This form serves as an application to request individual-level data from Georgia’s Academic and Workforce Analysis and Research Data System (GA•AWARDS).

**Please Note: Fields marked with an asterisk (\*) are mandatory. Some questions shown here may not be required in the online application due to logic controls based on previous question responses.**

## Contact Information

Please provide information for the individual requesting data from GA•AWARDS.

NOTE: You must be an authorized researcher at an institution within the Georgia Independent College Association (GICA), the Technical College System of Georgia (TCSG), or the University System of Georgia (USG) that shares data with GA•AWARDS. These institutions are listed in a drop-down box below.

GOSA staff will contact your affiliated organization to verify that you are an authorized researcher. An authorized researcher is a credentialed faculty or staff member responsible for producing research at an institution within GICA, TCSG, or USG.

At this time, these data cannot be requested for use in dissertations or theses.

Please direct all questions to gaawards.support@georgia.gov

1. **Prefix** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **First Name \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Last Name \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Title \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Street Address \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Address Line 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **City \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **State \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. **Zip Code \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. **Phone Number \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. **Email Address \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. **Please upload your CV. \*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ONLY APPLICATIONS FROM AUTHORIZED RESEARCHERS WILL BE CONSIDERED.

You must be an authorized researcher at an institution within the Georgia Independent College Association (GICA), the Technical College System of Georgia (TCSG), or the University System of Georgia (USG) that shares data with GAAWARDS.

If you have questions regarding the designation of authorized researcher, please email gaawards.support@georgia.gov.

1. **System \***

\_\_\_\_ Georgia Independent College Association (GICA) \_\_\_\_ Technical College System of Georgia (TCSG)

\_\_\_\_ University System of Georgia (USG)

1. **Affiliated Organization \***

**GICA:**

|  |  |
| --- | --- |
|  | Agnes Scott College |
|  | Andrew College |
|  | Berry College |
|  | Brenau University |
|  | Covenant College |
|  | Emmanuel College |
|  | LaGrange College |
|  | Mercer University |
|  | Morehouse College |
|  | Oglethorpe University |
|  | Paine College |
|  | Piedmont College |
|  | Point University |
|  | Reinhardt University |
|  | Spelman College |
|  | Thomas University |
|  | Wesleyan College |
|  | Young Harris College |

**TCSG:**

|  |  |
| --- | --- |
|  | Albany Technical College |
|  | Athens Technical College |
|  | Atlanta Technical College |
|  | Augusta Technical College |
|  | Central Georgia Technical College |
|  | Chattahoochee Technical College |
|  | Coastal Pines Technical College |
|  | Columbus Technical College |
|  | Georgia Northwestern Technical College |
|  | Georgia Piedmont Technical College |
|  | Gwinnett Technical College |
|  | Lanier Technical College |
|  | Moultrie Technical College |
|  | North Georgia Technical College |
|  | Oconee Fall Line Technical College |
|  | Ogeechee Technical College |
|  | Savannah Technical College |
|  | South Georgia Technical College |
|  | Southeastern Technical College |
|  | Southern Crescent Technical College |
|  | Southwest Georgia Technical College |
|  | West Georgia Technical College |
|  | Wiregrass Georgia Technical College |

**USG:**

|  |  |
| --- | --- |
|  | Abraham Baldwin Agricultural College |
|  | Albany State University |
|  | Armstrong State University |
|  | Atlanta Metropolitan State College |
|  | Bainbridge State College |
|  | Clayton State University |
|  | College of Coastal Georgia |
|  | Columbus State University |
|  | Dalton State College |
|  | Darton State College |
|  | East Georgia State College |
|  | Fort Valley State University |
|  | Georgia College & State University |
|  | Georgia Gwinnett College |
|  | Georgia Highlands College |
|  | Georgia Institute of Technology |
|  | Georgia Perimeter College |
|  | Augusta University |
|  | Georgia Southern University |
|  | Georgia Southwestern State University |
|  | Georgia State University |
|  | Gordon State College |
|  | Kennesaw State University |
|  | Middle Georgia State University |
|  | Savannah State University |
|  | South Georgia State College |
|  | University of Georgia |
|  | University of North Georgia |
|  | University of West Georgia |
|  | Valdosta State University |

