



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Date of Application: _____

Project Title: _____

CDPH Liaison: _____

APPLICANT: _____

Name:

Institution:

Phone Number:

Email:

Mailing Address:

PROPOSED PROJECT TEAM: _____
(list names and affiliations)

DATA REQUESTED: _____

Data Source:

Year(s):

Variable(s):
(attach additional pages if necessary)



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Describe the project rationale and give a detailed study plan:

(e.g. research question, hypothesis, outcomes of interest, etc.)

Anticipated product and/or dissemination plan:

(e.g. academic publication, grant application, etc.)

DATA SECURITY:

How will the data be stored?

Who will have access to the data?

List all names/affiliations
(attach additional pages if necessary)

How long will data be stored?

Proposed timeline of activities:

How will the Healthy Chicago Survey add value to your project?
