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| 1. Program Manager Approval   (Required for INITIAL Submissions Only) | |
| I have reviewed this application and all documents associated with this project. I have determined that all departmental requirements are met and that the investigators have adequate resources to conduct the project in terms of time, facilities, staff, access to a subject population, and resources. I intend to support the project with the necessary resources.  All research staff on site at LACDMH directly-operated clinics is required to register as volunteers with the LACDMH Human Resources Bureau prior to beginning any research activity. I am responsible for ensuring appropriate supervision, per DMH Policy 600.11.  I certify that I have reviewed the Conflict of Interest Policy, County Policy 608.02, which states that “No employee is permitted to accept any gifts or other considerations from any person, firm or corporation other than the County for the performance of an act that the employee would be required or expected to render in the regular course of their County employment.”  Program/Clinic Site (including Service Area): Click here to enter text. | |
| Print Name: Click here to enter text. | Date: Click here to enter a date. |
| Signature: Digital Image or Physical Signature Only. | |
| 1. DMH Deputy Director Approval   (Required for INITIAL Submissions Only) | |
| I have reviewed this application and documents associated with this project. I have determined that the investigators have adequate resources to conduct the project in terms of time, facilities, staff, access to a subject population, and resources. I intend to support the project with the necessary resources. | |
| Print Name: Click here to enter text.  Title: Click here to enter text. | Date: Click here to enter a date. |
| Signature: Digital Image or Physical Signature Only. | |
| If you have additional sites, complete Part III, Section D. Attach it to the application when submitting to the appropriate individuals. Submit Part III, Section D to the HSRC only after the signatures are obtained.  Additional Program Manager and DMH Deputy Director Approval(s) attached. | |