

# Access to Audit Personnel (AAP)

## 2022 Grant Proposal Submission Form



Project Title \_\_\_\_\_

### PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

University \_\_\_\_\_

Principal Investigator/  
Project Director Position

Doctoral Student	Assistant Professor	Associate Professor	Professor	Other/Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number (e.g., (123) 345-6789) \_\_\_\_\_

IRB Status

Approved	Submitted	Anticipated submission date:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

Methodology

Experimental	Survey	Interview	Other/Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

Desired administration of protocol (select all that apply)

Other	Hard Copy	In-Person	Other/Specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

Number of Participants Requested for Field Study \_\_\_\_\_ Are you asking for more than one experience level?  Yes  No

**FINAL DATA COLLECTION | SPECIFICATIONS**

Number of Participants \_\_\_\_\_

Experience Level of Participants (include all levels requested) \_\_\_\_\_

Time Commitment per Participant (minutes) \_\_\_\_\_

Other Selection Criteria \_\_\_\_\_

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Have you approached one or more of these firms about providing participants: BDO, Crowe, Deloitte, EY, Grant Thornton, KPMG, PwC, and/or RSM?  Yes  No

Has your data collection protocol been piloted?  Yes  No

Are you requesting participants for a pilot test?  Yes  No

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**PILOT DATA COLLECTION | SPECIFICATIONS**

Number of Participants \_\_\_\_\_

Experience Level of Participants (include all levels requested) \_\_\_\_\_

Time Commitment per Participant (minutes) \_\_\_\_\_

Other Selection Criteria \_\_\_\_\_

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Other than yourself, how many additional team members does your project have? \_\_\_\_\_

**Provide the requested information for each additional team member**

(Do not repeat information for the principal investigator).

**Team  
Member 2**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

University \_\_\_\_\_

Position (e.g., Doctoral Student, Assistant Professor, Associate Professor, Professor) \_\_\_\_\_

Email Address \_\_\_\_\_

**Team  
Member 3**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

University \_\_\_\_\_

Position (e.g., Doctoral Student, Assistant Professor, Associate Professor, Professor) \_\_\_\_\_

Email Address \_\_\_\_\_

**Team  
Member 4**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

University \_\_\_\_\_

Position (e.g., Doctoral Student, Assistant Professor, Associate Professor, Professor) \_\_\_\_\_

Email Address \_\_\_\_\_

**Team  
Member 5**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

University \_\_\_\_\_

Position (e.g., Doctoral Student, Assistant Professor, Associate Professor, Professor) \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about this AAP RFP?

AAA Auditing Section Announcement

ARN E-Newsletter

CAQ Newsletter

CAQ Website

Other/Specify \_\_\_\_\_

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Please attach a single document with your proposal, protocol, CVs and other relevant information you wish the review committee to consider when evaluating your submission.

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### **TERMS OF USE OF THE ACCESS TO AUDIT PERSONNEL PROPOSAL SUBMISSION FORM**

I have voluntarily provided the information requested as part of the submission process for the CAQ-AAA Access to Audit Personnel program. The information provided is an accurate representation of key components of my proposal. I understand that the CAQ staff and the proposal review committee will only use this data in its proposal evaluation process. The CAQ will abide by its privacy policy with respect to personally identifiable information collected as part of the proposal submission process.

I agree to the terms of use.