### Indigenous-driven Project Request Form (AHRQ program)

Please complete this form to initiate the Applied Health Research Question (AHRQ) process. For support filing out this form, or for more information about conducting an Indigenous-driven project at ICES, or to submit, please contact the ICES Indigenous Portfolio team at indigenous@ices.on.ca.

Please note that AHRQ funding is intended to fund projects that support health improvements for residents of Ontario. This includes projects that inform Community planning and/or support the assessment of health status in Indigenous Communities/organizations to identify necessary resources.

**The information you provide in this request form is confidential. While the AHRQ program is funded by the Ministry of Health (MOH), only the Subject Area (listed below) will be shared with the MOH.**

|  |  |
| --- | --- |
| Indigenous Community/Organization | (Insert name of Community/organization here) |
| Primary Contact Name | (Insert primary contact person here) |
| Title and Department | (Insert title and department here) |
| Address | (Insert address here) |
| Phone | (Insert telephone number here) |
| Email | (Insert email address here) |
| Date results are needed | (Insert date by which results being requested is needed here) |
| Subject Area (shared with MOH) |  |

|  |  |
| --- | --- |
| ICES Scientist (if known) | (Insert name of ICES scientist to be involved here, if known) |

1. Insert research question below:

|  |
| --- |
|  |

1. Optional: If there are specific datasets you would like to use, please list them here.

|  |
| --- |
|  |

1. Provide a brief summary of the background and the purpose of the research question being proposed. How will the eventual research evidence be used and what purpose will the proposed research serve?

|  |
| --- |
|  |

1. What information, if any, are you aware of about this subject area?

|  |
| --- |
|  |

1. Please have a senior decision maker from your organization sign below to confirm that they approve the research question(s). Some examples include: Community leadership, Health Director, Executive Director, Chief Operating Officer, CEO.

|  |  |  |
| --- | --- | --- |
| Senior Decision Maker Name & Title | Signature | Date |
|  |  |  |

Please submit this form to the Indigenous Portfolio team at ICES at indigenous@ices.on.ca.