



(For admin use only.) Application ID # : \_\_\_\_\_

Bronx Community Research Review Board's  
Community Consultation Review Application for Researchers

## WHO WE ARE



**BEFORE you proceed with this application, PLEASE:**

- ✓ **READ** the BxCRRB brochure **and** our About Us page on [www.BxCRRB.com](http://www.BxCRRB.com).
- ✓ **ATTACH** the following to your application:
  - An abstract of your proposed study in jargon free language.
  - Your curriculum vitae or resume.
  - Copies of documents (publications/reports) relevant to this proposal.
  - Study materials and anything else you would like us to consult on (ex. consent forms, questionnaires, survey instruments, focus group(s) guides, semi-structured interview guides, flyers/ads).
- ✓ **KNOW** that this service is provided free of charge to researchers, however:
  - You will be asked to complete a post-meeting evaluation form in exchange for our review.
  - We will use your responses to questions on this form in our popular education and scholarly writings about the importance of community research review processes. We will share writeups, with you, prior to publication so that you may edit details. In the event that you, the researcher, disagrees with details of our characterization of a review session, we will include your perspective in the writeup as a means of honoring multiple viewpoints on this process.
- ✓ **BE AWARE** that:
  - We do not recruit participants!
  - Our review does not constitute an endorsement of your research.

*\*denotes (means that) your response is required.*



## I. PROPOSAL INFORMATION

Study Title: \_\_\_\_\_

Study Timeframe: \_\_\_\_\_

### Principal Investigator(s) Contact Information

PI 1 Name: \_\_\_\_\_

PI 1 Office Address: \_\_\_\_\_

PI 1 E-mail Address: \_\_\_\_\_

PI 1 Phone: \_\_\_\_\_

PI 1 Fax: \_\_\_\_\_

PI 1 Mobile Number: \_\_\_\_\_

PI 2 Name: \_\_\_\_\_

PI 2 Office Address: \_\_\_\_\_

PI 2 E-mail Address: \_\_\_\_\_

PI 2 Phone: \_\_\_\_\_

PI 2 Fax: \_\_\_\_\_

PI 2 Mobile Number: \_\_\_\_\_

### What type of research does your study plan to conduct?\*

- Behavioral Research
- Biomedical Research
- Other \_\_\_\_\_

### Is your study funded? If yes, please list all funding sources.\*

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How can the members of the Bronx Community Research Review Board help you?\*

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**II. PROTOCOL INFORMATION**

What question(s) do you want your research to answer?\*( no more than 300 words)

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Which is/are the identified community(ies)? Please include participant age, sex, racial/ethnic groups, and any other important demographics? \*

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Why are you (and/or your research team) interested in answering these questions?\*

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**If participants' blood or tissues samples will be obtained, please include details on what protocol(s) will be implemented to safeguard privacy, information, ownership, and future use of those materials.**

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**How do you envision that your research would lead to tangible action(s)? \***

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### III. COMMUNITY PARTNERS

Please list the community partner(s) you have identified to assist with your research efforts.\*  
Please include:

A. The name and brief description of the agency:

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B. The name of a contact person: \_\_\_\_\_

C. Email: \_\_\_\_\_

D. Phone number: \_\_\_\_\_

E. When the partnership was established? \_\_\_\_\_

E. Website of the agency: \_\_\_\_\_

F. The address of the agency

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G. Is there a Memorandum of Understanding defining any roles and responsibilities of partnership members? If so, please share it.

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**Briefly describe your experience(s) in working with community partners. \***

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**Please explain how you plan to engage the community partner(s) in your research.** *(Consider how they will be engaged throughout various steps in the research process, including: formulation on research questions, research design, protocol implementation, dissemination of results, analysis and interpretation of results, training of community residents/CBO, and the formulation of risks and benefits in participation.) \**

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**How will the community partners be compensated for their effort on the grant? \***

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**If there are no community partners, please explain why not.\***

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**How much funding will be allocated to community engagement? In what capacity (e.g. data collection, community advisory boards, recruitment, stipends, transportation, outreach)?\***

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#### IV. COMMUNITY INVOLVEMENT DURING STUDY

What will you do to make your study materials and questions clear and understandable to the affected person &/or community members under study (broadly defined to include but not limit to: disease, geographic, ethnic, and cultural communities)?\*

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If translation is needed, what services will be provided? \*

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How/Where will you return the results to participants? What plans do you have to credit or include community partners in this process?

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**Will your plan to return findings (dissemination tools) be available in multiple languages? If yes, please list the languages below. If not, please explain why.**

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**Do you intend to collaborate with CBOs and/or community members in the future and if so, how?\***

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**How will you apply any lessons learned through the current study to strengthen community involvement in future studies?\***

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**Thank you for submitting your application for research review to the Bronx Community Research Review Board (BxCRRB)!**

Please allow us two weeks to respond to your application.

The BxCRRB meets the third Thursday or Saturday of each month at the offices of: the Bronx Health Link, Bronx Community College, and/or the Bronx Extension Campus of Metropolitan College of New York.

We prefer that review sessions be conducted in person, at one of these locations. However, we have the capacity to conduct meetings via Zoom, Skype and Google Hangouts.

For more information please contact us at [Bronx.crrb@gmail.com](mailto:Bronx.crrb@gmail.com) or 1-718-590-2965  
You may also contact:

**Albert Greene**

pronouns: he/him

**Project Coordinator & Webmaster of the BxCRRB**

851 Grand Concourse, Suite 914

Bronx, NY 10451

[agreene@bronxhealthlink.org](mailto:agreene@bronxhealthlink.org)

718-590-2965

**Dr. Monique A. Guishard**

Pronouns: she/her

**Chair, The Bronx Community Research Review Board (BxCRRB)**

Principal Investigator, The BxCRRB's Community Engaged Research Academy

PCORI Eugene Washington Engagement Award #3422

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**\*This form is a copywritten document. It has been submitted for publication. Please use this citation when referencing it:**

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In text citation: 1<sup>st</sup> use: (Guishard, Ahmed, Benitez, Blanco, Diaz-Valderamma, Harris et al., In Press)  
Subsequent citations: (Guishard et al, In Press)