



## Permission to Take Part in a Human Research Study

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***Title of research study: Will the West have water? Creating a policy framework to evaluate solutions to the water crisis in the American West.***

***IRB Protocol Number:*** 22-0525

***Investigator:*** Abigail Garman

***Sponsor:*** Nancy Billica

### ***Purpose of the Study***

The purpose of the study is to understand the tradeoffs between different solutions to the water crisis. Your role in this study is to detail your experience as a stakeholder and to explain your personal views on this challenge and opportunities for the future.

We expect about 10 to 20 people will be in this research study.

### ***Explanation of Procedures***

The study will only include one interview with the participant. The participants, you, will only interact with the investigator in an interview over zoom. You will decide the time and place of the interview to ensure you are comfortable to speak in that setting and that it aligns with your schedule. The interview should last around 30 minutes to an hour. The data collected will be your answers to the interview questions, which will be recorded given your consent.

### ***Voluntary Participation and Withdrawal***

Whether or not you take part in this research is your choice. You can leave the research at any time and it will not be held against you.

### ***Risks and Discomforts***

There may be psychological risks when discussing past injustices with community organizations with disadvantaged groups. The investigator will try to manage these risks by being cognizant of questions that pose potential harm.

It is important that you tell the Principal Investigator, Abigail Garman if you think you have been injured as a result of taking part in this study. ***You can call him/her at (865)-250-1316***



**IRB Approval Date**

***Potential Benefits***

While you may not have any direct benefits in this study, the purpose of this study is to explore options to solve the water crisis that provide the greatest benefits to society.

***Confidentiality***

Information obtained about you for this study will be kept confidential to the extent allowed by law. Research information that identifies you may be shared with the University of Colorado Boulder Institutional Review Board (IRB) and others who are responsible for ensuring compliance with laws and regulations related to research, including people on behalf of the Office for Human Research Protections. The information from this research may be published for scientific purposes; however, your identity will not be given out.

There are some things that you might tell us that we CANNOT promise to keep confidential, as we are required to report information like:

- Child abuse or neglect
- A crime you or others plan to commit
- Harm that may come to you or others

***Cost of Participation***

There will be no cost to participate in this study.

***Payment for Participation***

You will not be paid to be in this study.

***Contact for Future Studies***

We would like to keep your contact information on file so we can notify you if we have future research studies we think you may be interested in. This information will be used by only the principal investigator of this study and only for this purpose.

Please initial your choice below:

☒ Yes, you may contact me for future research studies. The best way to contact me is: (enter preferred telephone number and/or email address)

☐ No, you may not contact me for future research studies.

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**IRB Approval Date**

IRB Document Revision Date: August 22, 2022

**Questions**

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team at (865)-250-1316

This research has been reviewed and approved by an IRB. You may talk to them at (303) 735-3702 or [irbadmin@colorado.edu](mailto:irbadmin@colorado.edu) if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

**Signatures**

Your signature documents your permission to take part in this research.

2/24/2023

David Todd

Signature of subject

Date

Printed name of subject

Signature of person obtaining consent

Date

Printed name of person obtaining consent



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