# Clinical Scholars 2017 Call for Applications

## Eligibility Criteria *

**Respond to each question below.**

Applicant organizations must be based in the U.S. or its territories. Awards will be made to organizations, not individuals.

1. Does the applicant organization meet this criteria? *

   ○ Yes
   ○ No

- Clinically active health care providers who have a desire to build a Culture of Health will be eligible to participate in this program as team members.
- Eligible team members will have completed all required clinical training five or more years prior to applying and will be fully licensed in their chosen health profession (e.g audiologist, clinical counselor, dentist, dietician, nurse, nurse practitioner, nutritionist, occupational therapist, pharmacist, physical therapist, physician, physician assistant, psychologist, social worker, speech therapist, veterinarian, etc.). All team members should have substantial community-focused research or program experience.
- Applicant organizations must include interprofessional teams of two to five members representing different health care professions on the application. Teams must represent more than one clinical discipline (teams of all nurses, all pharmacists, all veterinarians, etc. will not be awarded). Team members listed by the Applicant organization may be from one or more organizations. Teams may have a history of working together or be formed to address the "wicked problem" in the Culture of Health that serves as their focus project.

2. Do the team members meet all these criteria? *

   ○ Yes
   ○ No

Team members 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 the team members fit these eligibility criteria described "above?" *

   ○ Yes
   ○ No

Team members cannot be related to any Officer** or Trustee of the Robert Wood Johnson Foundation, or be a descendent of the Foundation's founder.

- Are any team members related by blood or marriage to any Officer or Trustee of the Robert Wood Johnson Foundation?
- Are ant team members 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 any of the team members? *

    ○ Yes

    ○ No

5.  If you selected "yes" in the question above, please indicate the name(s) of the team member(s) and the name(s) of the person/people to whom the team member(s) is/are related. Include their role. *

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

Applicant organizations may include team members that are 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 team members who is a government employee may be required to furnish a letter from the team member's supervisor confirming that the team member is not a government official under this definition

6.  Is any team member, a government official under Section 4946 of the Internal Revenue Code? *

    ○ Yes. A team member is a government official.

    ○ No. No team member is a government official.

# Clinical Scholars 2017 Call for Applications

## Applicant Organization & Tax Verification *

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

**Notes:**

- Please remember that the applicant organization must be an organization based in the United States or its territories.
- If the Applicant Organization is a college or university, include the appropriate School, Department or Unit.
- Applicant Organizations will typically be one of the team member's employer, but non-employer applicant organizations are permitted.

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 | |
| Website | |

### Applicant Organization Tax Status

1. Applicant Organization Tax ID (Employer ID Number)

2. Is the applicant organization tax-exempt under section 501(c)(3) of the Internal Revenue Code, or a state university, or a governmental entity? *

   ○ Yes    ○ No

3. Is the applicant organization a private foundation, or a Type III supporting organization? *

   ○ Yes    ○ No

# Clinical Scholars 2017 Call for Applications

## Team Member Contact Information *

- **Complete this section prior to inviting your confidential letters of reference in the "Letters of Reference" section.**
- A team may consist of between two and five members.
- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home."
- Use the "Copy" feature to copy completed organizational and address information to a new contact. Choose a role from the drop-down menu and select the "Copy" button.
- If the Team Member's Employer is a college or university, include the appropriate school, department, or unit.
- All grant funds will be paid to an organization identified by the team as their applicant organization.

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.

### Lead Team Member *

This is the person responsible 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.

Email *

Confirm Email *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s) *

Employer *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

| | |
|---|---|
| State / Territory * | |
| Zip or Postal Code * | |
| Office Phone Number * | Phone Extn |
| Cell Phone Number | |
| Fax Number | |

## Team Member #2 *

Provide the following information for team member #2, who will share responsibility for this project. This person will also receive all key Foundation correspondence as described above. 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 * | |
| Confirm Email * | |
| Prefix * | |
| First Name * | |
| Middle Name | |
| Last Name * | |
| Suffix | |
| Degree(s) * | |
| Employer * | |
| Position * | |
| School/Department/Unit | |
| Address * | |
| Address (line 2) | |
| City * | |
| State / Territory * | |
| Zip or Postal Code * | |
| Office Phone Number * | Phone Extn |
| Cell Phone Number | |
| Fax Number | |

## Team Member #3

If applicable, provide the following information for team member #3 who will share responsibility for this project. This person will also receive all key Foundation correspondence as described above. 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 *

