**Inquiry Form for Conducting Research with the SAAF Programs**

*Please complete and submit this form, along with any attachments, to Tracy Anderson at* *tnander@uga.edu**.*

Which SAAF Program are you interested in using in your research?

|  |  |
| --- | --- |
|   | SAAF |
|   | SAAF-Teen |

|  |  |
| --- | --- |
| **Principal Investigator** |   |
| **Institution/Organization**  |   |
| **Other Investigator(s) and Affiliated Institution(s)**  |   |
| **Proposed Funding Source** |   |
| **Proposal Deadline** |   |
| **Proposal Review Date** |   |

**PROPOSED STUDY DETAILS**

|  |  |
| --- | --- |
| **Proposed Title of Study** |   |
| **Aims of Study/Research**  |   |
| Proposed Study Timeline |   |
| Planned Adaptation(s) of Program (if applicable) |   |
| Planned Measures: |   |
| What, if any, other data will be collected? |   |
| Description of the sample |   |
| Research Design |   |
| Evaluation Plan  |   |