**Arizona Department of Corrections
Rehabilitation and Reentry**

Research Proposal Request

All person(s) requesting to conduct a research project must provide proof/documentation of industry recognized training in research, ethics, compliance, and safety as part of their request.

Attach resumes and credentials for yourself and all research staff; attach research proposal; and send this attention to Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) Strategic Planning Manager.

PROJECT TITLE	PROJECT DIRECTOR NAME *(Last, First, M.I.) (Please print)*

OTHER RESEARCH STAFF NAMES

PROPOSED BEGIN DATE *(mm/dd/yyyy)*	PROJECTED END DATE *(All grant funds must be spent by projected date)*

PURPOSE & NEEDS STATEMENT

PROPOSED METHODOLOGY AND/OR DESIGN *(continued on page 2 if more room needed)*

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Research Proposal Request - Continued

PROPOSED METHODOLOGY AND/OR DESIGN *(continued from page 1)*

Research Proposal Request - Continued

IF REQUESTING FACE-TO-FACE INMATE ACCESS, PROVIDE JUSTIFICATION

NUMBER OF STAFF INVOLVED	NUMBER OF INMATES INVOLVED

TYPE AND AMOUNT OF PROPOSED ADCRR RESOURCES *(be specific and complete)*

RESEARCH LOCATIONS

SOURCES OF PROJECT FUNDING

PROJECTED ACTIVITY SCHEDULE

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Research Proposal Request - Continued

IS THERE A NEED TO HAVE ADCRR STAFF OR INMATE DATA ☐ Yes ☐ No If yes, what data is needed?

IF YOU REQUEST A NEED FOR ADCRR STAFF OR INMATE IDENTIFIERS, WHAT IS YOUR JUSTIFICATION FOR NEEDING THIS DATA?

IF YOU WILL BE USING A QUESTIONNAIRE, A COPY MUST BE INCLUDED WITH YOUR PROPOSAL.

WILL YOU NEED TO DISSEMINATE ADCRR STAFF OR INMATE IDENTIFIER DATA TO OTHER RESEARCHES OR ORGANIZATIONS?

☐ Yes ☐ No If yes, provide justification for same?

HOW DO YOU PERCEIVE THE RESEARCH FINDINGS WILL BENEFIT ADCRR?

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Research Proposal Request - Continued

WHAT IS YOUR PROJECTED DISTRIBUTION OF THE RESEARCH FINDINGS?

WHAT IS YOUR PROJECTED USE OF THE FINDINGS FROM THE RESEARCH?

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ADDITIONAL COMMENTS

Distribution: Original – Research Unit

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