Eligibil	ity *	* Indicates required
grant ma	vledge that I have reviewed the strategy of the Foundation's Pioneer portfolio, as well as RWJF aking guidelines and the Pioneering Ideas Brief Proposal FAQs. I feel my proposed project is a unding opportunity. *	-
○ Ack	nowlege	

Applicant Organization *

* Indicates required

Provide the following information about the applicant organization. Include the formal legal name of the organization that, if awarded, will receive grant funds.

Note: If the Applicant Organization is a college or university, include the appropriate School, Department or Unit.

You may use the "Select organization information" link below to facilitate the entry of data required below. If the information already exists in the GuideStar Exchange or from prior activity with RWJF, the fields below will become prepopulated with the required data. If that occurs, please be sure to proofread the prepopulated information to ensure that it is accurate and current. Feel free to edit as needed. Use this link to learn more about this feature. If, instead, you prefer to manually enter all the required information below, you may do so.

Applicant Organization *	
School/Department/Unit	
Address*	
Address (line 2)	
City*	
State / Territory *	
Zip + 4-digit extension*	
Main Phone Number*	
Fax Number	
Web site	
	N dis

Project Director/Principal Investigator *

* Indicates required

- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".
- If the Project Director/Principal Investigator's organization is a college or university, include the appropriate School, Department or Unit.

You may use the "Select contact information" link below to facilitate the entry of data required below. If the information already exists in the GuideStar Exchange or from prior activity with RWJF, the fields below will become prepopulated with the required data. If that occurs, please be sure to proofread the prepopulated information to ensure that it is accurate and current. Feel free to edit as needed. Use this link to learn more about this feature. If, instead, you prefer to manually enter all the required information below, you may do so.

Project Director/Principal Investigator *

This is the person with the responsibility for overseeing the project. This person will be the primary recipient of all key Foundation correspondence: copy of award notice, post-award financial and monitoring, and grant closure. Additionally, after the application is submitted, this person will be asked to provide feedback to an independent survey firm on the application process and applicant characteristics in a brief, online survey. RWJF will share this person's contact information, including email address, with the survey firm for the sole purpose of soliciting feedback.

AL.	
E-mail *	0
Confirm E-mail*	
Prefix*	71
First Name*	
Middle Name	
Last Name *	
Suffix	
Degree(s)	
Organization*	1,5
Position*	(×O)
School/Department/Unit	
Address*	
Address (line 2)	
City*	
State / Territory *	
Zip or Postal Code *	

Office Phone Number*	Phone Extn
Cell Phone Number	
Fax Number	



Project Title and Summary Inf	ormation *	* Indicates required
Provide the following information specific to the		
 Project Title (maximum 150 characters Requested Amount Proposed Start Date Duration Project Summary 		
Project Title *		
Requested Amount \$*		
Proposed Start Date *		
Duration*	months	
Innovation	answering the following questions. The project represents and what are the break	kthroughs to which it could lead?
 What is the problem or issue th How does the problem or issue undertake this project? 	is innovation would address? relate to your organization, and why is you	ur organization qualified to
Activities	1000	
 Describe the activities and work Effectiveness 	that would be done in this proposed proje	ect.
 How might this project change 	for this project? health and health care within two years? health and health care within ten years? e completion of the proposed project?	
Non-RWJF Funding		
 Have you, or will you be receivi funding. 	ng non-RWJF funding? If so, please includ	le the amount and source of
Please respond in the space below	(maximum of 7,500 characters, including	spaces).

P	Project Information Question * Indicates required		
lf a	appropriate, provide responses to the following question.		
1.	If you have discussed this idea with an RWJF staff member(s), please provide his/her/their name with staff is not required.	ne(s). Discussion	
2.	How did you hear about the Pioneer Team? * (Check all that apply)		
	RWJF website Pioneering Ideas blog Pioneer grantee website Other website (please specify below) RWJF staff A colleague Referral from another organization Conference/Meeting (please specify below) Facebook LinkedIn Twitter RWJF Alumni network Listserv and/or newsletter Calls for Proposals TV/Newspaper coverage Other (please specify below)		

Brief Proposal Budget and Definitions *

* Indicates required

An important component of your brief proposal is the preparation of an initial budget. Please complete every field using your best judgment when projecting program expenses.

Definitions

- Personnel salary and fringe costs.
- Other Direct Costs office operations, communications/marketing, travel, meeting expenses and project space.
- Purchased Services consultants and/or contract costs.
- **Indirect Costs** administrative expenses related to overall operations. The Foundation's approved rate for Indirect Costs is 12% of Personnel, Other Direct Costs and Purchased Services. When Purchased Services total more than 33% of the RWJF portion of a budget, the Foundation limits indirect costs on the Purchased Services category to 4%.

From the Project Title & Summary Information section.

December 1	Decised Tetal	
Duration	Project Total	
Dai attoli	i rojost rotar	

Requested Budget

	Amount
Personnel	
Other Direct Costs	
Purchased Services	
Indirect Costs	
Total	