**Consent Form for Protective Community Resources Study**

Principal Investigator: [INSERT NAME]

1. **PURPOSE**: We are exploring protective community resources (PCRs) for [INSERT FOCAL POPULATION]. We want to learn about how you define PCRs and their benefits.
2. **WHAT YOU WILL DO**: If you agree to be in the focus group, you will complete a short demographic survey and participate in a simple community mapping activity and group discussion that will last about two hours. During the focus group, we will ask about the elements in your community that you believe promote the well-being of [INSERT FOCAL POPULATION]. You will receive [INSERT INCENTIVE FOR PARTICIPATION AS APPLICABLE] for your time and valuable insight.
3. **RISKS/DISCOMFORTS**: Being part of this focus group will not put you at risk of harm, but you may not feel comfortable answering some of our questions or being part of the activity. Please note that your name, individual responses, and audio recordings/transcriptions will not be shared with anyone outside of our research team.
4. **VOLUNTARY PARTICIPATION**: Participating in the study is completely voluntary. You do not have to participate in the study if you do not want to. If you agree to participate in the study, you may choose not to answer any survey questions or participate in certain sections of the community mapping activities. You may decide to leave this study at any time. If you agree to participate, but change your mind later, you can stop being in the study. Deciding to leave this study will not affect your eligibility to receive the gift card or your relationship with [INSERT HOST ORGANIZATION].
5. **BENEFITS**: This research aims to add to general knowledge about PCRs and their positive impact on the well-being of [INSERT FOCAL POPULATION]. While you will not personally benefit from being involved in this study, you may experience positive feelings as you talk about elements in your community that foster joy. Notably, the information gathered from this study may help efforts to expand these resources to build stronger, healthier communities.
6. **CONFIDENTIALITY**: We will keep your survey responses, map, and what you tell us during our discussion as private as possible. The audio recordings, transcription, survey responses, and drawings will be kept in a secured, password protected server. Only members of our team will have access to them. Study findings will be summarized in group form. Please note that identifiable information (e.g., zip code) will be removed from the data collected in this study. This de-identified data could be used in other studies in the future or given to other researchers to use in future studies without additional informed consent. We will not identify your name or any information that could identify you.
7. **QUESTIONS**: Please contact [INSERT NAME OF PRINCIPAL INVESTIGATOR] at [INSERT EMAIL ADDRESS OR PHONE NUMBER] if you have questions or concerns about this study. You may also contact the [INSERT NAME OF ORGANIZATION] Institutional Review Board at [INSERT EMAIL OR PHONE NUMBER] if you wish to talk to someone who is not a member of the research team.

Please indicate your consent to participate in this study below by raising your hand or simply remaining and participating in the activity. You will receive a copy of this form to keep. Thank you!