**COMMUNITY COLLABORATION DATABASE FORM**

***(Fields in bold & highlighted with an asterisk\* are mandatory)***

***Note: Fields may be edited later in year to increase number of clients served, student/faculty participants, etc.)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Community Collaboration** | | | | | | |
| **Community Collaboration Affiliate\***  *The specific name of the community entity with whom NSU has an affiliation (may or may not be a formal agreement) e.g., Broward Sheriff’s Office, Dr..C Jones.* | | |  | | | |
| **Project Name/Activity\***  *A specific endeavor jointly pursued by NSU in association with the Community Collaboration Affiliate listed above ( e.g., Camp Boggy Creek, America Reads, Gang Prevention Program, Primary Care Preceptorship* | | |  | | | |
|  | | |  | | | |
| **NSU Contact** | | | | | | |
| **NSU Academic or Administrative Unit\*** | | (Drop Down Box – select “College of Osteopathic Medicine”) | | | | |
| **NSU Contact\*** | |  | | | | |
|  | |  | | | | |
| **Community Contact** | | | | | | |
| **Name\*** | |  | | | | |
| **Organization Name\*** | |  | | | | |
| Website | |  | | | | |
| **Community Contact Email\***  (if not known, type NSU Dept email contact) | |  | | | | |
| **Address\*** | |  | | | | |
|  | |  | | | | |
| **City\*** | |  | | | | |
| **State\*** | |  | | | | |
| **Postal Code\*** | |  | | | | |
| **Phone\*** | |  | | | | |
| Year Organization Founded | |  | | | | |
| **Type(s) of Affiliation\*** | | **\_\_ Academic** | | **\_\_ Social** | **\_\_Service** | **\_\_ Clinical** |
| *(You may choose more than one)* | | **\_\_ Research** | | **\_\_ Professional** | **\_\_ Grants** | **\_\_ Special Events/Projects** |
|  | | **\_\_ Development** | | **\_\_ Other** |  | |
|  | |  | | | | |
| **Location of Service Provision** | | | | | | |
| **Campus\*** | | (Drop Down Box –select “Other” for community-based activities, and must type in location, e.g., Hospital Name, Physician’s name, e tc) | | | | |
| Multiple Off-campus Locations | |  | | | | |
|  | |  | | | | |
|  | | | | | | |
| **History** | | | | | | |
| Brief description of community collaboration  *(Must include how the activity/project meets the mission of NSU.*  *Include reason for affiliation, if applicable)* |  | | | | | |
| **Brief Description of the specific program\*** |  | | | | | |
| **Inception Date\***  *(This is a month/day/year and may not be exact)* |  | | | | | |
| Completion/Termination *(if appropriate)* |  | | | | | |