Confirm Email *

Prefix *

First Name *

Middle Name

Last Name *

Suffix

Degree(s) *

Employer *

Position *

School/Department/Unit

Address *

Address (line 2)

City *

State / Territory *

Zip or Postal Code *

Office Phone Number *     Phone Extn

Cell Phone Number

Fax Number

## Team Member #4

If applicable, provide the following information for team member #4 who will share responsibility for this project. This person will also receive all key Foundation correspondence as described above. 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 *

| | |
|---|---|
| Confirm Email * | |
| Prefix * | |
| First Name * | |
| Middle Name | |
| Last Name * | |
| Suffix | |
| Degree(s) * | |
| Employer * | |
| Position * | |
| School/Department/Unit | |
| Address * | |
| Address (line 2) | |
| City * | |
| State / Territory * | |
| Zip or Postal Code * | |
| Office Phone Number * | Phone Extn |
| Cell Phone Number | |
| Fax Number | |

## Team Member #5

If applicable, provide the following information for team member #5 who will share responsibility for this project. This person will also receive all key Foundation correspondence as described above. 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 * | |
| Confirm Email * | |
| Prefix * | |
| First Name * | |
| Middle Name | |
| Last Name * | |

| | |
|---|---|
| Suffix | |
| Degree(s) * | |
| Employer * | |
| Position * | |
| School/Department/Unit | |
| Address * | |
| Address (line 2) | |
| City * | |
| State / Territory * | |
| Zip or Postal Code * | |
| Office Phone Number * | Phone Extn |
| Cell Phone Number | |
| Fax Number | |

# Clinical Scholars 2017 Call for Applications

## Letters of Reference *

**Complete the "Team Member Contact Information" section prior to inviting your references.**

Two confidential references are required per team member (one of whom should be the team member's immediate supervisor). Each team member should use the area below to invite **two** confidential references. There is a maximum of 10 letters allowed for a team of five. Materials submitted by reference writers will not be accessible to team members. Letters of Reference (LOR) should be submitted on organizational letterhead. Reference writers will be asked to provide content on these topics:

- How long and in what capacity you have known the team member
- Initiative, creativity, resourcefulness, leadership
- Ability to relate and work with teams
- Problem solving ability and judgement
- Knowledge of the subject matter
- Work or educational background, if relevant

When you use the "Invite" link below, the reference writer will immediately receive an email that includes login instructions for the MyRWJF portal. Once logged in, they will have complete instructions for writing your LOR.

Team members are urged to actively track submission status of their LORs.

- If a reference is no longer able to fulfill his or her obligation within the stated timeframe, you may "Un-Invite" that reference and "Invite" another.
- Use the "Re-Invite" link to resend the email invitation.
- We recommend that you return to this section to monitor that letters of reference are submitted before the application deadline. You will not be able to submit without all required LORs.

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 University of North Carolina at Chapel Hill, national advisory committee members, application reviewers, or other RWJF national leadership program centers.
- **The CC feature is intended for the reference writer's assistant or colleague only; the applicants' will NOT be CC'ed.**

| Reference For | Reference | CC Email Address | Date Invited | Status |
|---|---|---|---|---|

**Project Information Questions ***

**Topic, Population Focus**

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

   Please choose one of the following responses:

   Not applicable
   Addiction
   Adverse Childhood Experiences
   Alcoholism
   Antibiotic Resistance
   Behavioral and Mental Health
   Built Environment & Health
   Child Maltreatment
   Childhood Obesity
   Disease Prevention & Health Promotion
   Early Childhood Development
   Education
   Education Policy, Health Policy
   Emergency Preparedness & Response
   Employer-Sponsored Insurance
   End of Life Care, Health Care Costs & Quality
   Environment
   Family & Social Support
   Food Insecurity
   Health Care Access
   Health Care Costs
   Health Care Coverage
   Health Care Education & Training
   Health Care Equity & Trust
   Health Care Payment Reform
   Health Care Quality
   Health Care Transportation
   Health Care Workforce
   Health Data & IT
   Health Disparities
   Health Insurance Exchanges
   Health Reform
   Healthy Food Access
   Healthy Schools
   Individual Health Insurance
   Infectious Diseases
   Leadership Development
   Life & Behavioral Skills Training
   Medicaid & CHIP
   Nurses & Nursing
   Nutrition
   Occupational Health

One Health
Oral Health
Patient-Centered Care
Prescription Drugs
Public & Community Health
Public Policy
Social Determinants of Health
Substance Abuse Treatments
Substance Use
Tax Policy
Tobacco Control
Uninsured Individuals
Violence & Trauma
Other

