

**Research Institute of Texas/Research and Evaluation Division
Harris County Department of Education**

Project Request Form

Client Information

Name:

Organization/Division:

Address:

Telephone:

Email:

Project Name:

Today's Date:

Due Date:

Services Requested (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Research Project | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Survey Research | <input type="checkbox"/> Technical Assistance | |
| <input type="checkbox"/> Proposal Evaluation Design | <input type="checkbox"/> Process Monitoring | |

Describe Project:

Do you have funding for the service(s) requested? Yes No

If yes, who is the Funder?

Project Specifications

Report Requirements:

Color/Black & White

Number of copies

Electronic copy

Other

Internal Use Only

Person Responsible:

Access Project Number:

Submission

RFP:

Copy of Proposal:

Project Guidelines:

Other:

Service Components

- | | |
|--|--|
| <input type="checkbox"/> Goals & Objectives | <input type="checkbox"/> Data Collection and Analysis |
| <input type="checkbox"/> Logic Model | <input type="checkbox"/> Process Monitoring/Formative Evaluation |
| <input type="checkbox"/> Evaluation Plan | <input type="checkbox"/> Outcome Evaluation/Summative Evaluation |
| <input type="checkbox"/> Interviews/Focus Groups | <input type="checkbox"/> Needs Assessment Plan |
| <input type="checkbox"/> Survey Development | <input type="checkbox"/> Scannable Surveys |
| <input type="checkbox"/> Web Surveys | <input type="checkbox"/> Reports <input type="checkbox"/> IRB Review |

Contract Period:

Date of Signed Contract

Accepted Project Cost:

Invoice Numbers:

Completion Date:

Send to: Dr. Jeannette Truxillo, Director
(713) 696-8291 - jtruxillo@hcde-texas.org

