**NC TraCS Research Ready Stakeholder Application**

**\*\*Application for stakeholders applying on behalf of an organization\*\***

Thank you for your interest in partnering with NC TraCS to become a Research Ready Stakeholder and help promote the health and well-being of North Carolinians!

Please complete the application below. An overview of the program, as well as instructions on how to complete the form below, are available at <http://go.unc.edu/rrs-overview>. If you have any questions as you are completing the application, please contact us at [engagement.nctracs@unc.edu](mailto:engagement.nctracs@unc.edu).

*Approval of this application by NC TraCS will be followed with a request for the organization’s federal tax identification number, proof of non-profit status or ownership documentation for multiple owner limited liability companies (LLCs). NC TraCS will facilitate the application for university vendor status but cannot guarantee university acceptance of the vendor application.*

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1. **Organization name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Primary contact first name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Primary contact last name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Organization address (street, city, state, zip)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Primary contact phone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Organization fax number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Primary contact email address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Please provide descriptive information about your agency/organization, including its mission statement, populations served, & previous health research collaborations (if applicable), as well as any other information that helps NC TraCS to get to know your organization.** *Please highlight any experience your agency/organization has specifically related to the underrepresented populations, patient populations, and health priorities mentioned in the program's overview document.*
9. **Please describe how your agency/organization would like to collaborate with health researchers as a Research Ready Stakeholder.** *Please include the exact types of services and expertise your agency/organization is willing and able to provide.*
10. **Please describe agency/organization's** **experience working with constituent communities in North Carolina.** *(E.g. the communities that your agency/organization represents or serves.)*
11. **Please describe how your agency/organization envisions involving these constituent communities in its work as a Research Ready Stakeholder.**
12. **In the past 12 months, how many UNC research projects compensated your organization for feedback/collaboration as a research stakeholder (not as a research participant)? \_\_\_\_\_\_\_\_** *Note: Research Ready Stakeholders are not required to have collaborated with or been compensated by UNC researchers in the past. Your answer to this question will only be used to help us evaluate the program, and will be not be considered as key criteria when reviewing your application.*
13. **Please provide contact information for three references whom we may contact.** *Include name, relationship to your agency/organization, and best way to reach them. These references should be able to speak to your ability to serve as a health research stakeholder.*

**Reference 1:**

**Reference 2:**

**Reference 3:**

1. *All applicants must also join the NC TraCS Stakeholder Network by completing the brief interest survey found here:* [*http://go.unc.edu/stakeholder*](http://go.unc.edu/stakeholder)*. If you have not already done so, please complete this survey that will tell us more about your organization’s skills, needs, and capacity.*

**Has your organization completed the NC TraCS Stakeholder Network Survey? \_\_\_\_YES \_\_\_\_ NO**

**By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge.**

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Signature Printed name Date

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Please submit your application and resume via email to the NC TraCS Community Engagement Program at [engagement.nctracs@unc.edu](mailto:engagement.nctracs@unc.edu), or via postal mail at:

Community and Stakeholder Engagement Program: *Research Ready Stakeholder* Program

The North Carolina Translational and Clinical Sciences (NC TraCS) Institute

University of North Carolina at Chapel Hill

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Chapel Hill, NC 27599-7064