2. Use the space below to indicate a sub-topic or sub-area of interest.

*If you do not have a sub-topic or sub-area of interest, you may skip this question.*

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

*Select all that apply.*

- ☐ Not Applicable
- ☐ Adolescents
- ☐ African-American / Black
- ☐ Asian
- ☐ At-Risk/Vulnerable Populations
- ☐ Children & Families
- ☐ Disabled People
- ☐ Elderly
- ☐ Foster Youth & Families
- ☐ Hispanic/Latino
- ☐ Homeless
- ☐ Immigrants and Refugees
- ☐ Incarcerated Populations
- ☐ Inmates and Former Inmates
- ☐ LGBTQ Communities

- ☐ Military/Veterans
- ☐ Native Alaska
- ☐ Pacific Islanders
- ☐ Parents and Families
- ☐ People Living with HIV/AIDS
- ☐ People with Addictions
- ☐ People with Disabilities
- ☐ Poor/Economically Disadvantaged
- ☐ Puerto Rico, Caribbean Region
- ☐ Rural Populations
- ☐ Single Parents
- ☐ Tobacco Users
- ☐ Tribal Communities
- ☐ Urban Communities
- ☐ Victims of Crime

- [ ] Low Income Communities
- [ ] Men's Health
- [ ] Migrant Workers
- [ ] Other (please specify)

- [ ] Women's Health
- [ ] Youth

[                                                    ]

## Team Members & Location

4.  How many members are there in your team? *

    *Based on the number selected, you will provide team member information below as required.*

    | Please choose one of the following responses: |
    | --- |
    | 2 |
    | 3 |
    | 4 |
    | 5 |

At least one team member must have a terminal degree in his or her clinical profession.

5.  List the names of the team member(s) who have a terminal degree in his or her clinical profession *

    [                                                    ]

6.  Indicate the state(s)/district/territory(ies) where the project will take place. *

    **Notes:**

    - If your project focuses on multiple states, as well as national research or data, check both the relevant states and "National/United States."
    - If a national project, check "National/United States."
    - If a nationally representative sample is used, check "National/United States."

    *Select all that apply*

    - [ ] National/United States
    - [ ] Alabama
    - [ ] Alaska

    - [ ] New Jersey
    - [ ] New Mexico
    - [ ] New York

- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire

- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania
- ☐ Rhode Island
- ☐ South Carolina
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming
- ☐ American Samoa
- ☐ District of Columbia
- ☐ Federated States of Micronesia
- ☐ Guam
- ☐ Marshall Islands
- ☐ Northern Mariana Islands
- ☐ Palau
- ☐ Puerto Rico
- ☐ U.S. Virgin Islands

- ☐ American Indian Tribe/Reservation (specify)

_____

## Lead Team Member Licensure Credentials

7. Lead team member's name *

_____

8. Lead team member's licensed health profession? *

*Select all that apply.*

☐ Audiologist                          ☐ Pharmacist

☐ Clinical Counselor                   ☐ Physical Therapist

☐ Dentist                              ☐ Physician

☐ Dietician                            ☐ Physician Assistant

☐ Nurse                                ☐ Psychologist

☐ Nurse Practitioner                   ☐ Social Worker

☐ Nutritionist                         ☐ Speech Therapist

☐ Occupational Therapist               ☐ Veterinarian

☐ Other (please specify)

```
[                                                        ]
```

9.  Is the lead team member currently clinically active? *

○ Yes      ○ No

10. At which institution is the lead team member clinically active? *

```
[                                                        ]
```

11. List the lead team member's clinical credentials. (Example: APRN, DVM, etc.) *

```
[                                                        ]
```

12. Provide the year the lead team member's license was obtained. (yyyy) *

```
[               ]
```

13. Lead team member's primary employment sector. *

Please choose one of the following responses:

Colleges and Universities
Community-Based Organization
Elementary and Secondary Schools
Faith-Based Organization
Federal, state, and local government

Federally Qualified Health Centers (FQHC)
Hospitals (state, local, private)
Outpatient care centers
Pharmacies
Residential care facilities
Self-Employed Practice
Tribal Reservations
Veterinary services
Other

14. Lead team member agrees to be contacted to answer questions to help evaluate the effectiveness of the CS application process and program or to learn more about the Foundation's leadership programs. *

