

DUA Term Extension Request



PURPOSE OF THIS FORM

The Data Use Agreement Term Extension Request Form may be filed by organizations and entities with existing Data Use Agreements (DUA) who want to obtain approval from the Green Mountain Care Board (GMCB) to extend the term or expiration date for the DUA. Term extensions are not applicable to requests for substantive revisions of the DUA including changes to the limited use data set, research purpose, project that was approved for the DUA. Authorized users must file an application for a new DUA for substantive changes to a DUA.

GENERAL INSTRUCTIONS

Requestors should file this form at least 60 days prior to the expiration date of the DUA. GMCB cannot guarantee that a term extension will be approved if forms are not filed in a timely and complete manner. Authorized users (AU) or Principal Investigators (PI) may file this form electronically with GMCB via gmcg.data@vermont.gov.

DEFINITIONS

Agent: Means any individual or entity (e.g., a contractor, subcontractor, grantee, or subgrantee) acting on behalf of the Authorized User and subject to the Authorized User's control or accessing the Data Set on behalf of the Authorized User under the data use agreement (DUA).

Authorized User: The Authorized User (AU) is an organization or agency that is applying or has obtained a data use agreement (DUA). The AU signatory on the DUA has the authority to sign legally binding agreements on behalf of the organization or institution.

Data Custodian: The data custodian is responsible for the establishment and maintenance of physical and technical safeguards to prevent unauthorized access to and use of the data set. Agencies and organizations may designate multiple data custodians for different departments and programs. The data custodian(s) typically coordinate the receipt of the approved data set from GMCB's data consolidation vendor. The principal investigator may also be the data custodian. External agents approved by the GMCB through this Data Redisclosure Request Form to receive the data set or custom extracts must identify and file contact information for their data custodian(s) with the GMCB.

Principal Investigator (PI): The Principal Investigator (PI) means the individual designated by the Authorized User to be responsible for ensuring compliance with all the restrictions, limitations, and conditions of use and disclosure specified in the DUA. The PI may delegate technical responsibility to other personnel for the establishment and maintenance of security arrangements to prevent unauthorized access to and use of the data.

CURRENT DUA INFORMATION

EXISTING DATA USE AGREEMENT INFORMATION
DUA Identifier (Assigned by the GMCB to the DUA):
DUA Agency or Organization Name:
DUA Project Name (As stated in the DUA application or DUA):
Existing DUA Start Date:
Existing DUA Expiration Date:
DUA Authorized User Signatory Name & Title:
DUA Principal Investigator Name & Title (if different from Authorized User):
Project Lead's Name, Title, Organizational Affiliation (For any contractor, subcontractor, grantee, or subgrantee with authorized access to the data set available under the existing DUA):
Project Lead's Name, Title, Organizational Affiliation (For any contractor, subcontractor, grantee, or subgrantee with authorized access to the data set available under the existing DUA):
Project Lead's Name, Title, Organizational Affiliation (For any contractor, subcontractor, grantee, or subgrantee with authorized access to the data set available under the existing DUA):

REASON FOR REQUESTING DUA TERM EXTENSION

Date of Request for Term Extension:

Requested DUA expiration date that would extend the term:

Reason for requesting extension of the DUA term:

YES NO I agree (AU or PI for the DUA) that there will be no substantive changes to the research purpose and scope of the project as originally described in the DUA application that resulted in the existing DUA.

YES NO I agree (AU or PI for the DUA) that if granted a term extension, I will continue to meet the requirements of the DUA.

SIGNATURES

All statements made in this application are true, complete, and correct to the best of my knowledge.

DUA Authorized User or Principal Investigator Name:	
Signature:	Date: Click or tap to enter a date.

GMCB PROCESSING SECTION

For GMCB Use Only

Date the DUA Term Extension Request received by GMCB/Initial: Click or tap to enter a date.

GMCB overall comments:

Approved and no further action is required: Click or tap to enter a date.

Approved with Conditions: Click or tap to enter a date.

Describe conditions that must be met prior to term extension:

Not Approved: Click or tap to enter a date.

Describe reasons for disapproval of term extension: