



**ASIAN HEALTH SERVICES  
COLLABORATION QUESTIONNAIRE**

<b>Collaborating Agency:</b> <b>Contact Person:</b> <b>Phone #:</b> _____ <b>E-Mail:</b> _____
<b>Project Title and Description:</b>
<b>Brief description of goals, objectives and activities:</b>
<b>Funding Source, if any:</b>  <b>If this is in response to a funding opportunity, please provide the following information:</b> <b>Funding Amount:</b> _____ <b>Funding Period:</b> _____ <b>Letter of Intent Deadline:</b> _____ <b>Proposal Deadline:</b> _____
<b>List any past collaboration with AHS, including key AHS staff involved:</b>
<b>Collaborating AHS program/department for this project:</b>
<b>How does this collaboration fit into the goals of AHS?</b> 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)
<b>AHS Role:</b> <ul style="list-style-type: none"><li>• What are the duties/ responsibilities expected from AHS?</li> <li>• What are the expected monetary or in-kind contributions from AHS?</li> <li>• What kind of data or information is needed from AHS, if any?</li></ul>
<b>Collaborating Agency Role:</b> <ul style="list-style-type: none"><li>• What are the monetary and/or in-kind contributions from the collaborating agency?</li></ul>
<b>Collaborative Arrangements:</b> <ul style="list-style-type: none"><li>• Will AHS be a co-director of the project? ___Yes ___No If not, please explain reason(s): _____</li> <li>• Will the decisions be made jointly in the following areas?<ul style="list-style-type: none"><li><input type="checkbox"/> Project development</li><li><input type="checkbox"/> Project implementation</li><li><input type="checkbox"/> Budget</li><li><input type="checkbox"/> Dissemination</li></ul></li> <li>• Is the grant amount, if any, divided evenly among the collaborators? ___Yes ___No</li></ul>

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?

**For Internal Use**

**Benefit of the project to the community** (1 = low, 10 = high) \_\_\_\_\_

**Impact on AHS operations** (1 = high, 10 = low) \_\_\_\_\_

***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.*