Data and Analysis Request Tool
WMCPHD– Epidemiology Program
Created for use after: June 2016

Please Complete All Sections		Epidemiology Program Completes
Name:	Organization:	Date Received:
Date:	Program/Division/Department:	Estimated Completion Date:
		Required for a grant: ☐ Yes ☐ No

The following questions are intended to be a starting point for constructing the analysis project or data report. You will receive feedback and a timeline by a date specified above. When you have completed the tool, or if you if you need assistance with tool, please contact the Epidemiology Program, WacoEpi@wacotx.gov

1. What is the question or questions you would like answered? Who is your target audience? (Please note specific question number or reference in Community Health Needs Assessment)

2. Is this data request specifically for a grant-funded program? Is there a deadline?

3. What is the data source(s), if known? Over what time period of data collection analysis should be conducted (e.g. 2013-2016, 2016)?

4. What are the data elements needed, if known? (e.g.: gender, age, race/ethnicity, city or zip codes, etc.) Please list elements needed with the selected question.

5. What is your preferred date of completion of this request? Is there a date this data or analysis will be used in a presentation, grant proposal, or publication?

6. In what format would you like to receive the data or analysis?
   - ☐ Excel spreadsheet
   - ☐ Report/ Document
   - ☐ Power Point Presentation
   - ☐ Other, please specify _____

Other comments:

Analyst:	Date completed:

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Please contact: Epidemiology Program, WacoEpi@wacotx.gov, (254) 750-5450