○ Yes
○ No

## Team Member #2 Licensure Credentials

15. Team member #2's name *

[                                        ]

16. Team member #2's licensed health profession? *

*Select all that apply.*

☐ Audiologist                    ☐ Pharmacist
☐ Clinical Counselor             ☐ Physical Therapist
☐ Dentist                        ☐ Physician
☐ Dietician                      ☐ Physician Assistant
☐ Nurse                          ☐ Psychologist
☐ Nurse Practitioner             ☐ Social Worker
☐ Nutritionist                   ☐ Speech Therapist
☐ Occupational Therapist         ☐ Veterinarian

☐ Other (please specify)

[                                        ]

17. Is team member #2 currently clinically active? *

○ Yes    ○ No

18. At which institution is team member #2 clinically active? *

19. List team member #2's clinical credentials. (Example: APRN, DVM, etc.) *

20. Provide the year team member #2's license was obtained. (yyyy) *

21. Team member #2's primary employment sector. *

Please choose one of the following responses:

Colleges and Universities
Community-Based Organization
Elementary and Secondary Schools
Faith-Based Organization
Federal, state, and local government
Federally Qualified Health Centers (FQHC)
Hospitals (state, local, private)
Outpatient care centers
Pharmacies
Residential care facilities
Self-Employed Practice
Tribal Reservations
Veterinary services
Other

22. Team member #2 agrees to be contacted to answer questions to help evaluate the effectiveness of the CS application process and program or to learn more about the Foundation's leadership programs. *

○ Yes
○ No

**Team Member #3 Licensure Credentials**

23. Team member #3's name *

[                                                              ]

24. Team member #3's licensed health profession? *

*Select all that apply.*

☐ Audiologist                       ☐ Pharmacist
☐ Clinical Counselor                ☐ Physical Therapist
☐ Dentist                           ☐ Physician
☐ Dietician                         ☐ Physician Assistant
☐ Nurse                             ☐ Psychologist
☐ Nurse Practitioner                ☐ Social Worker
☐ Nutritionist                      ☐ Speech Therapist
☐ Occupational Therapist            ☐ Veterinarian

☐ Other (please specify)

[                                                              ]

25. Is team member #3 currently clinically active? *

◯ Yes    ◯ No

26. At which institution is team member #3 clinically active? *

[                                                              ]

27. List team member #3's clinical credentials. (Example: APRN, DVM, etc.) *

[                                                              ]

28. Provide the year team member #3's license was obtained. (yyyy) *

[                        ]

29. Team member #3's primary employment sector. *

Please choose one of the following responses:

Colleges and Universities
Community-Based Organization
Elementary and Secondary Schools
Faith-Based Organization
Federal, state, and local government
Federally Qualified Health Centers (FQHC)
Hospitals (state, local, private)
Outpatient care centers
Pharmacies
Residential care facilities
Self-Employed Practice
Tribal Reservations
Veterinary services
Other

30. Team member #3 agrees to be contacted to answer questions to help evaluate the effectiveness of the CS application process and program or to learn more about the Foundation's leadership programs. *

○ Yes
○ No

## Team Member #4 Licensure Credentials

31. Team member #4's Name *

[                                                    ]

32. Team member #4's licensed health profession? *

*Select all that apply.*

☐ Audiologist                    ☐ Pharmacist

☐ Clinical Counselor             ☐ Physical Therapist

☐ Dentist                        ☐ Physician

☐ Dietician                      ☐ Physician Assistant

☐ Nurse                          ☐ Psychologist

☐ Nurse Practitioner             ☐ Social Worker

☐ Nutritionist                   ☐ Speech Therapist

☐ Occupational Therapist         ☐ Veterinarian

☐ Other (please specify)

[                                                    ]

33. Is team member #4 currently clinically active? *

　○ Yes　　○ No

34. At which institution is team member #4 clinically active? *

[                                                    ]

35. List team member #4's clinical credentials. (Example: APRN, DVM, etc.) *

[                                                    ]

36. Provide the year team member #4's license was obtained. (yyyy) *

[                          ]

37. Team member #4 primary employment sector. *

Please choose one of the following responses:

Colleges and Universities
Community-Based Organization
Elementary and Secondary Schools
Faith-Based Organization
Federal, state, and local government
Federally Qualified Health Centers (FQHC)
Hospitals (state, local, private)
Outpatient care centers
Pharmacies
Residential care facilities
Self-Employed Practice
Tribal Reservations
Veterinary services
Other