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|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding** | | | | | | | | | | | |
| Funding Timeframe | | \_\_ Temporary | | | | \_\_ Permanent | | | | \_\_ Not Applicable | |
| Funding Source | | \_\_Internal Grant | | | | | \_\_External Grant | | | \_\_Contract | \_\_Sponsorship |
| *(see last page for description of each funding source)* | | \_\_In-Kind | | | | | \_\_Donations | | | \_\_Other | |
| Received | | \_\_ Yes | | | \_\_ No | | | | | | |
| Systematic Fundraiser | | \_\_ Yes | | | \_\_ No | | | | | | |
|  | |  | | | | | | | | | |
| **Agreement** | | | | | | | | | | | |
| **Affiliation Agreement Signed\*** | | | | \_\_ Yes | | | | \_\_ No | \_\_ Not Applicable | | |
|  | | | |  | | | |  |  | | |
| **Participants**  *During the calendar year, please provide an unduplicated head count of the number of each of the categories listed. Please indicate number“0” for none. All fields must be filled in. Medical students are “1st Professional”* | | | | | | | | | | | |
| **Faculty\*** | | |  | | | | | | | | |
| **Staff/Administrators\*** | | |  | | | | | | | | |
| **Undergraduate Students\*** | | |  | | | | | | | | |
| **Graduate Students\*** | | |  | | | | | | | | |
| **1st Professional\*** | | |  | | | | | | | | |
| **University School\*** | | |  | | | | | | | | |
| **Community Volunteers\***  *(Non Students Non NSU)* | | |  | | | | | | | | |
| **Schools/Centers\*** | | | (Drop Down Box – Please see last page for selections) | | | | | | | | |
| Clubs/Organizations | | |  | | | | | | | | |
| **Consumers Served\***  *(e.g., an approximate total number of clients/patients/others served in community program by NSU students/faculty)* | | |  | | | | | | | | |
| **Consumer Transactions\***  *(Visits/Training Sessions/Meetings)* | | |  | | | | | | | | |
| **Do students have a leadership role?\*** | | | \_\_ Yes | | | | | \_\_ No | | | |
|  | | |  | | | | |  | | | |
| **Additional Information** *Please provide additional information that highlights the program/project (i.e., annual functions/ formals, collateral material, annual reports, newsletters, brochures.* **(There is a button to upload attachments in the database.)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Objectives** | | | | | | | | | | | |
| Mission |  | | | | | | | | | | |
| Goals |  | | | | | | | | | | |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objectives (cont’d)** | | | | | |
| Objectives |  | | | | |
|  |  | | | | |
| **Assessment, if applicable** *Please provide a brief description of the impact of the project or activity on each of the constituent groups identified.* | | | | | |
| On the Institution |  | | | | |
| On the Students |  | | | | |
| On the Faculty |  | | | | |
| On the Community |  | | | | |
|  |  | | | | |
| **Assessment of Program, if applicable** | | | | | |
| Frequency of Subjective Assessment | \_\_ Upon Service Provision | \_\_ Monthly | \_\_ Quarterly | \_\_ Annually | \_\_ Other |
| Subjective Assessment  *(e.g., participant satisfaction survey)* |  | | | | |
| Frequency of Objective Assessment | \_\_ Upon Service Provision | \_\_ Monthly | \_\_ Quarterly | \_\_ Annually | \_\_ Other |
| Objective Assessment  *(e.g., quantitative assessment of achievement of targeted performance objectives)* |  | | | | |

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|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment of Program, if applicable (cont’d)** | | | |
| How will the assessment mechanism be used to measure the impact of community engagement? |  | | |
|  |  | | |
| **Does the community have a role in the input/planning for the identified community engagement?\***  (If answer ‘yes’, a brief explanation is needed, e.g., Preceptor establishes learning/service goals/objectives with faculty/students) | \_\_ Yes | \_\_ No | \_\_ Not Applicable |
| Is the identified community engagement integrated into curricular activities?  (although this is not a mandatory field, it is preferred that you answer Y or N) | \_\_ Yes | \_\_ No |  |

**ADDITIONAL RESOURCES**

|  |
| --- |
| **Participants - Schools/Centers**  **(Drop Down List)** |
| College of Allied Health and Nursing |
| College of Criminal Justice |
| College of Dental Medicine |
| College of Humanities and Social Sciences |
| College of Medical Sciences |
| College of Optometry |
| College of Osteopathic Medicine |
| College of Pharmacy |
| Computer Information Sciences |
| Center for Psychological Studies |
| Department of Intercollegiate Athletics |
| Farquhar College of Arts and Sciences |
| Fischler School of Education and Human Services |
| Health Professions Division |
| Huizenga Business School |
| Miscellaneous |
| Oceanographic Center |
| Shepard Broad Law Center |
| University School |

|  |  |
| --- | --- |
| **Funding - Funding Source Descriptions** | |
| **Internal Grants** | Chancellor’s Faculty Research & Development Grants, Quality of Life Grants, or HPD Educ. Research Grants |
| **External Grants** | Funding to NSU from any external organization, associated with a specific project |
| **Contracts/Agreements** | Written agreements with external organizations to provide a product or service or to perform a specific research project |
| **Sponsorships** | Support of events, activities, people, or organizations financially or through the provision of products or services |
| **In-Kind** | Means non-cash contributions which directly benefit a project |
| **Donation** | Is a gift given for charitable purposes |