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

**CCG Comments:**

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

**Please return form to** [**cfaroce@uw.edu**](mailto:cfaroce@uw.edu)**, cc:** [**cjasmine@uw.edu**](mailto:cjasmine@uw.edu)**.**