

## **RESEARCH PROPOSAL**

### **I. RESEARCHER INFORMATION**

- A. Principal Researcher(s)
- B. Affiliation
- C. Address
- D. Telephone(s) Office:  
Home:
- E. E-mail Address
- F. Project Supervisor (if this is a student research project or different from A.)

### **II. PROPOSAL INFORMATION**

- A. Date Proposal Submitted to R&MS Unit
- B. Title
- C. Purpose
- D. Background & Significance
- E. Methodology
- F. References
- G. Time Frame
- H. Benefit to the Department of Corrections
- I. Department Resources Required
- J. Principal Investigator(s) and Advisor Curriculum Vitae

### **III. ENDORSEMENTS**

- A. Funding Source
- B. Institutional Review Board approval, if applicable
- C. Letters of Support (from involved parties, such as regional director(s), warden, district chief probation officer(s), regional administrator(s), or other VADOC administrators or executive staff)

# Virginia Department of Corrections

## RESEARCH AGREEMENT

This research agreement is submitted with the research proposal. The following is to be completed by the principal researcher.

Project Title: \_\_\_\_\_

Project Starting and Ending Dates: \_\_\_\_\_

Expected Date Final Report Due: \_\_\_\_\_

Submit a copy of the research report to the Research & Management Services Unit.

I, the undersigned, hereby do affirm that I and all of my research staff have read, understand, and agree to abide by the Commonwealth of Virginia Board of Corrections' *Regulations for Human Subject Research* (Effective January 12, 1995).

\_\_\_\_\_  
(Name of Principal Researcher)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Academic/Professional Affiliation)

\_\_\_\_\_  
(Street Address)

( ) \_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(Signature of Principal Researcher)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Advisor, if applicable)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of HRRC Chair)

\_\_\_\_\_  
(Date)