## 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: Karen Condon, Program Manager, CCT Archives & Records Center, for processing. You can reach her at 509-634-2148. 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 with/without recommendation(s):	g programs/departments				
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 #
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Name of Applicant:_				
Mailing Address:				
Phone Number & Em	ail Address:			
Type of Applicant:	☐ Individual	☐ Agency	☐ Corporation	☐ Institution
What is the purpose of Colville Tribes? (be b		survey, or research	project, and what how	will it benefit the
Is this study, survey,	or research project be	ing conducted for pr	ofit? If yes, please exp	lain:
What is the source of	funding to conduct th	is study, survey, or	research project?	
What is the projected	or actual amount to c	onduct study, survey	y or research project: \$	
	research project, inclu		e involved and/or particular not be present on the C	
The proposed dates b	etween which the stud	lv. survev. or researc	ch project will be cond	ucted on the
	1:		To:	
			nd what is the location	of the sources to be

	nsure the protection of the rights of individual tribal members and their confederated Tribes of the Colville Reservation:	
What is the methodology for cond	ucting this project (be concise):	
Describe the intended final produc	t of this project:	
Is publication intended:  Yes	☐ No. If yes, please explain:	
How will the results of the research	h be used?	
Proposed Tribal Program(s) and o research:	Employee(s) identified to assist/supervise the study, survey, or	
Program:	Contact:	
Program:		
Program:	Contact:	

Program:	Contact:			
ASSURANCES				
I,	, have read and under Research Regulations, CTC Ch. 6	estand the Confederated Tribes of the 4-6, and agree to adhere to its contents.		
or research project is deviating	or has deviated from the study des g or has deviated from any provision	anceled at any time if the study, survey, ign approved in the granting of the ons of the required underlying agreement		
	copy of all interim and/or progress	ch project that the Office of the Tribal reports, and the final report resulting		
research project is conducted for publication, are intended to or	or profit or if the results of the stud are likely to produce financial bene ng the study, survey, or research pro	search Permit if the study, survey, or y, survey, or research project, or its fit to the individual, corporation, oject. I also understand that the Tribes		
I further understand that as a co	ondition of receiving a Research Pe	rmit the research must comply with:		
(1) the National Research implemented by 45 C.1		-348, 88 Stat. 342, as amended and as		
	nd codes of the Tribes regarding the pment and related activities; and	e protection of human subjects involved		
(3) any and all laws, regul or research project.	ations, policies, procedures, and ag	reements applying to the study, survey,		
penalties available to the Tribe		bject me to any and all civil or criminal Order Code and any other applicable and criminal trespass.		
	tion provided in this application for rmation may result in denial or can	a research permit is true and correct cellation of a research permit		
Signat	ure	Date		
Print Name	& Title			

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