Collaborating Agency:
Contact Person:
Phone #: 
E-Mail:

Project Title and Description:

Brief description of goals, objectives and activities:

Funding Source, if any:

If this is in response to a funding opportunity, please provide the following information:
Funding Amount:
Funding Period:
Letter of Intent Deadline:
Proposal Deadline:

List any past collaboration with AHS, including key AHS staff involved:

Collaborating AHS program/department for this project:

How does this collaboration fit into the goals of AHS?
1. Improve the health and well-being of Asian & Pacific Islanders ___Yes ___No (Please explain)
2. Does it build either AHS or community capacity? ___Yes ___No (Please explain)

AHS Role:
• What are the duties/ responsibilities expected from AHS?
• What are the expected monetary or in-kind contributions from AHS?
• What kind of data or information is needed from AHS, if any?

Collaborating Agency Role:
• What are the monetary and/or in-kind contributions from the collaborating agency?

Collaborative Arrangements:
• Will AHS be a co-director of the project? ___Yes ___No
If not, please explain reason(s):
• Will the decisions be made jointly in the following areas?
  □ Project development
  □ Project implementation
  □ Budget
  □ Dissemination
• Is the grant amount, if any, divided evenly among the collaborators? ___Yes ___No
If no, what portion of the grant request is for the community (including AHS)? ___%

- How will disagreements be handled?

**Benefits to the Community:**
- Please specify plan for broader community involvement in all phases of the project, if any.
- Please specify plans for presentation of the project outcome to the community.
- Please specify how this project would contribute to community capacity-building, empowerment or research gaps?

<table>
<thead>
<tr>
<th>For Internal Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit of the project to the community</strong> (1 = low, 10 = high) ________________</td>
</tr>
<tr>
<td><strong>Impact on AHS operations</strong> (1 = high, 10 = low) ______________________________</td>
</tr>
</tbody>
</table>

**Note:** After it is completed by a researcher or research team, this form is scored and reviewed by a committee at Asian Health Services. Committee members include Asian Health Services Medical Director, Associate Director, Community Services Director and other AHS providers.