

Culture of Health Leaders 2017 Call for Applications

Eligibility Criteria *

* Indicates required

Respond to each question below.

The program is open to individuals from a variety of disciplines such as technology, the arts, public policy, business, community development and planning, education, transportation, public health, health care, and others who are committed to working with organizations, communities, health systems, and policymakers to build a Culture of Health in America.

1. Do you meet this criterion? *

- ☐ Yes
☐ No

Applicants must be at least 21 years old as of September 1, 2017.

2. Will you be at least 21 years old by September 1, 2017? *

- ☐ Yes
☐ No

Applicants must be U.S. citizens, permanent residents, or individuals granted Deferred Action for Childhood Arrivals ("DACA") status by the U.S. Citizenship and Immigration Services.

3. Do you meet the eligibility criteria described above? *

- ☐ Yes
☐ No

A recipient of this award cannot be related to any Officer** or Trustee of the Robert Wood Johnson Foundation, or be a descendent of the Foundation's founder.

- Are you related by blood or marriage to any Officer or Trustee of the Robert Wood Johnson Foundation?
- Are you a descendant of General Robert Wood Johnson?

***The Officers are the Chairman of the Board of Trustees; President and CEO; Chief of Staff; General Counsel; Executive Vice President; Secretary; Assistant Secretary; Treasurer; and Assistant Treasurer of the Foundation.*

4. Does either of the above apply to you? *

- ☐ Yes
☐ No

5. If "Yes" was selected in the question above, please indicate the name(s) of the person/people to whom the applicant(s) are related. Include their role. *

You may skip this question if you respond "No" to the question above.

Applicants may include government employees who are not considered government officials* under Section 4946 of the Internal Revenue Code.

* For these purposes, government officials are defined as any person who holds one of the following:

1. An elective public office in the executive or legislative branch of the Government of the United States;
2. An office in the executive or judicial branch of the Government of the United States, appointment to which was made by the President;
3. A position in the executive, legislative, or judicial branch of the Government of the United States— (A) which is listed in schedule C of rule VI of the Civil Service Rules, or (B) the compensation for which is equal to or greater than the lowest rate of basic pay for the Senior Executive Service under section 5382 of title 5, United States Code;
4. A position under the House of Representatives or the Senate of the United States held by an individual receiving gross compensation at an annual rate of \$15,000 or more;
5. An elective or appointive public office in the executive, legislative, or judicial branch of the government of a State, tribe, possession of the United States, or political subdivision or other area of any of the foregoing, or of the District of Columbia, held by an individual receiving gross compensation at an annual rate of \$20,000 or more, and a significant part of whose activities include "the independent performance of policy-making functions;
6. A position as personal or executive assistant or secretary to any of the foregoing; or,
7. A member of the Internal Revenue Service Oversight Board.

Prior to selection, any applicant who is a government employee will be required to furnish a letter from the applicant's supervisor confirming that the applicant is not a government official under this definition.

6. Are you a government official under Section 4946 of the Internal Revenue Code? *

- ☐ Yes. I am a government official.
- ☐ No. I am not a government official.

7. Please provide your title, and employer name. *

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Contact Information *

* Indicates required

- Complete this section prior to inviting your confidential references in the "References" section.
- Note that we will use your mailing address to send information to you.
- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home."
- All participant stipends will be paid to an organization identified by the participant ("Sponsoring Institution"). Sponsoring Institutions will typically be the participant's employer, but non-employer sponsoring institutions are permitted. If the sponsoring institution is a college or university, include the appropriate school, department, or unit.

If you do not have an employer or sponsoring institution, you may apply for the program. Indicate "in process" in the application and begin to look for a sponsoring institution during this process. Examples of sponsoring institutions are; community-based organizations, businesses, non-profits, or faith-based institutions. Read the frequently asked questions for further guidance.

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 be 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 you prefer to manually enter all the required information below, you may do so.

Applicant *

This is the person applying to participate in the program. 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.