## Institutional Review Board Approval

1. **Does your institution have an IRB approval process? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **If yes, please upload the letter/email from your institution’s IRB documenting approval or exemption. \***
2. **If no, please discuss how your proposal fits the federal definitions of “research” and “human subjects.” Click** [**here**](http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html) **to view these definitions (maximum 200 words). \***

## **Previous Submissions**

1. **Have you or your coauthors previously submitted this project or a similar project to GA•AWARDS? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **If yes, have you received notice of the outcome for this request? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **If you have received notice, what was the outcome of this request? \***

\_\_\_\_ Proposal approved \_\_\_\_ Revise and resubmit \_\_\_\_ Proposal denied

1. **If you have not received notice, or if the proposal was approved, why are you submitting an additional proposal (e.g., to obtain additional/alternate data, to study a different subset of the population, etc.)? \***
2. **If the proposal was returned for revision and resubmittal, please complete and attach the response document provided to you by GOSA. \***

## Project Details

**Please provide details about the project for which you will use these data.**

1. **Project Title \***
2. **Project Description \***
3. **Research Questions \***
4. **Does this proposal align with any of the following goals included in the state strategic plan? Click** [**here**](http://gosa.georgia.gov/governors-state-strategic-plan) **for more information on the state strategic plan. \***

\_\_\_\_ Increase percentage of students reading at or above grade level by the completion of 3rd Grade – a strategic benchmark for lifelong learning.

\_\_\_\_ Increase percentage of Georgians who hold a post-secondary credential.

\_\_\_\_ Improve and expand science, technology, engineering and mathematics (STEM) education.

\_\_\_\_ Increase teacher and school leader effectiveness.

\_\_\_\_ Increase the percentage of high school graduates who are college and career ready.

\_\_\_\_ Empower citizens with public school options and local flexibility for the purpose of improving student achievement.

\_\_\_\_ None of the above.

1. **Describe how the proposal aligns with this goal/these goals. \***
2. **Does this proposal answer any** [**GA•AWARDS research questions**](https://gosa.georgia.gov/sites/gosa.georgia.gov/files/GAAWARDS%20Research%20Questions_Website.pdf)**? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **Please list the questions and explain how the proposal addresses these questions. \***
2. **Is this project designed to be used for a program or policy evaluation? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **Please list the programs/policies to be evaluated and from whom the evaluation request originated. \***
2. **Purpose of the project. \***
3. **Intended audience for the project. \***

## Project Details

1. **Where do you plan to submit your results for publication or presentation (e.g., journals, conferences, etc.)? \***
2. **Project timeline, listed in days, beginning with the receipt of the data if approved (e.g., 30 days - cleaning and analysis, 15 days - writing, etc.) Please indicate if you have specific deadlines (e.g., grant application deadlines, etc.) \***

|  |  |  |
| --- | --- | --- |
|  | **Task** | **Estimated Timeline (days)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |

1. **Are you relying on any literature from peer-reviewed journals, reports, previous studies or projects to inform your project? Select all that apply. \***

\_\_\_\_ Peer-reviewed journals

\_\_\_\_ Reports

\_\_\_\_ Previous studies or projects

\_\_\_\_ I am not using any literature or reports to inform my study

1. **If you are using any literature or reports, please provide a list of references used to guide development of the research questions. \***

## Project Details

1. **Which type(s) of analysis will this project use? \***

\_\_\_\_ Descriptive Statistics \_\_\_\_ Correlations \_\_\_\_ Group Comparisons

\_\_\_\_ Linear Regression \_\_\_\_ Logistic Regression \_\_\_\_ Hierarchical Linear Modeling

\_\_\_\_ Other (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please provide a methodological description of your project, including the proposed model. Explain why this model is the best method to answer the proposed questions. \***
2. **Describe how you plan to present the results (e.g., school-level averages, regression coefficients, etc.). \***

## Requested Data

# ONLY APPLICATIONS FROM AUTHORIZED RESEARCHERS WILL BE CONSIDERED.

Please provide details for the data requested. If your proposal involves data from only one participating agency, please email gaawards.support@georgia.gov for information on how to request these data.

