CONFEDERATED TRIBES OF THE COLVILLE RESERVATION Research Permit Application

You must fully complete the top section of this page and answer all the questions on pages 2–4. If you need additional space to thoroughly answer a question, please feel free to attach a separate sheet of paper. If you have documents regarding your study, survey, or research project that was presented to an institutional review board or any funding authority please attach a copy of those documents, or any other documents you think will be helpful in providing a thorough review of your application.

Once completed return the application to: Brock Belgarde, Archivist, CCT Archives & Records Center, for processing. You can reach him at 509-634-2148, or at brock.belgarde.arc@colvilletribes.com . Thank you.

Name of Research Project:
Project Representative:
Project Address:
Project Phone & Email Address:

OFFICE USE ONLY (Do not complete this section.)

The attached Research Permit Application has been reviewed by the following programs/departments with/without recommendation(s):

Program Manager:	Date:
Program:	
Recommendation(s):	
Department Director:	Date:
Division:	
Recommendation(s):	
Reservation Attorney:	Date:
Recommendation(s):	
Executive Director:	Date:
Recommendation(s):	
Colville Business Council Committee(s) to review:	

CCT RESEARCH PERMIT #_____

CONFEDERATED TRIBES OF THE COLVILLE RESERVATION RESEARCH PERMIT APPLICATION

Name of Applicant:				
Mailing Address:			·	
Phone Number & Em	ail Address:			
Type of Applicant:	□ Individual	□ Agency	Corporation	□ Institution
What is the purpose o Colville Tribes? (be b		survey, or research	project, and what how w	vill it benefit the
L				•

Is this study, survey, or research project being conducted for profit? If yes, please explain:

What is the source of funding to conduct this study, survey, or research project?

What is the projected or actual amount to conduct study, survey or research project: \$_____

What are the names and addresses of all person authorized to be involved and/or participate in conducting the study, survey, or research project, including those who will not be present on the Colville Indian Reservation during the term of the project:

The proposed dates between which the study, survey, or research project will be conducted on the

Reservation are: From:_____ To:____

What is the location of the study, survey, or research project, and what is the location of the sources to be researched:

CCT RESEARCH PERMIT #_____

Describe the steps to be taken to ensure the protection of the rights of individual tribal members and their families as well as the rights of the Confederated Tribes of the Colville Reservation:

What is the methodology for conducting this project (be concise):

Describe the intended final product of this project:

Is publication intended: Yes No. If yes, please explain:

How will the results of the research be used?

Proposed Tribal Program(s) and or Employee(s) identified to assist/supervise the study, survey, or research:

Program:	Contact:
Program:	Contact:
Program:	Contact:

CCT RESEARCH PERMIT #_

Program:	
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Contact:__

ASSURANCES

I, _____, have read and understand the Confederated Tribes of the Colville Reservation ("Tribes") Research Regulations, CTC Ch. 6-6, and agree to adhere to its contents.

I understand that the Research Permit is conditional and may be canceled at any time if the study, survey, or research project is deviating or has deviated from the study design approved in the granting of the Research Permit, or is deviating or has deviated from any provisions of the required underlying agreement upon which issuance of the permit is based.

I will ensure that during the course of the study, survey, or research project that the Office of the Tribal Chairman receives at least one copy of all interim and/or progress reports, and the final report resulting from the study, survey, or research project.

I understand that the Tribes may charge a fee for issuance of a Research Permit if the study, survey, or research project is conducted for profit or it the results of the study, survey, or research project, or its publication, are intended to or are likely to produce financial benefit to the individual, corporation, agency, or institution conducting the study, survey, or research project. I also understand that the Tribes may require a performance bond prior to issuing any permit.

I further understand that as a condition of receiving a Research Permit the research must comply with:

- (1) the National Research Service Award Act, Pub. L. No. 93-348, 88 Stat. 342, as amended and as implemented by 45 C.F.R. pt. 46;
- (2) all laws, ordinances, and codes of the Tribes regarding the protection of human subjects involved in the research, development and related activities; and
- (3) any and all laws, regulations, policies, procedures, and agreements applying to the study, survey, or research project.

I further understand that failing to comply with this permit will subject me to any and all civil or criminal penalties available to the Tribes pursuant to the Tribes' Law and Order Code and any other applicable law, including but not limited to exclusion from Tribal property and criminal trespass.

I further attest that the information provided in this application for a research permit is true and correct and I understand that false information may result in denial or cancellation of a research permit application.

Signature

Date

Print Name & Title