



***FLORIDA DEPARTMENT OF HEALTH
Division of Community Health Promotion
Public Health Research Section
Florida Youth Survey (FYS) Data sharing Agreement***

Name:

Organization:

Organizational Title:

Phone:

Email Address:

Address:

City, State, Zip:

Data Requested:

Format:

SAS

Excel/CSV

Florida Youth Tobacco Survey (FYTS)

Florida Youth Substance Abuse Survey (FYSAS)

Youth Risk Behavior Survey (YRBS)

Middle School Health Behavior Survey (MSHBS)

For which survey year(s):

Date Needed By:

Project Title:

I understand and acknowledge that:

- 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.
- 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.
- The following statement must appear in all abstracts, articles, presentations, reports, or other publications based on this data:
“The Florida Youth Survey data used in this report were collected by the Florida Department of Health (DOH). The views expressed herein are solely those of the author(s) and do not necessarily reflect those of the DOH.”

I have read and agree to the terms and conditions of this data release agreement.

Signature

Date

***FLORIDA DEPARTMENT OF HEALTH
Division of Community Health Promotion
Public Health Research Section
Florida Youth Survey
Project Description Form***

Type of Project:

- Evaluation
- Grant Writing
- Research
- 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

C. Project Objectives – Describe the main goals of this project

D. Analysis Plan – Describe how you plan to analyze the data

E. Publishing Plan – Describe what you plan to do with your findings

F. Time Frame – List a starting date and anticipated milestones for the project