1. **To the best of your knowledge, please indicate which agency provides the requested data to GA•AWARDS. \***

\_\_\_\_ Department of Early Care and Learning (DECAL)

\_\_\_\_ Georgia Department of Education (GADOE)/State Charter Schools Commission (SCSC)

\_\_\_\_ Georgia Student Finance Commission (GSFC)

\_\_\_\_ Professional Standards Commission (PSC)

\_\_\_\_ Georgia Independent College Association (GICA)

\_\_\_\_ Technical College System of Georgia (TCSG)

\_\_\_\_ University System of Georgia (USG)

\_\_\_\_ Governor's Office of Student Achievement (GOSA)

\_\_\_\_ Georgia Department of Labor (GDOL)

1. **For which years are you requesting data? \***

\_\_\_\_ 2006-2007

\_\_\_\_ 2007-2008

\_\_\_\_ 2008-2009

\_\_\_\_ 2009-2010

\_\_\_\_ 2010-2011

\_\_\_\_ 2011-2012

\_\_\_\_ 2012-2013

\_\_\_\_ 2013-2014

\_\_\_\_ 2014-2015

\_\_\_\_ 2015-2016

\_\_\_\_ 2016-2017

\_\_\_\_ 2017-2018

1. **Please upload the element justification template listing the variables you are requesting, along with a justification for each variable (e.g., treatment variables, control variables, how the variable will be used in the model). \***

## Requested Data

1. **If you are requesting data for a subset(s) of the statewide population, please indicate the subset(s) below. \***

\_\_\_\_ Geographic Region

\_\_\_\_ Type of higher education institution

\_\_\_\_ Type of school (e.g., elementary, charter schools, etc.)

\_\_\_\_ Individual institutions of higher education

\_\_\_\_ Individual schools or districts

\_\_\_\_ I am not requesting a subset of the statewide population

\_\_\_\_ Other (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please provide more information for the need of the requested subset. \***
2. **Are you planning to match GA•AWARDS data with any other data source? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **Please list the variables and associated data sources you plan to merge with GA•AWARDS data. \***

## Funding

1. **Are you receiving or do you plan to receive funding for this project? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **Are you or any other person listed in the application receiving personal financial or monetary compensation for this project? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **Are you or any other person listed in the application receiving personal financial or monetary compensation for this project?**

\_\_\_\_ Yes \_\_\_\_ No

1. **Please list any and all projected funding sources (grants, contracts, MOUs, etc.) for the request, along with respective dollar amounts, regardless of funding approval status.**

## Contact Information for Additional Individuals Who Will Access the Data

1. **How many individuals other than yourself, including graduate assistants, will access the data? \***

\_\_\_\_ Only I will access the data

\_\_\_\_ One additional individual

\_\_\_\_ Two additional individuals

\_\_\_\_ More than two additional individuals

1. **What roles and specific functions will the lead researcher (as named in the GA•AWARDS application) perform in the event the request to use GA•AWARDS data is approved? \***
2. **Will any GA•AWARDS data be provided to a third-party entity such as a research institution or think tank, or an employee therein, as part of the study? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **Please identify the name and type of entity, as well as any delegates who may have access to GA•AWARDS data. \***
2. **Person 1: \***

**First Name**

**Last Name**

**Title**

**Organization**

**Email Address**

**Please upload this individual's CV.**

1. **Person 2: \***

**First Name**

**Last Name**

**Title**

**Organization**

**Email Address**

**Please upload this individual's CV.**

## Confidentiality and Data Usage Agreement

**Please print, review, and upload a signed copy the** [**Confidentiality and Data Usage Agreement(s)**](https://gosa.georgia.gov/sites/gosa.georgia.gov/files/Confidentiality%20and%20Data%20Usage%20Agreement.pdf)**.**

1. **Attach the completed CDUA for all individuals who will access the data, including yourself, as a single file. \***

## Data Security

**Please provide enough data to ensure GOSA staff can adequately evaluate your security measures. It may be helpful to contact your organization's IT staff to ensure accurate and thorough responses.**

1. **Is your organization certified as complying with the ISO/IEC 27001 standard? \***

\_\_\_\_ Yes \_\_\_\_ No

1. **Please upload proof of certification. \***
2. **Please choose which best represents your physical security for the site at which the data will be stored. \***

\_\_\_\_ No public access. All entrances/exits monitored. High security access controls are used (i.e., electronic keyed entry). List of persons with access to data center is maintained and frequently audited. Servers are in limited access pens.

