The purpose of this form is to provide detailed project information to the reviewing authorities. The information provided will be used to determine which SCO regulations and policies apply. This form must be completed in its entirety.

* **Only the USMC HRPP/IRB and Survey Control Officer may issue determinations and approvals. Investigators cannot make determinations themselves, including potential exclusions.**
* You must include a copy of any proposed data collection tools (survey/focus group/interview/listening session questions, interview guides, etc.) along with this form when submitting for USMC SCO approval.
* All proposed data collection tools should inform individuals of the following: 1) participation is completely voluntary; 2) participants may end participation at any time; 3) participants may skip any questions they don’t wish to answer; 4) all answers will be held confidential; 5) participants’ anonymity will be protected
* Once the Survey Control Number is issued by the USMC SCO, it should be prominently displayed so participants know that the survey is endorsed & has been approved by the USMC

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| *NOTE: According to DODI 8910.01, a survey is the systematic collection of information from people to gather information about what they think about a subject, either as individuals or as representatives of a larger organization* |

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| **Project Title:** | Click here to enter text. |
| **Principal Investigator:**  *Name & Title* | Click here to enter text. |
| **Email Address:**  **Contact Phone #:** | Click here to enter text.  Click here to enter text. |
| **Date of Submission:** | Click here to enter text. |

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| **Are you USMC Personnel** | **Yes  No** | **USMC Department/Division/Branch where you are located**  *Click here to enter text.*  **Geographic location where you are located**  *Click here to enter text.* |
| **Are you an Extramural Researcher Located OUTSIDE the USMC** | **Yes  No** | **Name & geographic location of outside institution:**  *Click here to enter text.*  **N/A** |
| **Are you a Student Researcher**  **If you are student, did the USMC assign you to school (i.e. NPS or San Diego State) or are you attending on your own** | **Yes  No**  **I was assigned by the USMC**  **I am attending on my own** | **Name & geographic location of academic institution:**  *Click here to enter text.*  **N/A**  **Academic Advisor:**  *Click here to enter text.*  **N/A** |
| **Planned Inclusive Project Dates (start and end):** | *Click here to enter text.* | |
| **Prepared by - if different from PI:**  *Include Name, Role, Email* | *Click here to enter text.*  N/A | |

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| Is There Funding involved?  Yes  No  (NOTE: Consult with a USMC HRPP office to ensure the proper review process is followed.) | Describe the Source of the Funding  *Click here to enter text.*  Provide contract/agreement #  *Click here to enter text.* |