Email *	<input type="text"/>
Confirm Email *	<input type="text"/>
Prefix *	<input type="text"/>
First Name *	<input type="text"/>
Middle Name	<input type="text"/>
Last Name *	<input type="text"/>
Suffix	<input type="text"/>
Degree(s)	<input type="text"/>
Sponsoring Institution *	<input type="text"/>
Position *	<input type="text"/>
School/Department/Unit	<input type="text"/>
Address *	<input type="text"/>
Address (line 2)	<input type="text"/>

City*

Country

State / Territory*

Zip or Postal Code*

Office Phone Number*

Phone Extn

Cell Phone Number

Fax Number

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References *

* Indicates required

Complete the "Contact Information" section before inviting your references below.

All applicants are required to submit three confidential references. Specific instructions follow for the types of references requested.

References from three people who can attest to your leadership or emerging leadership qualities in different roles. One reference from each of the following is required.

1. Supervisor, board member or team leader who has experience leading you in a volunteer or professional role.
2. Peer leader who can describe your leadership style and peer interactions.
3. Someone you have led in a volunteer or professional role.

References will be completed online and will include the following two questions:

1. Describe your relationship to the applicant including how you know the applicant, how long you have known the person, and why you believe the applicant is appropriate for the Culture of Health Leaders Program (up to 150 words).
2. Describe your experiences with the applicant in volunteer or professional roles, giving examples of the applicant's leadership or emerging leadership qualities in action (up to 350 words).

When you use the "Invite" link below, an email that includes login information and instructions for submitting references electronically will be sent.

Applicants should ensure that all required references are submitted by the February 15, 2017 application deadline. You will not be able to submit your application without all three references.

Notes:

- **No** references will be accepted from current or former members of the Robert Wood Johnson Foundation staff, the RWJF Board of Trustees, the staff members of the national program center at the National Collaborative for Health Equity or CommonHealth Action, national advisory committee members, application reviewers, or other RWJF national leadership program centers.
- The "CC Email Address" feature is intended for the reference writer's assistant or colleague. It is *not* intended for the applicants to CC themselves.

Invite up to 3 people, 3 are required.

Reference For	Reference	CC Email Address	Date Invited	Status
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Culture of Health Leaders 2017 Call for Applications

Applicant Questions *

* Indicates required

Sector, Topic, Discipline, Population Focus

Respond to the following questions as appropriate for your proposed work.

1. Please select the field, profession or discipline most related to COHL in which you work in as a volunteer or employee. *

Please choose one of the following responses:

Civil/Human Rights
Community Development/Economic Development
Community Organizing
Criminal Justice/Public Safety
Early Childhood
Entertainment
Environment
Finance
Health Care/Medicine
Higher Education (College/University)
Housing
Immigrant Services
Planning
Policy
Pre-K-12 Education
Public Health
Religion/Faith-based
Research
Small Business/Entrepreneur
Social Services
Technology
The Arts
Transportation
Youth Development
Other

2. Please select the type of organization most related to COHL in which you work or volunteer. *

Please choose one of the following responses:

Public Sector (Government)
Private Sector (for-profit)
Social Enterprise/Benefit Corporation
Social Sector (Non-Profit/NGO)
Not applicable

3. What topics or interest areas does your work target? *

Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Health Reform |
| <input type="checkbox"/> Behavioral and Mental Health | <input type="checkbox"/> Healthy Food Access |
| <input type="checkbox"/> Built Environment & Health | <input type="checkbox"/> Healthy Schools |
| <input type="checkbox"/> Child Maltreatment | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Childhood Obesity | <input type="checkbox"/> Leadership Development |
| <input type="checkbox"/> Disease Prevention & Health Promotion | <input type="checkbox"/> Life & Behavioral Skills Training |
| <input type="checkbox"/> Early Childhood Development | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Education | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> Emergency Preparedness & Response | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Public & Community Health |
| <input type="checkbox"/> Family & Social Support | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Food Marketing | <input type="checkbox"/> Substance Abuse Treatments |
| <input type="checkbox"/> Health Care Access | <input type="checkbox"/> Uninsured Individuals |
| <input type="checkbox"/> Health Disparities | <input type="checkbox"/> Violence & Trauma |
| <input type="checkbox"/> Other (please specify) | |

