your results? What types of scientific journals or publications might your findings be submitted to for review?

Optional (response will not affect approval): If your project yields an electronic database (e.g. raw data stored on computer disc, an SPSS system file, etc.), will you make a copy available to DCS for purposes of secondary data analysis? ☐ Yes ☐ No ☐ N/A

Your signature below indicates that you agree to abide by the following four requirements:

- You agree to furnish DCS a copy of your findings, conclusions, final report, and/or journal articles **prior to** publication or dissemination, as required by ACA/COA standards (Note: this does not imply you need DCS permission to publish your results, only that you first furnish DCS a copy for purposes of review and comment);
- You agree to obtain written permission from DCS before sharing the raw data or data base with anyone other than DCS and the above listed research team members (Note: this applies only to the data and is not intended to prevent or interfere with publishing the **results** of your research project in a customary format such as group statistics which do not identify individual subjects); and
- You and your staff agree to abide by all appropriate state laws and federal regulations regarding confidentiality of any data/records you access, review, obtain, or maintain in the course of conducting this research.
- In the event a participant has an adverse reaction as a result of participating in the study, you and your staff agree to promptly notify the appropriate office/facility, DCS Supervisor and Inspector General/Designee.

_____

Principal Investigator
(Write or Type Full Name)

_____ _____

Principal Investigator's Signature ***Date***

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Section B: Request for Information

The Department of Children's Services receives some requests for information/statistics where the information is not already a matter of public record or where the release of such information is not already mandated by state law (*e.g.*, see *TCA 37-5-107, 37-5-115*). Information about the Department itself and common descriptive information and statistics about the children we serve are already publicly available on the Department's web site and in the annual report. If you have already accessed these public records, and need additional information/statistics, please provide the following information or attach documents as applicable.

Section B
Request for Information

Information/Data Being Requested: (Please be as specific and clear as possible; indicate not only the specific data you want but any special parameters e.g., the time frame such as calendar year or fiscal year, specific groups of children such as "in custody" versus "committed," any specific geographical areas, etc.)

Your signature below indicates that you agree to abide by the following four requirements:

- You agree to furnish DCS a copy of your findings, conclusions, final report, and/or journal articles **prior to** publication or dissemination, as required by ACA/COA standards (Note: this does not imply you need DCS permission to publish your results, only that you first furnish DCS a copy for purposes of review and comment);
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_____

Principal Investigator
(Write or Type Full Name)

_____ _____

Principal Investigator's Signature ***Date***

Section C: Request for Access to Human Subjects or Records Which May Involve Informed Consent

Some research proposals require direct access to or observation of research subjects to gather data, or require access to records typically viewed as confidential. These research proposals require a higher level of scrutiny, as from an Institutional Review Board (IRB), which must examine additional issues such as informed consent and risks to the subject. In most cases, fully informed consent and minimal risk to the subject are mandatory elements, but there are a few grounds for exemption, which an IRB may consider (*e.g.*, see CFR 46.101). Certain types of research cannot be allowed with children in the Department of Children's Services' custody, even with consent, such as medical, pharmaceutical, or cosmetic experiments. If your proposed research project involves access to human subjects or access to confidential records, please complete the following (feel free to attach documents and write "see attached" as applicable).

Section C

Request to access human subjects or records which may involve informed consent.

Purpose of study and proposed methodology (or attach the introduction and methods sections used in a typical academic research proposal):

Describe in detail specifically what you plan to do with the subjects in your study (be sure to attach copies of any forms, tests, questionnaires, etc. you plan to administer), and/or what confidential records you wish to access. Include a discussion of any risks, discomforts, or inconveniences, which a subject might experience:

Describe how you propose to recruit research subjects and obtain their informed consent, and in cases of children under the age of eighteen, their parent(s) or guardian. Attach a copy of your proposed consent form. If claiming exemption from consent requirements, discuss the regulatory basis under which your IRB granted the exemption:

Describe the specific data and variable fields you plan to access and record (can attach your codebook or coding schema if already developed):

Describe how subject anonymity will be preserved and how confidentiality of the data will be maintained:

If your proposal is approved, once you have completed collecting the data, describe your plans for quantitative and/or qualitative data analysis (please provide sufficient detail so that a reviewer could examine the appropriateness of your approach):

If approved, once your research is completed, what do you intend to do with your results? What agencies might receive and/or benefit from receipt of your results? What types of scientific journals or publications might your findings be submitted to for review?

Optional (response will not affect approval): If your project yields an electronic database (e.g. raw data stored on computer disc, an SPSS system file, etc.), will you make a copy available to DCS for purposes of secondary data analysis? ☐ Yes ☐ No ☐ N/A

Your signature below indicates that you agree to abide by the following four requirements:

- You agree to furnish DCS a copy of your findings, conclusions, final report, and/or journal articles **prior to** publication or dissemination, as required by ACA/COA standards (Note: this does not imply you need DCS permission to publish your results, only that you first furnish DCS a copy for purposes of review and comment);
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_____

Principal Investigator
(Write or Type Full Name)

_____ _____

Principal Investigator's Signature ***Date***

Section D: Research Involving Study of Existing Records or Data

Some research proposes to obtain data from existing data bases, reports, or other records where the Department of Children's Services (DCS) may grant consent and consistent with applicable laws/regulations, do not require consent by the subjects. This is often called archival research and does not involve any contact with a research subject. *Title 45 of the Code of Federal Regulations*, *Part 46*, (see, for example, *Appendix G*) allows for use of existing data, reports, and records when investigators do not record information which identifies anonymous subjects. Some records (*e.g.* see *TCA 10-7-504*) such as medical records are considered confidential and would require consent of the subjects involved and compliance with the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)*. If your proposed research only involves use of existing data/records, which do not require informed consent to access, please complete the following. DCS reserves the right to verify that informed consent (either subjects' or parents') is not required prior to release of archival data. Please attach documents and write "see attached" as applicable.

Section D
Research Involving Study of Existing Records or Data

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Describe how subject anonymity will be preserved and how confidentiality of the data will be maintained:

If your proposal is approved, once you have completed collecting the data, describe your plans for quantitative and/or qualitative data analysis (please provide sufficient detail so that a reviewer could examine the appropriateness of your approach):

If approved, once your research is completed, what do you intend to do with your results? What agencies might receive and/or benefit from receipt of your results? What types of scientific journals or publications might your findings be submitted to for review?

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Your signature below indicates that you agree to abide by the following four requirements:

- You agree to furnish DCS a copy of your findings, conclusions, final report, and/or journal articles **prior to** publication or dissemination, as required by ACA/COA standards (Note: this does not imply you need DCS permission to publish your results, only that you first furnish DCS a copy for purposes of review and comment);
- You agree to obtain written permission from DCS before sharing the raw data or data base with anyone other than DCS and the above listed research team members (Note: this applies only to the data and is not intended to prevent or interfere with publishing the **results** of your research project in a customary format such as group statistics which do not identify individual subjects); and
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_____

Principal Investigator
(Write or Type Full Name)

_____ _____

Principal Investigator's Signature ***Date***