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| ***Check ALL that apply to this project.*** | |
|  | **Someone BESIDES the person listed as the Primary Investigator will ACTUALLY conduct the data collection.**  **Please specify who will actually be collecting the data**  **Internal researcher inside the USMC - Name & email:** Click or tap here to enter text.  **External researcher in the DOD, but outside the USMC - Name & email:** Click or tap here to enter text.  **External researcher in the Fed Govt, but outside the DOD - Name & email:** Click or tap here to enter text.  **An external civilian who is outside the Fed Govt such as a contractor - Name & Email:** Click or tap here to enter text.  ***(NOTE: If you checked this box, before submitting to the USMC HRPP/IRB Office & Survey Control Office, you must submit your study to the HRPP/IRB authority that aligns with the person collecting the data for a Human Subjects Research determination. For example, if the data collector is an external contractor that is collecting data for someone in the USMC, the DOD, or another Fed agency, they must also obtain an external IRB determination, which may come from their own organization, or if one is not in-house, from a commercial IRB company. If the data collector is external to the USMC but inside the DOD or other Fed Govt agency, they must obtain a Human Subjects Research determination from their own govt agency. External IRB approval must be included in your submission package.)*** |
|  | **This data collection instrument is being distributed to all active-duty and/or all reserve Marines across the *entire* USMC?**  **(*NOTE: If your checked this box, before submitting to the USMC HRPP/IRB Office & Survey Control Office, a hard copy of this project must be routed up to the USMC DMDC for approval for use across the entire USMC. DMDC approval must be included in your submission package*. *You must also obtain a GO/SES Letter of Support allowing you to survey the entire USMC at once.*)** |
|  | **This *OVERALL* complete study includes other DOD populations (other branches of the military) outside of the Department of the Navy/USMC.**  **Please specify which branches outside the Navy/USMC will be included *(check all that apply)*:**  **Army  Air Force  Coast Guard  Space Force  Other**  **(*NOTE:* *If you checked this box, before submitting to the USMC HRPP/IRB Office & Survey Control Office, you must submit your study to the Office of People Analytics, or OPA, to obtain approval to conduct your study across multiple branches on the military, along with a DD3128 & Supporting Statements A & B, to the following*:** [**dodhra.mc-alex.dpac.mbx.dod-survey-review@mail.mil**](mailto:dodhra.mc-alex.dpac.mbx.dod-survey-review@mail.mil) **. *OPA approval must be included in your submission package*. )** |
|  | **The study will include one, or more, of the following populations that are considered by OMB to be members of the public.**  **Please specify which members of the public will be included *(Check all that apply)*:**  **Veterans (including retirees)  Reservists Who Are Not Currently on Active Duty  Spouses  Children  Other Dependents  Government Contractors  Other**  **(*NOTE:* *If you checked this box, before submitting to the USMC HRPP/IRB Office & Survey Control Office, you must submit your study to the USMC Liaison to the Office of Management and Budget, or OMB, for approval to include members of the public in your study, along with Supporting Statement A & B to the following:*** [**smb\_hqmc\_reports@usmc.mil**](mailto:smb_hqmc_reports@usmc.mil) **. *OMB approval must be included in your submission package*.)** |
|  | **The study will include civilian employees.**  **If the study includes civilian employees, will the topic be something outside the realm of their job?**   **Yes  No**  **(*NOTE: If you checked this box, before submitting to the USMC HRPP/IRB Office or Survey Control Office, you must email the USMC Union reps who at the current time are Erica Ramirez-Brown, at*** [**erica.ramirez-brown@usmc.mil**](mailto:erica.ramirez-brown@usmc.mil) **, *& Sarah Torres-Ferrick, at*** [sarah.l.torres-ferrick.civ@usmc.mil](mailto:sarah.l.torres-ferrick.civ@usmc.mil) ***, to obtain their approval to include civilian employees in your study. Union approval must be included in your submission package*. )** |
|  | **The project involves controversial, or high-visibility, topics (e.g. sexual assault, suicide, substance abuse, domestic abuse, racial or gender issues, abortion, COVID, Ukraine, housing or food insecurity, etc. The list of topics changes frequently, so it is best to reach out to OMB if you are in any doubt)?**  **Please describe the topic & why it is necessary to collect data on it**. *Click here to enter text.*  **(*NOTE:* *If you checked this box, before submitting to the USMC HRPP/IRB Office & Survey Control Office, you must submit your study to OMB for approval to include topics of special interest in your study, along with Supporting Statement A & B to the following:*** [**smb\_hqmc\_reports@usmc.mil**](mailto:smb_hqmc_reports@usmc.mil) **. *OMB approval must be included in your submission package*.)** |
|  | **The project will be collecting Personally Identifiable Information, or PII, (names, email addresses, phone numbers, full EDIPI, and/or other identifying characteristics).**  **What is the SORN that permits you to collect PII?**  *Click here to enter text.*  **(*NOTE: You must have a compelling research interest for collecting PII, i.e. conducting a pre- & post-test in which you must match subject responses, & be able to cite a SORN that allows you to do so. Wanting to have the data available for potential inclusion in future research is NOT a compelling research interest, & you are NOT ALLOWED to collect PII for this purpose.)***  **If you are collecting PII, where will it be stored**? *Click here to enter text.*  **If you are storing PII is your storage system/device PIA approved?**   Yes  No  **(*NOTE: If you checked this box, before submitting to the USMC HRPP/IRB Office & Survey Control Office, you must submit your study to the USMC Privacy Officer, Deborah Cantaoi, at*** [***deborah.contaoi@usmc.mil***](mailto:deborah.contaoi@usmc.mil) ***, to obtain approval for collecting PII, including the SORN which allows its collection, the PIA Statement that authorized electronic storage, & the Privacy Statement. USMC Privacy Officer approval must be included in your submission package.*)** |

