**ECA MELI Unit Data Request Form**

Draft, [insert date here]

*This form should not exceed 10 pages once complete.*

**[Project Title]**

**Data Requestors**

*List all individuals who will have access to these data. Please also list their affiliation, contact information, and their role on the project.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Title | Affiliation | Contact Information (email) | Role on the project |
|  |  |  |  |  |
|  |  |  |  |  |

**Requested Datasets**

*List all requested datasets here.*

**Project Purpose and Plan**

*This section should provide an understanding of the research questions, why these questions are of importance to the Bureau of Educational and Cultural Affairs’ MELI Unit, the methodology that will be used, and how the requested data will be used for the project. This section can be used as a form of proposal, explaining the research, how it will be conducted, and its importance.*

**Anticipated Duration of Project and Timeline**

The proposed duration of the project is [X] months.

*Use the table below to further detail the timeline. The timeline should include activities such as cleaning data, merging data, conducting specific analyses, and estimated timeframe for dissemination, such as publications, presentations, or any public use products. You are encouraged to attached additional documentation of needed.*

|  |  |
| --- | --- |
| Project Activity | Anticipated Completion Date |
|  |  |
|  |  |

**Data Security Plan**

*This section should provide an understanding of how the data requestor plans to manage the data upon receipt, how the data will be stored, who will have access to the data, and what (if any) data will be included in any publications, presentations or any public use products.*

**Institutional Review Board**

Will your project plan be reviewed by an Institutional Review Board (IRB)? YES \_\_\_ NO \_\_\_

*NOTE: An IRB is required for all academic requestors.*

**Data Protection Statement**

I, [Name(s) of Data Requestor(s)] will not in any manner, directly or indirectly, make known, disclose, publish or communicate the dataset itself, or any part thereof to any person, firm, or corporation without the express written consent of the MELI Unit.

I [Name(s) of Data Requestor(s)], will not attempt to re-identify data subjects, including linking this dataset to external data and sharing data without permission.

I, [Name(s) of Data Requestor(s)] shall not retain any copies of such data, or any part thereof (such as subsets).

**I hereby certify that, to the best of my knowledge, the provided information in this Data Request form is true and accurate. By signing below, I agree to the terms of the above outlined data protection statement.**

**Data Requestor(s) Signature**

*Additional signature lines may be added as needed.*

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*Name Date*

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*Name Date*

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*Name Date*

**Signature of Academic Advisor**

*If one or more Data Requestor(s) is a student at an Academic Institution*

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*Name Date*

**Signature of Institutional Review Board Chair**

*If project was submitted to an IRB review.*

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*Name Date*

**Signature of Organizational Representative**

*If requestor is from a non-academic organization.*

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*Name Date*

**To be completed by ECA:**

* Who “owns” the data? Was the data collection purely ECA-financed? Or was it done in partnership with another entity (government, implementing partner, other researchers)?
* Was the data collected under any IRB review/clearance? (If applicable) Does the original IRB review/clearance provide for data sharing?
* Does the informed consent language place any limitations on sharing this data?
* What harm (if any) could arise to respondents if these data were to be released?

**ECA Decision: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_**

**ECA Signature**

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*Name* *Date*