



CENTER FOR COMMUNITY HEALTH AND VITALITY

Community Engagement Consultation Form

Date:

Please Print All Information

First Name	Middle Initial	Last Name

Title

Degrees	Department/Division

What is your role?

- Principal Investigator
- Resident
- Medical Fellow
- PhD Fellow
- Medical Student
- Graduate Student
- Other, please indicate

Mailing Address

Address	City	State

Zip Code	Office Phone	Email Address

Please indicate the stage of your research career:

- I'm just starting out in my research career.
- I am a junior investigator and have been awarded funding.
- I am a senior investigator and have been awarded external funding from a Federal or non-Federal source.

What is the status of your project?

- Early Planning
- Grant Writing
- Ready to implement research

Have you previously participated in a community engaged research project?

- No
- Yes (please describe below)

Title of Your Research Project

Please list your project collaborators and their affiliations

Please submit this form along with a one page summary of the research project to George R. Smith, Jr. at gsmith@bsd.uchicago.edu