State of New Jersey
DEPARTMENT OF CHILDREN AND FAMILIES

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

CHRISTINE NORBUT BEYER, MSW
Interim Commissioner

DCF Research Review Committee

Part 2: Application for Proposed Research Projects

Prior to completing this application, please review the DCF Research Review Committee Protocol Part 1: Guidelines for Submission of Research Applications which can be found on the DCF Research Review Committee website: https://www.nj.gov/dcf/childdata/research/.

Section 2.1: Cover Page	
The completed application submitted to the DCF Research Review Committee must contain the following:	
☐	This application filled out in full and signed.
☐	*For amendments only:* A cover letter detailing the changes that were made to the initial application and all changes to the initial application highlighted in "track changes".
The following must be included for research that involves primary data collection:	
☐	A copy of the consent form(s) to be used.
☐	A copy of all data collection instruments.
☐	Participant recruitment materials (flyer, email, phone invitation, etc.).

Please submit the above materials electronically to DCFData.Request@dcf.nj.gov. The DCF Research Review Committee reviews applications monthly. In order for an application to be reviewed by the Committee at the next upcoming meeting, the application must be submitted at least 2 weeks prior to the meeting date. A current list of meeting dates and deadlines can be found on the DCF Research Review Committee webpage at https://www.nj.gov/dcf/childdata/research/.

Section 2.2: General Information

1. **Is this proposal**:
   ☐ New ☐ Amended

2. **Name and title of the Principal Investigator**:

3. **Academic, Agency, or Institutional Affiliation**:
   Street Address:
   Work Telephone Number:
   Fax Number:
   Email Address:

4. **Title of the Research Project:**

5. **Does your agency, institution, or university have an established Institutional Review Board (IRB)** in compliance with Title 45 of the Code of Federal Regulations, Part 46 that is registered with the U.S. Office for Human Research Protections (OHRP)?
   ☐ Yes ☐ No

6. **What is the IRB's assurance number?**

7. **Have you applied for IRB approval/exemption for your proposed project?**
   ☐ Yes, approval/exemption received-Attach a copy of your IRB's approval or exemption of your proposed project.
   ☐ Yes, approval/exemption pending- Send a copy of the IRB approval/exemption when it is received
   ☐ No-Explain on what basis you claim exemption from IRB review

8. **Is the proposed study a student research project (e.g., dissertation, thesis, other student research)?**
   ☐ Yes
   ☐ No

9. **If your research receives any grant funds, list each funding agency, grant number, and funding amount:**

For student submitted protocols:

1. **Name and title of Faculty Advisor**:

Section 2.3: Study Abstract

Please provide a brief description of your research project. The description should not be more than 300 words.

Section 2.4: Project Description

1. **Rationale and Purpose of Study**:
   Please describe the purpose of the study including the specific aims or objectives.

2. **Proposed Research Design and Methods:**

3. **DCF Administrative Data:**
   Are you requesting access to DCF administrative or programmatic data?
   i. If yes, specify the data sources and what data elements you intend to access. Please describe whether data will be requested in aggregate or at the person-level:

4. **Data Collection Tools:**
   Are you collecting primary data?
   i. If yes; describe all data collection instruments (Copies of all instruments must be included in the application package as appendices.):
   ii. Describe how you plan to recruit participants into the study (Copies of all recruitment materials should be included in the application package as appendices.):

5. **Data Analysis:**
   Please provide a brief overview of the qualitative and/or quantitative analysis plan.

6. **Study Timeline:**
   Please describe the timeframes for key study activities including study planning, data collection, data analysis, dissemination and when any administrative data is needed from DCF.

7. **Potential Benefits and Risks:**
   Please describe the intended benefits of the study, including a specific discussion of how the results will benefit New Jersey and NJ DCF:

   Please describe the potential risks of harm or consequences of the study:

8. **Consent:**
   Please provide a description of informed consent or assent procedures, if applicable. (Copies of all consent and/or assent forms should be included in the application package as appendices.)

9. Confidentiality:
How will the confidentiality of data be maintained?

10. Requested DCF Resources:
What materials, staff time, and/or other resources will DCF need to provide for you to accomplish your proposed project?

11. Specific Considerations
Please provide details on whether and how your research project will take into account characteristics of any specific communities, if applicable.

12. Dissemination plan
Please provide the dissemination plan for study results. Include information regarding how study findings will be shared with stakeholders including study participants and DCF staff. Please consider products outside of traditional research reports or peer-reviewed journal articles.

13. Study Staff
Please provide the names, titles, and CVs of Investigators, research assistants, and others who will participate in the proposed study and/or have access to the data.

Section 2.5: Statement of Assurances

The following are required mandates for research studies funded by DCF, involving DCF data and/or access to DCF-related populations. Please initial next to each item to indicate that you have read and understand the requirements.	Initial
The Principal Investigator(s) and research team agree to furnish DCF a copy of the findings, conclusions, final report, and/or journal articles at least 30 days prior to publication or dissemination for review and comment. (Note: This does not imply you need DCF's permission to publish your results, only that you must first furnish DCF a copy for purposes of review and comment.) If anyone representing DCF serves as a co-author on the work product, the product will need to be reviewed by DCF Executive Staff and approved by the Department's designee, as determined by the Commissioner. This review process must occur prior to publishing or disseminating the product. Sufficient time must be allotted for this review process.	

The Principal Investigator(s) and research team agree to abide by all appropriate State laws and Federal regulations regarding confidentiality and safeguarding of any data or records they access, review, obtain, or maintain in the course of conducting this research. No identifying information about any of the research participants or programs is to be divulged or referenced in any published materials, presentations, or other public forums. To ensure compliance with this mandate, **researchers are required to signify their agreement and acknowledge that any disclosures of confidential information could result in penalties pursuant to Title 9.**	
Because it is strictly prohibited, the Principal Investigator(s) and research team agree not to share or transfer the data collected or analyzed with anyone unaffiliated with the approved project.	
In the event a participant has an adverse reaction as a result of participating in the study, the Principal Investigator(s) and research team agree to promptly notify the DCF Research Review Committee along with their programmatic contact at DCF.	

Section 2.6: Required Signatures

Principal Investigator:

Signature: _____ **Date**: _____

Co-Principal Investigator:

Signature: _____ **Date**: _____

Faculty Advisor:
(for student protocols only):

Signature: _____ **Date**: _____