Midlands LGBT Community Needs Assessment
Request for Information

Name:
Address:
Phone:
Email:
Institutional/organizational affiliation (if any):
Nature of the inquiry:

What question(s) do you hope to have answered from this study?

Specific questions of the data:

Based on what you’ve seen in the community report, are there specific items you want analyzed and/or compared?

What are the intended uses of the information?

By what date would you prefer the RFI to be answered?

__/__/__ Month/day/year

Midlands Sexual Health Research Collaborative
www.unmc.edu/publichealth/mshrc