

APPLICATION FOR RESEARCH WITH CLIENTS OF THE MISSOURI DEPARTMENT OF MENTAL HEALTH NAME OF PRINCIPAL RESEARCHER HOME ADDRESS PHONE

HOME ADDRESS	PHONE
CURRENT EMPLOYER	
ADDRESS	PHONE
HIGHEST ACADEMIC DEGREE	
MAJOR FIELD OF STUDY	
I. Title of Proposal	
II. Dates of Proposed Project Period	
III. Facility or Location where Research Project will be conducted	

Who will serve to oversee the project at the facility where the research will be conducted? Unless the applicant works in a managerial capacity in the unit where the project will be conducted, a staff member in a managerial position should be enlisted to ensure that the project proceeds smoothly and does not unnecessarily disrupt the unit's operation.

Facility Overseer	
Position Title	

IV. Who will serve as the principal investigator for the project? Note the definition in Standard 3.1 of the Research Guidelines of scientifically qualified individuals. If the applicant does not feel he/she qualifies as per this definition, a more senior researcher should be enlisted to oversee the project. Generally, a student's professor serves as the principal investigator when the project receives academic credit.

Attach curriculum vitae of applicant and principal investigator.

Principal Investigator	
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MO 650-0240 (5-89)

DMH-8114

V.		e proposed project is to serve as a requirement for an academic program, indicate its role. Include any deadlines ch are known.					
		Master's Thesis Deadline for					
		Doctoral Dissertation					
		Pilot study for thesis or dissertation research.					
		Other academic requirement, please specify					
		ndicate the University and Department in which you are enrolled					
		ndicate the faculty member who will serve as your academic advisor					
		Has the project received approval by your professor/committee?					
		f yes, please attach a statement to that effect, signed by your professor.					
		f no, please indicate expected date of approval					
VI.	PI	ase answer the following questions in a total of no more than seven pages.					
	 Describe and assess the potential benefits that may come as a result of the planned work (include literature review). Describe the benefits to participants and to mental health in general. 						
	2.	Describe the relationship to other studies of this type. Include literature reviews to support your discussion.					
	 Subjects: Briefly describe the potential subjects. Describe the characteristics of the subject population, i.e., age, sex, ethnic background, diagnosis. Include target number of subjects and sampling techniques. Explain why a DMH client sample is requested. 						
	4. Methods: Discuss in detail the research design and the procedures to be used to accomplish the specific aims of the project. Describe the protocols to be used and the tentative sequence of the investigation. Include the means by which the data will be analyzed and interpreted. Point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised.						
	5.	Performance Sites: Indicate where the project will be conducted. Include the potential cost and impact on the operation of the facility(ies), any assistance you will need from facility personnel, etc. Enclose etter(s) from the facility director(s) reflecting tentative approval of the project.					
VII. Human Subject Assurance Procedures: Describe the procedure you intend to follow to assure that informed consent will be solicited and obtained, the nature of information to be provided to prospective subjects, and the method of documenting consent. Attach a copy of the letter of informed consent which you intend to use.							
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VIII. Funding Source: Briefly expl throughout the project. Indic of the project.	ain the funding source and ate who will be responsible	the ass for the	surance yo incidenta	ou have tha I costs (Xer	t funds will I ox, mail, trai	pe available insportation)
COMPLETE ONLY IF FUNDING IS REC	UIRED IN ORDER TO COMPL	ETE THIS	PROJECT		THROUGH	
DETAILED	BUDGET		1110111			
PERSONNEL (APPLICANT ORGANIZATION	ONLY — SEE INSTRUCTIONS)	TIME/EI	T	DOLLAR AMOU	INT REQUESTED	OMIT CENTS)
NAME	TITLE OF POSITION	%	HOURS PER WEEK	SALARY	FRINGE BENEFITS	TOTALS
	PRINCIPAL INVESTIGATOR					
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		St	JBTOTALS			
CONSULTANT COSTS (SEE INSTRUCTIONS)						
EQUIPMENT (ITEMIZE)						
SUPPLIES (ITEMIZE BY CATEGORY)						
TRAVEL INSTATE						
OUTSTATE			<u> </u>			
OUTSTATE	PLEASE SUBMIT ORIGINAL A	ND TEN	COPIES TO	D:		<u></u>
	Office of Departmer Research & Evaluati	tal Affairs				
	Department of Men Post Office Bo	tal Health	.			
MO 650-0240 (5-89)	Jefferson City, M					DMH-811