CSKT TRRB Project Application Form

Non-Human Participant Related Research

Tribal Research Review Board Confederated Salish & Kootenai Tribes

P.O. Box 278 · Pablo, MT 59855

Phone: 406.675.2700 ext. 1273 • Email: mattea.grant@cskt.org

Please understand that the timeline for reviewing and approving research projects may take at least 1-2 months or several months. The CSKT Research Review Board Director can assist with the project; however, it is not responsible for obtaining permissions or approvals. The researcher(s) are responsible for obtaining all permissions prior to beginning any projects. Failure to obtain permission can result in delayed review or denial of the project.

You may not start this project until all approvals have been completed.

PLEASE LIMIT ANSWERS TO THE SPACE PROVIDED, USING SIZE 10-12 TYPE.

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	ence abstract of your project. This description will be available rebsite providing documentation of research occurring on the
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on a public-facing w	rebsite providing documentation of research occurring on the
_	ficance of the project. What is the significance/purpose of the
tudy? (Please prov	ide a brief 1-2 paragraph explanation in lay terms)
Qľispé people, Ksan	ntences, please explain how this project would benefit the Séliš- nka people, and/or Confederated Salish & Kootenai Tribes in ond increasing knowledge).
Who is the intende	ed audience for this project?

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2. Investigator background
We are interested in knowing more about the researcher(s) and prior work to gain a better understanding of the work
being proposed
What is your Relationship with CSKT?
Who are you? Describe your background, including where you are from.
, <u>, , , , , , , , , , , , , , , , , , </u>
Why are you interested in this research (project) topic?
Who have you talked to in the community?
What is your experience working with Tribal Communities? Including describing your
relationship working with tribes.
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3. Investigator Information

*additional Investigators please attach list
* Student projects must be submitted with a faculty member listed as Secondary Investigator or Project Supervisor.

Drinci	pal Investigator:			Secondary Investig	ator or	
FIIIICI	pai investigator.			Project Supervisor*		
Tribal	Affiliation:			Tribal Affiliation:		
Posit	ion/Role:			Position/Role:		
Orgai	nization:			Organization:		
Depar	tment:			Department:		
Depar	tment Phone:			Department Phone	:	
Conta	ct Phone:			Contact Phone:		
Conta	ct Address:			Contact Address:		
City/S	state/Zip:			City/State/Zip:		
E-Mai	l Address:			E-Mail Address:		
Webs	site:			Website:		
Princi	pal Investigator	is:				
	SKC Faculty or Staff		Employe	ee of CSKT	,	SKC Student
	Outside Researche	r	Other (P	lease specify:)		
Гуре	of Project:					
	Research		Grant A	ctivity		Class Project
	Other (please speci	fy):	•			

4. Project Funding & Outcome

* Please attach a copy of the funding application and/or award documentation.

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Present/Proposed Source of Funding:				
Anticipated Project Start Date:	F	Anticipated Project End Date:		
Grant Title:	(Grant Number	:	
Amount awarded or sought:	ls this	Grant renewa	ble?	
Will this project potentially be published?				
Will this project potentially generate revenue?				
If yes, please explain:				
Do you have a deadline?				
Have you reported a financial conflict of interest your institution? *If yes, attach a copy of the management plan or the institution's determination of conflict of interest for this research project.	to			
5. Project collaboration and coordinatio				

Please list the departments, institutions, agencies, or other entities participating in this research, either on or off the Flathead Indian Reservation. A letter of approval from each reviewing department is required.

Name, contact information, address of department, institute, agency, or other entity	Letter of Site Permission Attached (yes/no)

Project Personnel List:

Name of individual:	Project Role:

6. Research materials or information to be recorded or gathered, data protection, and intellectual ownership:

Types of information to be recorded or gathered. Check all appropriate blanks below.

Audio taping	Videotaping	Historical data from CSKT tribal members, reservation resources, or other sources *please fill out Cultural Committee application	Natural Resource Sampling *please fill out additional NRD application
Photography	Web-based research	Biological Samples	

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Management, security, and ownership of data

Explain 1) How the above media or samples will be used; 2) how they be safeguarded during the project; and 3) after the project's completion, how/when they will be destroyed or where they will be archived or stored and who shall own them.

<u>Cultural Considerations:</u>
Please check all appropriate boxes below. Note: cultural knowledge or materials may be considered intellectual property of the Confederated Salish and Kootenai Tribes.

Contact with tribal elders
Health and Lifestyle Behaviors specific to tribal members
Other (explain below)
se explain further:

7. Project Description:

Methods and Procedures:

Describe the methods and procedures. Describe the instrumentation and procedures and the kinds of data or information to be gathered. Provide enough detail to be understood and evaluate the activities (avoid technical/scientific jargon) (expand box as needed):			

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Research tool	s
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questionnaires, surveys, and/or assessment instruments/	measures used in the project. Submit
copies of all research instruments, tools, surveys, etc. with	n the application.
Community/stakeholder involvement	
Community/stakeholder involvement	
Plans to Involve Community/Stakeholders in Research	h and Return Results to the
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Describe benefits to the community. Discuss the benefits of the research, if any, to the
community.
Describe in detail any risk to the individual participant(s) and/or community. Also provide
them methods that will be used to minimize risks.
them methods that will be used to minimize risks.
Dissemination of results
Plans for dissemination of results. How will the results of this project be reported? For examp
will they be published, presented at conferences, sent to other agencies or individuals, or
distributed in other ways. Note that per CSKT Ordinance 110-A.

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By signing this CSKT Research Application Form, the researcher(s) agrees to the following:

- The research project will not be implemented until the researcher receives final approval for the proposed project from the CSKT TRRB and Tribal Council.
- The researcher will inform CSKT TRRB in writing of any adverse or unanticipated problems, delays, or any unauthorized release of data as soon as possible and no later than the next business day.
- If the researcher(s) want to make any changes to the approved research project and/or protocol, he/she/they will complete our APPLICATION AMENDMENT FORM and submit it to the CSKT TRRB, and wait for approval before implementing the changes.
- CSKT approval for research applications is provided for up to one year only. After one year (or earlier, if CSKT TRRB deems it appropriate), approval for the research terminates, and the research must stop unless the researcher submits a request for an extension and it is approved.
- When research is completed, the researcher must submit a final report to the CSKT TRRB (and, if applicable, the SKC IRB). Contact the TRRB director for more information.
- CSKT has the sovereign authority to own all data and review all research products. Please return data in legible formats to the CSKT TRRB upon project completion. All research products must go through a TRRB review before publication.
- The research will comply with all CSKT TRRB researcher responsibilities and roles (and, if applicable, SKC IRB). Please refer to the TRRB Policies & Procedure manual.
- Failure to comply with CSKT TRRB (and, if applicable, SKC IRB) policy, including failure to promptly
 respond to communication from the CSKT TRRB and/or SKC IRB, constitutes non-compliance.
 Researcher(s) acknowledge that CSKT TRRB may to revoke approval if researcher(s) do not follow the
 terms of the approval and/or established policies and procedures.

Required Signatures:

Principal Investigator:	Date:	
Secondary Investigator or Project Advisor (if any):	Date:	