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| **1. Draft Title of Project:**  |
| **2. Principal Investigator** |   |   |   |   |   |
| Name and Title:  |
| Organization:  |
| City:  | State:  |  Zip:  |
| Phone:  | Fax:  | Email:  |  |
| **3. Proposed Collaborator or Community-based organization (if applicable or known)** |
| Name and Title:  |
| Organization:  |
| Email: |  |
| City:  | Country:  |

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| 1. **Population of Interest:**
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| 1. **Brief Summary of Proposed Study**
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| 1. **Questions for the Community Consultative Group (CCG)**
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**CCG Comments:**

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|  |
| **Completed by: Date:**  |

**Please return form to** **cfaroce@uw.edu****, cc:** **cjasmine@uw.edu****.**