

FLORIDA DEPARTMENT OF HEALTH Division of Community Health Promotion Public Health Research Section Behavioral Risk Factor Surveillance System (BRFSS) Data Sharing Agreement

Name:
Organization:
Organizational Title:
Phone:
Email Address:
Address:
City, State, Zip
Data Requested (please specify years of data):
Data Requested By:
Project Title:

I understand and acknowledge that:

0	The Florida Department of Health (FDOH) Public Health Research
	Section is the owner of the data. Data obtained pursuant to this
	agreement remains the property of FDOH.

- The data are provided to me for the exclusive purposes of the project described and may not be used for any other purposes without the explicit written approval, in advance, of FDOH.
- Data obtained from this request will not be released to anyone or any other institution in whole or in part, in any format whatsoever without the prior written consent of FDOH.
- o All oral or written presentations of the results of the analyses will be submitted to the FDOH for review at least two weeks prior to the presentation or submission of the presentation to a journal.
- When my project is complete, I will either delete all relevant data files, and will confirm in writing that the data and all copies have been destroyed, or I will return all relevant data files to FDOH.

I have read and agree to the terr	ns and conditions of this data release
agreement.	
Cianatura	— Data
Signature	Date

FLORIDA DEPARTMENT OF HEALTH Division of Community Health Promotion Public Health Research Section Behavioral Risk Factor Surveillance System Project Description Form

Type	of	Proi	ect:
- 3 PC	U	v.,	

- Evaluation
- o Grant Writing
- o Research
- o Other: _____

Project Details

A. Project Staff – List all individuals (names, credentials, and affiliations) that will work with this data

B. Purpose – Describe the main goals of this project

