

The Excellence in State Public Health Law Program

Eligibility *

* Indicates required

Identify the following mandatory team members:

1. The State or Territorial Health Official or his/her high-level designee (this person will be the project director). *

2. The legislative liaison to the agency responsible for public health. *

If this person is not known at the time of submission, enter "To be determined."

3. The legal counsel for public health. *

If this person is not known at the time of submission, enter "To be determined."

4. The Governor's health policy senior staff member. *

If this person is not known at the time of submission, enter "To be determined."

5. A senior member of the legislative services office. *

If this person is not known at the time of submission, enter "To be determined."

6. A member of the state or territory upper legislative chamber, preferably a member of the committee with primary jurisdiction over public health matters, or his/her chief of staff or senior staff member. *

If this person is not known at the time of submission, enter "To be determined."

7. A member of the state or territory lower legislative chamber, preferably a member of the committee with primary jurisdiction over public health matters, or his/her chief of staff or senior staff member (Nebraska exempt). *

If this person is not known at the time of submission, enter "To be determined."

Remaining team member(s)

8. List the remaining team member(s). *

Please note that non-governmental stakeholders may not be team members.

Required Meetings

All team members must participate in the first cohort meeting to be held August 2-4, 2013 in Glen Cove, NY, and there is a strong preference for all team members to attend a second meeting in Atlanta in January 2014 and a closing meeting in Washington, DC or New Jersey in June or July 2014.

Note: Travel costs will only be covered for up to eight Team Members.

9. Are all team members available to attend the August 2-4 2013 meeting in Glen Cove? *

If you select "Some members can attend," you will answer the next question.

- ☐ Yes, all members can attend.
- ☐ Only some members can attend but we would like to apply anyway.

10. How many members will be able to attend the August 2-4 2013 meeting in Glen Cove? *

Enter your response as a whole number (e.g., 7)

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Team Members *

* Indicates required

Provide contact information for each of the following team members. You should provide information for as many Team Members as are available before the Phase I deadline on March 13, 2013.

Project Director *

The Project Director should be the State or Territorial Health Official.

Email *	
Confirm Email *	
Prefix	
First Name *	
Middle Name	
Last Name *	
Suffix	
Degree *	
Organization *	
Position *	
Department	
Address *	
Address (line 2)	
City *	
State / Territory *	
Zip / Postal Code *	
Phone Number *	
Extension	
Cell Phone	
Fax	
AA email or phone *	

Chief of Staff to Project Director (if available)

Email *	
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Confirm Email *		
First Name *		
Middle Name		
Last Name *		
Phone Number *		Extension

Project Co-Director (optional)

Email *		
Confirm Email *		
Prefix		
First Name *		
Middle Name		
Last Name *		
Suffix		
Degree *		
Organization *		
Position *		
Department		
Address *		
Address (line 2)		
City *		
State / Territory *		
Zip / Postal Code *		
Phone Number *		Extension
Cell Phone		
Fax		
AA email or phone *		

Team Member #2

If there is a Project Co-Director, they are the same as Team Member #2.

Email *		
Confirm Email *		
Prefix		
First Name *		
Middle Name		
Last Name *		
Suffix		
Degree *		
Organization *		
Position *		
Department		
Address *		
Address (line 2)		
City *		
State / Territory *		
Zip / Postal Code *		
Phone Number *		Extension
Cell Phone		
Fax		
AA email or phone *		

Team Member #3

Email *	
Confirm Email *	
Prefix	
First Name *	
Middle Name	

Last Name *		
Suffix		
Degree *		
Organization *		
Position *		
Department		
Address *		
Address (line 2)		
City *		
State / Territory *		
Zip / Postal Code *		
Phone Number *	Extension	
Cell Phone		
Fax		
AA email or phone *		

Team Member #4

Email *	
Confirm Email *	
Prefix	
First Name *	
Middle Name	
Last Name *	
Suffix	
Degree *	
Organization *	
Position *	
Department	