4. Is there a specific population you are focusing on? *

Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Military/Veterans |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Native Alaska |
| <input type="checkbox"/> African-American / Black | <input type="checkbox"/> Pacific Islanders |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Parents and families |
| <input type="checkbox"/> At-Risk/Vulnerable Populations | <input type="checkbox"/> People living with HIV/AIDS |
| <input type="checkbox"/> Children & Families | <input type="checkbox"/> People with addictions |
| <input type="checkbox"/> Disabled People | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Poor Economically Disadvantaged |
| <input type="checkbox"/> Foster Youth & Families | <input type="checkbox"/> Puerto Rico, Caribbean Region |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Rural Populations |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Single Parents |
| <input type="checkbox"/> Immigrants and Refugees | <input type="checkbox"/> Tobacco Users |
| <input type="checkbox"/> Incarcerated or Formerly Incarcerated Populations | <input type="checkbox"/> Tribal Communities |
| <input type="checkbox"/> LGBTQ Communities | <input type="checkbox"/> Urban Communities |
| <input type="checkbox"/> Low Income Communities | <input type="checkbox"/> Victims of Crime |

- ☐ Men's Health
- ☐ Migrant Workers
- ☐ Other (please specify)

- ☐ Women's Health
- ☐ Youth

Select Collaborating Organizations (SCOs)

5. If you are a full or part-time employee of any of the following SCOs, please select the organization from the list; otherwise select "No affiliation." *

Please refer to the Call for Applications (see link to the left) for more details.

Please choose one of the following responses:

No affiliation
 America's Essential Hospitals
 American Academy of Nursing (AAN)
 American Academy of Pediatrics (AAP)
 AARP
 American Heart Association (AHA)
 American Hospital Association (AHA)
 American Public Health Association (APHA)
 Association of State and Territorial Health Officials (ASTHO)
 Council for a Strong America
 Institute for Healthcare Improvement (IHI)
 National Association for the Advancement of Colored People (NAACP)
 National Council of La Raza (NCLR)
 People Improving Communities through Organizing (PICO)
 United Way Worldwide
 Urban Land Institute (ULI)
 YMCA of the USA

6. If you are a full or part-time employee of one of the SCOs, please indicate your title. *

Applicant Video

- Leading change requires understanding the contexts, conditions, variables, and risks in your community or organization. Create a video that provides a brief glimpse of the challenges and opportunities in your community. What are the conditions and risks that impede changes necessary to build a Culture of Health? Describe what you would do to improve the situation and make the necessary changes? Include the steps that you would take and how you would use tools, resources, relationships, knowledge, etc. to be successful.

- The video is your chance to bring the community to life for the reviewers. It must be no longer than 3 minutes (180 seconds). It can be created on a mobile device, can be informal, and should not be professionally produced. The video must be developed specifically for this application. Name and upload your video to YouTube using the following instructions:
 - **Naming Convention:** When you are uploading your video, be sure to name it using this format: Last Name, First Name_State-Abbreviation_CoHL17 (e.g., Doe, Jane_VA_CoHL17)
 - **Video Status:** Select UNLISTED as the status for your video. Do not choose PUBLIC (everyone will be able to view your video) or PRIVATE (the reviewers will not be able to review your video).
 - **Link:** Once your video is uploaded, copy the link and place it in your application where requested.
- Refer to the "Application Video Recording Instructions" link to the left for detailed instructions on creating your video.

7. How long is your video? (indicate time in seconds) *

Maximum of 180 seconds.

8. Paste the URL for the video below. *

Personal Profile

9. Personal profile *

Include your education and highlight five key roles from your employment and your community service that make you a good candidate for this program.