\_\_\_\_ No public access. All entrances are locked and keys with reasonably secure hardware. Surveillance is present if limited. Individual servers are in shared environment.

\_\_\_\_ Public access or no access controls. There are weak locks, if any. No surveillance present at all.

\_\_\_\_ Other: If the above options do not fit with the current physical security at the data storage location, please proved details on the following items: Physical location, level of surveillance, access controls, user approval and audit procedures.

1. **Please choose which best represents the level of security present on your workstation. \***

\_\_\_\_ Workstation runs an operating system patched and maintained consistent with vendor recommendations. Antivirus/antimalware installed and updated regularly. Login requires strong password (16+ characters) or two factor authentication. Kept in secure location restricted to approved users. Stored data are encrypted and server connections occur over an encrypted channel.

\_\_\_\_ Workstation runs an operating system patched and maintained consistent with vendor recommendations. Antivirus/antimalware installed and updated regularly. Login requires strong password (16+ characters). Stored data are encrypted and server connections occur over an encrypted channel.

\_\_\_\_ Workstation is not connected to any network. Strong password (16+ characters) required. Stored data are encrypted in compliance with the data usage agreement.

\_\_\_\_ Workstation runs an operating system patched and maintained consistent with vendor recommendations. Antivirus/antimalware installed and updated regularly. Login requires a strong password (16+ characters) or two factor authentication. Server connections occur over an encrypted channel. No data will be stored on the workstation; it will only be used to access the secure server.

\_\_\_\_ Other: Please describe the workstation on which the data will be used or stored. Include information on workstation access, software and policies used to secure the workstation, and if the workstation will use a network to access data. Please describe encryption used for data stored on the workstation and data retrieved from secure server.

1. **Please describe how and when you will encrypt the data, including the software to be used, the chosen algorithm to be employed, and the bit strength of the encryption. \***
2. **Please choose from the following examples which best represents the physical topology and security of the data network to which the primary data storage server will be connected. \***

\_\_\_\_ Server is on physically separate network with no internet access. Only dedicated workstations on physical network will be allowed access. Only persons approved by DMC may access physical network or attached workstations.

\_\_\_\_ Server is on physically or logically (VLANs) separated network. Advanced firewall, network intrusion detection and audited logging are all present. IPSEC or SSL VPN, in compliance with FIPS 140-2, is present to encrypt all inbound connections to network and data server. Only persons approved by DMC will be allowed to access the network.

\_\_\_\_ Server is on shared or unprotected network. Persons other than those approved by the DMC are allowed to connect to the network.

\_\_\_\_ Other: If the above options do not adequately describe the network where the secure server is connected, please describe the security of your network. Include descriptions of physical and logical topology, access controls, border protection, and logging and auditing procedures.

1. **Please choose which data destruction methodology best fits that which is planned to destroy the GA•AWARDS data at the end of the project. \***

\_\_\_\_ All hard drivers are magnetic storage devices. All hard drives will be physically destroyed such that no recognizable pieces can be discerned. Debris will be disposed of by secure trash service.

\_\_\_\_ All hard drives are magnetic storage devices. All data will be aggressively overwritten with zeros or garbage by secure deletion software.

\_\_\_\_ All hard drives are solid state (SSD) and do not support secure erase. All hard drives will be physically destroyed such that no recognizable pieces can be discerned. Debris will be disposed of by secure trash service.

\_\_\_\_ All hard drives are solid state and do support secure erase. Use secure erase compatible software either stand alone or as part of an operating system toolkit to wipe the drive and return it to factory new status.

\_\_\_\_ Other: If the above examples do not adequately reflect your storage media and data destruction methodology including if the configuration is a hybrid of previous examples, please describe your physical media and with respect to each type of physical media used a method for destroying the data.

1. **Please upload any addendum or additional information for consideration.**

**IF YOU ARE READY TO SUBMIT YOUR PROPOSAL, PLEASE CLICK "SUBMIT." THIS ACTION CAN NOT BE UNDONE.**