Address *		
Address (line 2)		
City *		
State / Territory *		
Zip / Postal Code *		
Phone Number *	Extension	
Cell Phone		
Fax		
AA email or phone *		

Team Member #5

Email *		
Confirm Email *		
Prefix		
First Name *		
Middle Name		
Last Name *		
Suffix		
Degree *		
Organization *		
Position *		
Department		
Address *		
Address (line 2)		
City *		
State / Territory *		
Zip / Postal Code *		
Phone Number *	Extension	

Cell Phone

Fax

AA email or phone *

Team Member #6

Email *

Confirm Email *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Degree *

Organization *

Position *

Department

Address *

Address (line 2)

City *

State / Territory *

Zip / Postal Code *

Phone Number *

Extension

Cell Phone

Fax

AA email or phone *

Team Member #7

Email *

Confirm Email *

Prefix	
First Name *	
Middle Name	
Last Name *	
Suffix	
Degree *	
Organization *	
Position *	
Department	
Address *	
Address (line 2)	
City *	
State / Territory *	
Zip / Postal Code *	
Phone Number *	Extension
Cell Phone	
Fax	
AA email or phone *	

Team Member #8

Email *	
Confirm Email *	
Prefix	
First Name *	
Middle Name	
Last Name *	
Suffix	

Degree *

Organization *

Position *

Department

Address *

Address (line 2)

City *

State / Territory *

Zip / Postal Code *

Phone Number *

Extension

Cell Phone

Fax

AA email or phone *

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Project Description *

* Indicates required

Project Description *

Please provide a description of your project, in no more than 12,000 characters, including spaces (approximately three pages). The description should include:

- a. The significance of the public health problem in your state or territory, and disparities between different populations within your state or territory;
- b. A statement of the goal you are trying to accomplish, and how your goal fits with existing state priorities (e.g., a state health improvement plan);
- c. How you plan to address this goal, including any policy solutions such as legislation, regulations, or executive orders;
- d. A brief history of attempts at policy solutions on this topic in your state or territory and in other states or territories over the past three to five years;
- e. A brief description of promising practices or other evidence-based policy-level solutions that you're considering for addressing this issue, and the implications of any change, including any readily available fiscal or cost/benefit data;
- f. A list of key stakeholders and/or advocacy groups in your state or territory engaged on this issue.

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Team Member Qualifications *

* Indicates required

Team Member Qualifications *

Provide a one-paragraph description of the qualifications of **each member** to be on your team and what his or her role or contribution will be.

Maximum of 8,000 characters total, including spaces.

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Team Member Biographies/Biosketches *

* Indicates required

To Begin

Download the instructions shown below. Follow the instructions to upload biographies/biosketches for the Team Members. Upload the biographies/biosketches by selecting the "Upload document" button in the Uploaded Documents column.

To Upload

To maintain the original formatting, **you must convert your document(s) to PDF format prior to uploading**. For additional information, refer to Troubleshooting Tips located in the Applicant Guide (see link to the left.)

Description	Templates	Uploaded Documents
Team Member Biographies/Biosketches * Maximum of eight one-page biographies/biosketches	Instructions	

Public Health Law (PHL) Fellowship Program: Building Working Relationships for PHL within States

Team Member Biography/Biosketch Instructions

Use these instructions to upload biography/biosketches for team members identified to this point.

Biography/biosketches should include information on education, professional experience, and years in current position.

For a hard copy biography/biosketch, you should scan each one individually and save to your computer as a PDF file. To upload, select the “Upload document” button found in the Uploaded Documents column.

For an electronic biography/biosketch, you should save each one individually to your computer as a PDF file. To upload, select the “Upload document” button found in the Uploaded Documents column.

NOTES:

Save your biography/biosketch as a PDF file. Refer to the online Applicant Guide, “Upload a Document” section (see link on left navigation bar) for more information on uploading your PDF file. Refer to the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.

The maximum page-limit per biography/biosketch is one.

The maximum number of biographies/biosketches is eight.

To upload more than one biography/biosketch, select “Upload document” after you have uploaded your first biography/biosketch in the Uploaded Documents column.