



## Child Trends Public and Restricted-Use Data Access Agreement

Instructions:

To apply to use a Child Trends Public or Restricted-Use Data file, a researcher must complete, sign, and send an Application (see following page) to Child Trends before data will be released.

### The applicant must:

- Be the individual responsible for overseeing the adherence to this agreement
- Currently be affiliated with an organization with a valid NIH Multiple Project Assurances (MPA) Certification Number or a Federal Wide Assurances (FWA) Certification Number OR must submit the Application along with Attachment B
- Complete this application
- Include a signed Data User Registration Form (Attachment A.) along with the application for each individual who will be provided access to the data

We recommend completing this form on your computer, then printing and signing it for submission.

### Submit completed application materials to:\*

Child Trends  
Data Use Agreements  
c/o Natalia Pane  
VP Research Operations  
4301 Connecticut Avenue NW, Suite 350  
Washington, DC 20008

Questions about this application may also be sent to the above address or submitted via e-mail to [NPane@ChildTrends.org](mailto:NPane@ChildTrends.org).

\*For expedited processing, scan and email a PDF copy of this application to the contact person above.

## **Child Trends Public and Restricted-Use Data Access Agreement Application**

Name of requested dataset(s):

Description of project for which data are being requested:

Description of how data will be used:

Project Lead:

Person Responsible for Overseeing Data File (**This individual must be the applicant**):

Applicant Signature:

Date Signed:

Organization:

MPA or FWA Certification Number:

*If you are not affiliated with an organization with MPA/FWA Certification Number please complete Attachment B of this application.*

Co-signer/Alternate Contact Person:

Signature of Co-signer/Alternate Contact Person:

### **Address for Where to Send the Data**

Name:

Address:

City, State:

Phone:

Email:

### **CHILD TRENDS USE ONLY**

Data Access Approved:

Signed by:

Date:

Sent by:

Date Sent:

### Attachment A. Data User Registration Form

All research team members with access to the data must sign this form. Access to the data should not be provided until the form is received at Child Trends.

Name of dataset(s):

I agree to the following terms and conditions:

- To use these data solely for the purpose of non-commercial, scientific and public policy research or teaching. Faculty members who desire to share these data with students bear full responsibility for ensuring that all conditions of this agreement are met by the students.
- To store the data securely and to restrict access to registered users who have received written permission from Child Trends for the specified purposes. In particular, no data will be stored on a file server or in any other computational domain where it could be accessed by others.
- To notify Child Trends of any errors discovered in the materials.
- To notify and provide copies (one electronic and two hard copies, if applicable) to Child Trends of any publications or products based wholly or in part on these data at least one month prior to public release.
- Not to identify any individual entity (e.g., person, family, household, classroom, center, or organization). Any attempt to use these data to identify individuals or institutions may be a violation of federal law.
- Not to make any claim to copyright ownership of the materials provided, not to distribute copies of the materials to others, nor to make copies.
- To acknowledge Child Trends in any publication, whether printed, electronic, or broadcast, based wholly or in part on these data and to note that Child Trends bears no responsibility for the current analysis or interpretation by the signers of this agreement.
- To accept that Child Trends bears no legal responsibility for their accuracy or comprehensiveness. To indemnify and hold harmless Child Trends and any employees or agents of the same against any and all claims for damages, demands, and all other actions and all expenses and costs arising from such demands whatsoever arising from the release of the materials.

I understand that violation of any of the above-mentioned conditions will be a breach of this Data-use Agreement, will constitute unethical professional practice, and may subject me to legal action under applicable statutes and regulations.

Name (printed):

Signature:

Date Signed:

Organization:

MPA or FWA Certification Number:

*If you are not affiliated with an organization with MPA/FWA Number, complete Attachment B.*

## **Attachment B. Applicants from Organizations without MPA/FWA/IRB**

Applicants employed at an organization that does not have an NIH Multiple Project Assurances (MPA) Certification Number or Federal Wide Assurances (FWA) Certification Number must answer the questions below.

1. Please describe your employer in detail. Include the type of organization, profit/non-profit status, and primary sources of revenue.
2. What is (are) the sources(s) of funding for the specific research for which you are applying to use this data file? (List name of funding organization, whether funds provided as a grant, contract, or other mechanism.)
3. Please describe proprietary interests of the funding organizations listed in the response above, even if not directly related to the research project described above.
4. Does your employer have policies regarding scientific integrity and misconduct, or human subjects research that cover the secondary analysis of survey data? If so, please describe these policies.