## Consultation Outcomes

**Record ID**

**Project Details (from Intake Form):**
- **PI/Contact:** [contact_lastname]
- **Formal Project/Grant Title:** [formal_title]
- **Informal/CCH “Working” Title:** [informal_title]
- **Project Summary:** [q3]

### Grant Funding - Investigator

<table>
<thead>
<tr>
<th>Proposal Status (most recent):</th>
<th>□ Application in progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Application submitted and under review</td>
</tr>
<tr>
<td></td>
<td>□ Application funded</td>
</tr>
<tr>
<td></td>
<td>□ Application NOT funded</td>
</tr>
<tr>
<td></td>
<td>□ Application resubmitted</td>
</tr>
</tbody>
</table>

**Funding Agency:**

- Federal - CDC, Centers for Disease Control and Prevention
- Federal - DOE, Department of Education
- Federal - DOJ, Department of Justice
- Federal - NIH, National Institutes of Health
- Patient-Centered Outcomes Research Institute
- Community
- Foundation
- Industry
- Institutional
- Other: please specify below

**Funding Agency - PCORI - Please specify:**

- Tier I
- Tier II
- Tier III Pipeline to Proposal
- Eugene Washington
- Investigator Initiated Research Proposals
- Other (please specify below)

**Funding Agency - please specify:**

**Project details response:** [grant_agency_other]

**Funding Mechanism:**

- □ K
- □ R01
- □ U
- □ P
- Other (please specify below)

**Funding Mechanism - Please specify:**

**Project details response:** [grant_mechanism_other]

Are any community stakeholders/partners on the grant proposal as key personnel?
- □ Yes
- □ No
- □ Unknown

Does the grant proposal call for the creation of a community advisory board?
- □ Yes
- □ No
- □ Unknown
What other forms of community engagement, if any, are taking place (or will) related to this grant?

Date - submitted to funding agency: ____________________________
(Note: Select 1st of month if exact M-D-Y date is not known.)

Date - funding decision expected: ____________________________
(Note: Select 1st of month if exact M-D-Y date is not known.)

Date - funding begins (if funded): ____________________________
(Note: Select 1st of month if exact M-D-Y date is not known.)

Date - funding ends (if funded): ____________________________
(Note: Select 1st of month if exact M-D-Y date is not known.)

If funded, what is the total amount awarded: ____________________________

Please provide any additional information regarding this proposal: ____________________________

---

**Grant Funding - Community Partner/Organization**

Did the consultation activities result in the community partner/organization pursuing funding support?  
☐ Yes  ☐ No

If yes, please describe: ____________________________

---

**New/enhanced community partnerships**

Please describe the impact of the CCH support on establishing/enhancing one or more community partnerships: ____________________________

---

**Impact on community programs or health guidelines, practices, and/or policies**

Please describe the impact of the CCH support on any community programs or health guidelines, practices, and/or policies: ____________________________

Co-authored with one or more community stakeholders/partners?  
☐ Yes  ☐ No


### Article(s) under review and/or published

Please provide the citation(s) for any articles supported by or resulting from the CCH support, and indicate the publication status (under review, in press, published):

______________________________

Co-authored with one or more community stakeholders/partners?  
☐ Yes  ☐ No

### Conference presentations, posters, etc.

Please list any conference presentations, posters, etc. based on activities supported by or resulting from the CCH support:

______________________________

Co-authored with one or more community stakeholders/partners?  
☐ Yes  ☐ No

### Subsequent IRB-approved research activities

Please describe any subsequent IRB-approved research activities supported by or resulting from the CCH support:

______________________________

### Other

Other - please specify:

______________________________