***Please answer ALL of the following questions. Do not skip any, and be as thorough as possible.***

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| 1. **What is the intent and objective of the project?** |
| *Click here to enter text.* |

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| **2)**  **Provide a brief background description of the entire project. *Who is involved, what is proposed, where and when it will occur. Remember to describe all activities.*** |
| **WHO is being *included*?** **Provide a full description of all of the categories of participants that you will include. If Marines are being included, describe the components of Marines in the requested research population (e.g. active-duty, IRR) and the specific installation(s) where they are located.**  *Click here to enter text.*  **WHO is being *excluded*?**  *Click here to enter text.* |
| **WHAT do you propose to do?** **Give a thorough, step-by-step description of the project.**  *Click here to enter text.* |
| **WHERE will you conduct this project?** **Include all geographic potential locations, including online if applicable.**  *Click here to enter text.* |
| **WHEN will the project occur (projected beginning & ending dates)?**  *Click here to enter text.* |

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| **3) Describe what risks the project poses to individuals or the population & explain how the potential benefits outweigh the risks.** |
| *Click here to enter text.* |

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| **4) Describe how and by whom data will be generated and how the data will be analyzed (quantitative &/or qualitative, what statistical analysis will be utilized)?** |
| *Click here to enter text.* |

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| **5) Who will have access to this data (during and after project completion)?** |
| *Click here to enter text.* |

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| **6) Describe how results will be used (i.e., Internal to a department, M&RA, USMC/DoN, publication in journal articles, inform congressional testimony).Indicate if reports or briefs will be presented in a forum where it would be possible to identify the participants?** |
| *Click here to enter text.* |

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| **7) To whom, & how, will the data and results be reported? Will the data be aggregated, or will results be reported by individual participant?** |
| *Click here to enter text.* |

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| **8) Describe how will participants be recruited?** |
| *Click here to enter text.* |

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| **9) What is the anticipated sample size (the total number of subjects that you expect, or hope, to participate)?** |
| *Click here to enter text.* |

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| **10) Surveys, Focus Groups, Interviews, Listening Session, & Other Similar Data Collection Efforts** |
| 1. **What kind of data collection instrument will be used to collect opinions from participants?**   **Survey  Focus Group  Interview  Listening Session  Other** |
| 1. **Will the data collection effort be conducted in-person (face to face) or virtually (online)?**   **In person  Virtually  N/A** |
| 1. **If the data collection effort will be conducted in person, list *all* geographic locations where will that occur (including the names of each base)?** *Click here to enter text.* |
| 1. **Describe how the data collection instrument will be administered (online, including the name of the survey administration platform; in-person; pencil & paper; tablet, etc.):** *Click here to enter text.* |
| 1. **Are you using an already published survey?**   **Yes  No** 2. **Please list any pre-published surveys that you are using in this project.**  *Click here to enter text.* |

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| **11) If this submission is a modification of a previously approved data collection effort, what, specifically, did you alter? Please be specific.** |
| *Click here to enter text.* |

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| **Acknowledgments**  **Read the statements and sign below. Contact the respective office if you have any questions or need guidance.** |
| You must receive a written determination and approval from the USMC HRPP/IRB office before initiating any activities. If activities include surveys or interviews, the Survey Control Office must issue a written determination/approval and you must be issued a Survey Control Number before beginning subject recruitment, data collection, or data analysis. Any subsequent use of data for the purposes of generalizable research may require IRB oversight and should be submitted to the IRB office for determination. |

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| **Signature:** | *Click here to enter text.* |