Maximum of 1,000 characters (including spaces).

Other

10. How did you hear about the COHL program? *

Select all that apply.

☐ Conference (please specify)

☐ Social Media (please specify)

☐ Current participant

☐ Email (please specify)

☐ Other (please specify)

☐ Website (please specify)

☐ Word of Mouth

11. I agree to be contacted to answer questions to help evaluate the effectiveness of the COHL application process and program or to learn more about the Foundation's leadership programs. *

☐ Yes

☐ No

SAMPLE: Page 10 of 13
- not intended for submission -

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Applicant Narrative *

* Indicates required

To Begin

Download the template shown below. Follow the instructions included on the template.

To Upload

Upload the completed template by selecting the "Upload document" button in the "Uploaded Documents" column. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide," located in the Reference box to the left.

To maintain the original formatting, **you must convert your document(s) to a PDF file prior to uploading.** For additional information, refer to Troubleshooting Tips.

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
Applicant Narrative * <i>Maximum of six-pages.</i>	Applicant Narrative Template	

Culture of Health Leaders 2017 Call for Applications
Applicant Narrative

Applicant Narrative Instructions

Submit a narrative of no more than six pages (single-spaced) in length that responds to the questions below. Please follow the naming convention for the files described below.

You should:

- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the **Identifying Information** shown below this block of instructions.
- Provide a response for each Applicant Narrative sub-section below.
- **The final narrative needs to be saved in the PDF format.** Refer to the Troubleshooting Tips section of the online system for additional information.
- **Each narrative should be saved using the following naming convention:**
"LastNameofApplicant.pdf".

NOTES:

- Do not adjust the margins or font style/size of this template.
- You will not be able to upload a document that exceeds six pages.
- Be sure to keep your responses numbered with the question title next to it.
- Please include word counts for your responses to each question in the specified area below.

Please delete the instructions that appear in this box, and the instructions in blue below, prior to uploading your narrative.

Identifying Information

Proposal ID: (Your proposal ID goes here—found in the upper right corner of any screen in this online system.)

Applicant Name: (Your name goes here.)

Legal Name of Sponsoring Institution: (Enter the legal name of the sponsoring institution here.)

If you do not have a sponsoring institution, indicate that it is "In Process." We recommend you begin identifying a sponsoring institution as soon as possible. Refer to the "Sponsoring Institution FAQs" located in the online system for more details.

Applicant Narrative (maximum of six pages):

1. My Vision (Word Count = ____)

This program develops leaders from different sectors, industries, and professions to build a Culture of Health. Describe your vision of the Culture of Health and tell us about personal, professional, or life experience that makes it important to you. (up to 250 words)

2. My Leadership Potential (Word Count = ____)

Leaders from different sectors bring diverse skills, talents, experiences, and networks to the Culture of Health. What do you want to learn from the program and why now? What do you believe you need to develop in yourself to make you a stronger leader? How will your participation in this program cultivate your untapped leadership potential to build a Culture of

Health? (250-500 words)

3. My Experience as a Change Agent (Word Count = ____)

Change leaders often begin their work because of a personal or professional experience or event. Tell us about a time when you participated in changing the status quo (i.e., in systems, institutions, organizations, or community). What motivated you to take action? How did you work with others? What was the outcome? What did you learn about yourself and about being a change leader from the experience? (500-1000 words)

4. My Experience Working with Partners (Word Count = ____)

Describe a situation in which you worked with partners from different sectors and led a change without having a formal leadership title or role. How did you gain support, collaboration, and engagement from others? If you were to do it again, what might you do differently? (250-500 words)

5. My Personal Leadership Reflection (Word Count = ____)

Identify and reflect upon a leader with whom you have a personal/professional relationship. What qualities do you admire in that person? Describe the similarities and differences you see between yourself and the leader you identified. Based on this reflection, what leadership qualities do you have that make you a strong candidate for this program? (250-500 words)