CHANGE RCMAR INITIAL APPLICATION FORM 2024

Date:			
Full name:			
Phone number:			
E-mail address:			
Associated university:			
Do you identify as: American Indian Yes	No		
If yes, please specify your primary Tribal affiliation:			
Alaska Native Yes	No		
Native Hawaiian Yes	No		
Pacific Islander Yes	No		
Proposed pilot study title:			
Total dollar amount requested:			Note: the program covers an 8% training rate.
Will your pilot study involve: Primary data co		ection	Secondary data analysis
Do you have a CHANGE RCMA	AR contact?	Ye	es No
If yes, please specify:			
Please check areas where you may need additional assistance:			
IRB/Tribal research approvals		Dissemination of information Presentations, publications	
Project coordination and planning			
Database creation and management		Methodology development Survey, recruitment, analysis	
Other:			



