TEXAS Health and Human Services | Texas Department of State Health Services

Proposal to Add Questions or Donate Funding to the 2027 Texas Youth Risk Behavior Survey (YRBS)

Submit to YRBSS@dshs.texas.gov by **Monday, April 6, 2026**

Costs for adding questions to the 2027 Texas YRBS will be $4,000 per question. For all accepted proposals, we request electronic copies of products (e.g. fact sheets, journal articles, posters, reports) that use data from questions added to the 2027 Texas YRBS.

If you wish to support the continued use of the online version of the survey, you may donate funding directly to the program as well.

Type of Proposal
Please check all that apply.

- ☐ Adding Questions from CDC Optional Question List
- ☐ Adding Other Questions
- ☐ Contribute funding to support the online version of the survey

Program Information

Please list appropriate contact information for this proposal.

Organization Name _____

Program Name _____

Contact Person _____

Contact E-mail _____

Contact Telephone _____

Proposed Questions (if applicable)

Please enter your question(s) and responses below.

Background and Supporting Rationale (if proposing questions)

1. What is the purpose or goal of the question(s)? Describe the relationship of the question(s) to state and national public health goals and priorites. How do you expect the information you collect to impact program activities?

2. What is the source of your questions?

3. If the questions you are proposing are required or requested by a funding partner such as CDC, please explain below:

4. Please list any other relevant considerations regarding the proposed questions below:

Analysis Plan (if proposing questions)

Who will analyze the data?

◯ DSHS Texas YRBSS Program ◯ The Proposing Program ◯ Outside Consultant

Will you analyze multiple responses of interest from this question? If yes, please explain:

◯ Yes ◯ No

Financial Information

Contact Information for Person Responsible for Signing the Contract or Funding Transfer Agreement

Name

Title/Organization

E-mail

Telephone

Funding Information

Please check all that apply.

☐ Federal Grant ☐ State General Revenue ☐ Other Source

Donation Amount (*if donating)*

Date Funds Available

Date Funds Expire

Source (*if other*)

Financial Information

Please complete if proposing program is within DSHS.

Department ID	
Appropriation Year	
Strategy	
Program Cost Account	
Budget Category	
Fund	
Appropriation	
Program Code	
Project Number	

When ready to submit the proposal, click the button at the bottom of this form to send the proposal via email to the Texas YRBSS Program.

Email yrbss@dshs.texas.gov with any questions about the form or the proposal process.

Submit to Texas YRBSS