38. Team member #4 agrees to be contacted to answer questions to help evaluate the effectiveness of the CS application process and program or to learn more about the Foundation's leadership programs. *

○ Yes
○ No

## Team Member #5 Licensure Credentials

39. Team member #5's Name *

[_____]

40. Team member #5's licensed health profession? *

   *Select all that apply.*

   ☐ Audiologist                    ☐ Pharmacist
   ☐ Clinical Counselor             ☐ Physical Therapist
   ☐ Dentist                        ☐ Physician
   ☐ Dietician                      ☐ Physician Assistant
   ☐ Nurse                          ☐ Psychologist
   ☐ Nurse Practitioner             ☐ Social Worker
   ☐ Nutritionist                   ☐ Speech Therapist
   ☐ Occupational Therapist         ☐ Veterinarian

   ☐ Other (please specify)

   [_____]

41. Is team member #5 currently clinically active? *

   ○ Yes     ○ No

42. At which institution is team member #5 clinically active? *

   [_____]

43. List team member #5's clinical credentials. (Example: APRN, DVM, etc.) *

   [_____]

44. Provide the year team member #5's license was obtained. (yyyy) *

[            ]

45. Team member #5's primary employment sector.  *

Please choose one of the following responses:

Colleges and Universities
Community-Based Organization
Elementary and Secondary Schools
Faith-Based Organization
Federal, state, and local government
Federally Qualified Health Centers (FQHC)
Hospitals (state, local, private)
Outpatient care centers
Pharmacies
Residential care facilities
Self-Employed Practice
Tribal Reservations
Veterinary services
Other

46. Team member #5 agrees to be contacted to answer questions to help evaluate the effectiveness of the CS application process and program or to learn more about the Foundation's leadership programs. *

○ Yes
○ No

## Other Questions

47. How did you first learn about the Clinical Scholars Program? *

*Select all that apply.*

☐ Clinical Scholars website (http://clinicalscholarsnli.org/)
☐ Clinical Scholars recruitment website (http://clinical-scholars.org/)
☐ RWJF.org website
☐ Other website (specify below)
☐ Association newsletter (specify below)
☐ Conference (specify below)
☐ Email from RWJF

☐ Other email (specify below)
☐ Facebook
☐ Twitter
☐ Other social media
☐ Listserv (specify below)
☐ Word of mouth/notified by a friend
☐ Current participant

☐ Other (please specify)

[                                                                    ]

48. If applicable, please name up to three listservs or newsletters where you would normally find announcements for funding opportunities such as the one for which you are applying. Use a semicolon between responses.

[                                                                    ]

# Clinical Scholars 2017 Call for Applications

## Project Summary *

Provide the following information for your proposed project:

- **Proposed Project Title**
- **Total Requested Funding Amount** (Over a three-year period) **\***
- **Project Summary**

**\*The total award to the applicant organization will be up to $105,000 per team member for the three-year fellowship program. The maximum amounts that can be requested are:**

| Applicant type | Up to amount |
|---|---|
| Team of two | $210,000 |
| Team of three | $315,000 |
| Team of four | $420,000 |
| Team of five | $525,000 |

Proposed Project Title *

Total Requested Funding Amount *
$

Start Date   9/1/2017

Duration   36   months

## Project Summary *

In no more than 4000 characters (roughly 650 words), please summarize your proposed work in the text box below. Use the following headings in your description.

- **Wicked Problem:**
- **Proposed Project:**
- **Approach or Strategies:**
- **Anticipated Outcomes:**
- **Evaluation Strategies:**
- **Teams areas of expertise and partnerships:**

**Note:**   A full "wicked problem" narrative will be uploaded separately.

## Wicked Problem Application Narrative *

<div align="right">* Indicates required</div>

**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.

**Wicked Problem:**

Originally coined within the context of social policy, the concept of a "wicked problem" is one that requires solutions that embrace a scientific-rational approach while also recognizing the very real contributions of politics, behavior, environment, and other complex contributing factors[1]. See the call for applications link to the left for additional information.

