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## Access to Audit Personnel (AAP) 2020 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:

☐

**Principal Investigator/Project Director:**

**Email Address:**

**Phone Number (e.g., (123) 345-6789):**

**IRB Status:**

Approved

☐

Submitted

☐

Anticipated submission date:

☐

**Methodology:**

☐ Experimental

☐ Survey

☐ Interview

☐  Other/Specify:

**Desired administration of protocol (select all that apply):**

Online

☐

Hard copy

☐

In-person

☐

Other/Specify:

☐

**Number of Participants Requested for Field Study:**

**Are you asking for more than one experience level?**

☐ Yes

☐ No

**Final Data Collection**

	Number of Participants:	Experience Level of Participants (include all levels requested):	Time Commitment Per Participant (minutes):	Other Selection Criteria:
Specifications:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

**Pilot Data Collection**

	Number of Participants:	Experience Level of Participants (include all levels requested):	Time Commitment Per Participant (minutes):	Other Selection Criteria:
Specifications:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**How many additional team members does your project have:**

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

**Team Member 1:**

**Name (Last, First):**

**University:**

**Position (e.g., Doctoral Student, Assistant Professor, Associate Professor, Professor):**

**Email:**

**Team Member 2:**

**Name (Last, First):**

**University:**

**Position (e.g., Doctoral Student, Assistant Professor, Associate Professor, Professor):**

**Email:**

**Team Member 3:**

**Name (Last, First):**

**University:**

**Position (e.g., Doctoral Student, Assistant Professor, Associate Professor, Professor):**

**Email:**

**Team Member 4:**

**Name (Last, First):**

**University:**

**Position (e.g., Doctoral Student, Assistant Professor, Associate Professor, Professor):**

**Email:**

**How did you hear about this AAP RFP?**

- ☐ AAA Auditing Section Announcement
- ☐ ARN E-Newsletter
- ☐ CAQ Newsletter
- ☐ CAQ Website
- ☐ Other/Specify:

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.

### **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.**