

## **DIISP Participant Funding Mechanism**

A number of \$500 participant payments grants are available to support social science research at Duke. These grants are provided through the DIISP Laboratory and SSRI. Grant requests should be submitted to the DIISP Lab Director, Dr. David Neal ([dneal@duke.edu](mailto:dneal@duke.edu)). Administration for the grants (i.e., accessing money, returning receipts) is handled by Michelle Patriquin ([mp90@duke.edu](mailto:mp90@duke.edu)).

### **Important information regarding grants:**

Grantees are responsible for keeping all required documentation and for using grant funds as stipulated under Federal, University and SSRI regulations.

Under these regulations, researchers receiving a DIISP grant must:

1. Collect a receipt using the **authorized receipt form** attached here (page 3) for every research participant receiving payment. Social security numbers must be collected for all payments that exceed \$5. For payments \$5 and below, SS number is not required, but all other information is.
2. Provide the **original copies of these receipts, plus one photocopy** of each receipt to Michelle Patriquin on approximately a fortnightly basis. If receipts are not returned in a timely manner, SSRI is unable to withdraw further cash and this delays the research of others.
3. Pay participants at a **maximum rate of \$12** per hour.
4. Conduct their study **onsite at DIISP or via DIISP laptops**.

Any questions regarding the DIISP Participant Funding Mechanism can be directed to Dr. David Neal.



**Research Participant Payment Verification Form**

Duke University's Accounting Office requires that researchers obtain the following information from research participants in order to meet its reporting obligations to the U.S. Internal Revenue Service. This payment verification form is collected separately from your consent form and will be submitted to the University's Accounting Office. It will not be linked to your data from the study, or even with participation in a particular study.

Payment Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Full Name/Signature: \_\_\_\_\_

Social Security No (only if payment exceeds \$5) : \_\_\_\_\_

Permanent Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/Signature of Researcher: \_\_\_\_\_

Grant Number \_\_\_\_\_ (see grant approval form) Date: \_\_\_\_\_



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