[1]Churchman, C. West (December 1967). "Wicked Problems". *Management Science 14*(4). doi:10.1287/mnsc.14.4.B141. [1]

| Description | Templates | Uploaded Documents |
|---|---|---|
| **Wicked Problem Application Narrative *** <br> Download the template in the "Templates" column to the right, and follow the instructions carefully. <br> **You must convert your document to a PDF file prior to uploading**. For additional information, refer to "Troubleshooting Tips," located in the Reference box to the left. <br> To view samples, select the "Sample Wicked Problem Narrative" link to the left. <br> *Maximum of one five-page document.* | Wicked Problem Narrative | |

# Budget *

An important component of your proposal is the preparation of a budget. Complete every field on this page using your best judgment when projecting expenses. Refer to the Glossary & Instructions section of the Budget Preparation Guidelines for complete instructions on the following categories:

- Personnel—salary and fringe costs.
    - Amount – enter the requested amount.
    - Total – this column will replicate the "Amount" column for a single budget period and will show the cumulative total for multiple budget periods (if applicable).

- Other Direct Costs—office operations, communications/marketing, travel, meeting expenses and project space.
- Purchased Services—consultant and/or contract costs.
- Indirect Costs—administrative expenses related to overall operations. The Foundation's approved rate for Indirect Costs is 12 percent of Personnel, Other Direct Costs and Purchased Services. When Purchased Services total more than 33 percent of the budget before indirect costs, the Foundation limits indirect costs on the Purchased Services category to 4 percent. The Foundation strongly encourages applicant to waive indirect/overhead charges. If indirect/overhead charges must be applied, they may not exceed the aforementioned 12% and will be a reduction of the amount available to the team members for their project.

Enter budget information in the section below. To add additional budget period, select the "Add" link on the right. **There should be three twelve month budget periods.**

For additional information, refer to the "Budget Preparation Guidelines" link shown on the left.

| Duration | Project Total |
|----------|---------------|
|          |               |

|                      | Period 1 | Total |
|----------------------|----------|-------|
| Personnel            |          |       |
| Other Direct Costs   |          |       |
| Purchased Services   |          |       |
| Indirect Costs       |          |       |
| **Total**            |          |       |

## Project Budget Narrative *

**To Begin**

Download the template shown below. Follow the instructions included on the template. Upload the completed template by selecting the "Upload document" button in the "Uploaded Documents" column.

**To Upload**

**You must convert your document(s) to the PDF format prior to uploading**. For additional information, refer to the "Troubleshooting Tips" link to the left.

| Description | Templates | Uploaded Documents |
|---|---|---|
| **Budget Narrative Template *** <br> Download the Budget Narrative template shown to the right. Follow the instructions provided on the template. <br> One Budget Narrative is required for each team. <br> For additional information, review the "Budget Preparation Guidelines" (see link to the left). | Budget Narrative Template | |

# Clinical Scholars 2017 Call for Applications

## Supporting Documents *

The following supporting documents are either required or optional, as indicated:

1. Team member resume/biosketch (e.g., NIH format) (*required*)
2. Team member personal statement (*required*)
3. Appendices (optional)

To prepare, upload and submit these documents:

- Be sure to download each template or set of instructions found in the "Templates" column below, and carefully follow the instructions for each.
- Complete the "Identifying Information" section, if requested.
- **You must convert your document(s) to a PDF file prior to uploading.** Converting to a PDF will maintain the original formatting. For additional information, refer to the "Troubleshooting Tips" link to the left.
- Upload the completed documents by selecting the "Upload document" button in the "Uploaded Documents" column. For additional upload instructions, refer to the "Upload Documents" section of the "Applicant Guide" (link on left side of screen).

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 resume/biosketch *** <br> A resume or biosketch (e.g., NIH format) is *required* for each team member. If the team member choose to submit a resume, make sure that it contains information about his/her academic degrees, including dates and institutions from which the degrees were granted. <br> *Minimum of two, maximum of five four-page single-spaced resumes/biosketches.* | | |
| **Applicant personal statement(s) *** <br> Download the template in the "Templates" column to the right, and follow the instructions carefully. <br> An applicant personal statement is *required* from each team member. <br> *Maximum of five one-page statements.* | Applicant Personal Statement | |
| **Appendices** <br> If you choose to submit appendices, download the template in the "Templates" column to the right, and follow the instructions carefully. <br> *Maximum of one five-page document.* | Optional Appendices Template | |

**Clinical Scholars Program**
**Wicked Problem Application Narrative**

**Identifying Information**
**Project Title:** (your project title goes here)
**Application I.D.:** (your application ID goes here—found in the upper right corner of any screen in this online system)
**Applicant Organization Name:** (legal name of applicant organization goes here)

**Wicked Problem Proposal**
Please describe your proposed project by addressing the following sections. The proposed project and necessary resources should be clearly stated and organized as follows: (Up to five pages.)

**The Problem**: Provide an overview of the problem as a national or regional issue.

Describe the specific target audience or community impacted by the problem and your experience with this group and the wicked problem.

**Proposed Project**:  Provide an overview of your current understanding of the wicked problem and the importance of resolving the issue. Describe the specific strategy you propose to make significant changes in your community. Where applicable, describe roles of other members of your team in designing and implementing the strategy. Include anticipated challenges and considerations for addressing those challenges.

**Planned Approach**:  Describe your process or methods for implementing the proposed strategy.

**Anticipated Outcome**: Describe your goals and objectives for the project. Goals articulate meaningful success to change, reduce, or eliminate the wicked problem. Objectives describe key milestones needed to reach the goal.

**Evaluation**: Consider your vision of success over the next few years and describe plans to measure change and evaluate the process and outcomes of the project.

**Clinical Scholars Program**
**Budget Narrative Template**

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**Instructions for using this template.**

An important component of the submission process is the preparation of a detailed budget narrative, which links the requested funding from the budget worksheet with specific elements of the proposed project. Best judgment should be used when projecting program expenses.This template must be used to provide a budget narrative for the proposed project.

The total award to the applicant organization will be up to $105,000 per team member for the three-year fellowship program. Teams may be comprised of between two and five individuals. For example, the award for a three-member team would be for a total of up to $315,000. The size of the team may not increase during the grant term. This amount includes grant funds to support the ongoing participation for all team members for all three years, including salary support, project funding and project travel. In keeping with RWJF policy, grant funds may not be used to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities.

The Foundation strongly encourages applicant organizations to waive indirect/overhead charges. If indirect/overhead charges must be applied, they may not exceed 12 percent of the total of personnel, other direct costs and purchased services and will result in a reduction of the funds available to support program activities.

The applicant organization will be responsible for managing the grant budget. Recognizing that some team members may not be employees of the applicant organization, this may include subcontracts to other organizations or similar arrangements to support the time of team members.

**You should:**

> **Familiarize yourself with the Budget Preparation Guidelines in the "Reference" box, located on the left-hand side of all screens in the online system.** Once you have accessed the guidelines, you can print them by selecting "Print Budget Guidelines" found in the upper right corner of the screen.
> 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.
> In the table shown below, complete all **categories** and **sub-categories** for which you are requesting funding.
> Delete this block of instructions and the instructions in blue under each heading.
> **Save your Budget Narrative 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.*

Upload this file to the Budget Narrative section of the online system.

For each of the categories and sub-categories below, explain — completely and in as much detail as possible — how the funds for this line item will be spent and how the amount was determined.

**NOTES:**

Delete any categories (e.g., Personnel, Other Direct Costs) or sub-categories (e.g., Other Staff, Travel, Consultants) that are not included in your budget.

Include detailed Full-Time Equivalent (FTE) information for each person/role in the Personnel category where funds are being requested.

If polls or surveys are a component of your project, under Other Direct Costs, list amount of each non-Personnel and non-Purchased Services cost (e.g., fielding and administrative costs, design and development of survey instruments, mailing of questionnaires, expenses related to telephone surveys, printing and dissemination of findings) associated with your survey in Surveys section. There may also be survey costs budgeted under Personnel (e.g., temporary help, interviewers, data coders) and/or Purchased Services (e.g., consultant or contract costs). RWJF is interested in capturing total poll or survey costs for your project, Therefore, in addition to budgeting poll or survey costs in their appropriate budget subcategories, also state total amount budgeted for poll or survey costs from all budget subcategories in Surveys section.

Include a Contract Budget and Fact Chart, if applicable, for any contracts that are a part of your proposed project.

Do not adjust the margins or font style/size of this template.

No hardcopy materials will be accepted as part of your online submission.

**Remember to delete this block of instructions before uploading this template.**

**Identifying Information**
**Project Title:** (your project title goes here)
**Application I.D.:** (your application ID goes here—found in the upper right corner of any screen in this online system)
**Applicant Organization Name:** (legal name of applicant organization goes here)

| Category | Narrative |
|---|---|
| **Personnel**<br>**Note**: You *must* include base annual salary and full time equivalent (FTE) information for each person/role for whom funds are being requested in this category. We recommend you insert a table with this information. See Personnel section of Budget Preparation Guidelines for complete instructions. The personnel category should reflect salary and fringe benefits for team members or other project staff that are employees of the applicant organization.  Expenses for team members or other parties who are not employees of the applicant organization should be reflected under the Purchased Services category. | |
| Team Members | |

| Category | Narrative |
|---|---|
| Project Staff | |
| Administrative Staff | |
| Other Staff | |
| Fringe Benefits | |
| | |
| **Other Direct Costs** | |
| Office Operations | |
| Polls and Surveys | |
| Communications/ Marketing | |
| Travel | |
| Meeting Expenses | |
| Equipment | |
| Project Space | |
| Other | |
| | |
| **Purchased Services** | |
| Consultants | |
| Contracts * | |
| | |
| **Indirect Costs** | |
| Indirect Costs** | |
| | |
| **In-kind Support** | |
| | |

**\*If contracts are a part of your proposed budget, you *must* complete one Contract Budget and Fact Chart for each contract**. Copy and paste the chart below if there are multiple contracts. Enter "TBD" when information is not yet known. See Glossary & Instructions, Contracts and Deliverables sections for additional information. If there are no contracts, delete these instructions and chart shown below before uploading to the online system.

**Contract Budget and Fact Chart**

| | |
|---|---|
| Contractor Name | |
| Contract Start Date | |
| Contract End Date | |
| Scope of Work | |
| Deliverables | |
| Total Cost | |
| Cost Justification | |

** The Foundation strongly encourages the applicant to waive indirect/overhead charges. If indirect/overhead charges must be applied, they may not exceed 12% of the

total of personnel, other direct costs and purchased services and will be a reduction of the amount available to the applicant.

BN Form 12052016

**Clinical Scholars Program**
**Team Member Personal Statement**

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**Instructions for using this template.**

This template is to be used to provide your personal statement.

**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.

Complete the **Team Member Personal Statement** section below.

- o Describe how your work contributes to building a Culture of Health and health equity.
- o In addition, we would also like to learn about your leadership journey. Please address the following in your statement:
  - ▪ Briefly describe your commitment to achieving equity in a Culture of Health.
  - ▪ What key leadership opportunities and challenges do you currently face?
  - ▪ How will this program help you to achieve or move toward your goals and your commitment to a Culture of Health?

Delete this block of instructions and the instructions in blue under each heading before uploading your personal statement.

**Save your final Personal Statement to 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 Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.*

Upload the PDF file to the "Supporting Documents" section of the online system.

**NOTES:**

Your entire personal statement should be no more than one page with single spacing and one-inch margins on the top, bottom and sides of the page.

Do not adjust the font/size of this template.

You will not be able to upload a file that is longer than one page.

No hard-copy or emailed materials sent to RWJF will be accepted.

**Remember to delete this block of instructions before uploading this template.**

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**Identifying Information**
**Project Title:**  (your project title goes here)
**Application I.D.:**  (your application ID goes here—found in the upper right corner of any screen in this online system)
**Team Member:**  (the name of the team member goes here)
**Applicant Organization Name:**  (legal name of applicant organization goes here)

**Team Member Personal Statement:**

**Clinical Scholars Program**
**Optional Appendices Template**

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**Instructions for using this template.**

This template may be used to provide additional information in support of your project. You will need to follow the instructions below only if you choose to submit appendices. **If appendices are not applicable,** you do not need to upload this template.

**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.

Complete the **Appendices** section below. Examples of materials you may submit in this appendices template include:

- o evidence of prior work
- o fact sheets
- o press clippings outlining your efforts
- o description(s) of the organizations with whom you will work or other documents directly related to the proposed project
- o electronic copies of surveys
- o questionnaires
- o data collection instruments
- o forms or protocols directly relevant to the proposed study

If your appendices are hardcopy documents (e.g., a brochure), complete the **Identifying Information** shown below this block of instructions. Use the resulting document as a cover page and scan along with your hard-copy documents. Upload that document following the instructions below.

Delete this block of instructions and the instructions in blue under each heading before uploading your appendices.

**Save your final Appendices Template 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 Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.*

Upload the PDF file to the "Supporting Documents" section of the online system.

**NOTES:**

Your appendix should be no more than five pages with and one-inch margins on the top, bottom and sides of the page.

Do not adjust the font/size of this template.

You will not be able to upload a file that is longer than five pages.

No hard-copy or emailed materials sent to RWJF will be accepted.

**Remember to delete this block of instructions before uploading this template.**

**Identifying Information**
**Project Title:**  (your project title goes here)
**Application I.D.:**  (your application ID goes here—found in the upper right corner of any screen in this online system)
**Applicant Organization Name:**  (legal name of applicant organization goes here)

**Appendices:**