

# Clinical Scholars 2020 Call for Applications

## Eligibility Criteria\*

### Instruction:

This section is designed to assess if you are eligible for the Clinical Scholars program.

Respond to the questions below to indicate if you meet these conditions.

\* Indicates required

**1. Applicant organizations must be based in the U.S. or its territories. Awards will be made to organizations, not individuals. Does the applicant organization meet this criteria? \***

- ☐ Yes  
☐ No

**2. Applicant organizations must assemble an interdisciplinary team of three to five members representing different health professions, with at least one team member holding a terminal degree for practice in his or her health-related field. Teams may consist of members from within the same or across different organizations. Does the team listed in the application meet these criteria? \***

- ☐ Yes  
☐ No

Each team member must:

- Possess five or more years of clinical practice experience post-training and licensure 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 language pathologist, veterinarian).
- Currently work in one of the following capacities:
  - ☐ Clinical provider: sees patients in a clinical setting
  - ☐ Clinical supervisor: supervises trainees or students in a clinical setting
  - ☐ Administrator: serves in a systems-level leadership role in the direction of patient care (e.g., nurse administrators)
- Possess community-focused research or program experience
- Be at least 21 years old as of September 1, 2020

**3. Does each team member listed in the application possess five or more years of clinical practice, currently work as a clinical provider, clinical supervisor, administrator, possess community-focused research or program experience, and will be 21 years old as of September 1, 2020? \***

- ☐ Yes  
☐ No

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**4. If the applicant organization is selected, are all team members able to attend the required in-person events throughout the three years of the Clinical Scholars Program? \***

Dates are listed in the call for applications and at <http://clinicalscholarsnli.org/about/upcoming-dates/>

- ☐ Yes  
☐ No
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**5. 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. Does each team member meet this criteria? \***

- ☐ Yes  
☐ No
- 

A recipient of this award cannot be related by blood, marriage, or adoption to any Officer\*\* or Trustee of the Robert Wood Johnson Foundation, or be a descendant of the Foundation's founder.

*\*\*The Officers are the Chair of the Board of Trustees; President and CEO; General Counsel; Executive Vice President; Secretary; Assistant Secretary; Treasurer; Assistant Treasurer of the Foundation; and Chief Investment Officer.*

**6. Are any of the team members related by blood, marriage, or adoption to any Officer or Trustee of the Robert Wood Johnson Foundation, or a descendant of the Foundation's founder? \***

- ☐ Yes  
☐ No
- 

**7. 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.*

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Applicant organizations may include team members who are federal, state, tribal, or local government employees who are not considered government officials\* under Section 4946 of the Internal Revenue Code.

Prior to selection, any team member 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.

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.

**8. Is any team member, a government official under Section 4946 of the Internal Revenue Code? Select "No" if a team member is a government employee but is not an elected official. \***

- ☐ Yes. Our team includes a government official.
- ☐ No. Our team does not include a government official.
- ☐ Unsure. One or more team members are government employees but we are unsure if any team members meet the definition of government official.

**9. Please provide the name, job title, and employer name for the team member(s) that are or may be a government official. \***

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|  |
|--|

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# Clinical Scholars 2020 Call for Applications

## Applicant Organization & Tax Verification \*

### Instruction:

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

#### Notes:

- Applicant organizations should have the administrative and financial capacity, as well as the experience, to accept the award and to be able to distribute funds consistent with the permitted use of funds described herein, and within the approved budget. This includes having proper governance, sufficient staffing and strong policies, procedures and internal controls.
- 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.

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\* Indicates required

### Applicant Organization \*

### School/Department/Unit

### Address \*

### Address (line 2)

### City \*

### State / Territory \*

### Zip + 4-digit extension \*

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**Main Phone Number\***

**Website**

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**Applicant Organization Tax Status**

1. Applicant Organization Tax ID (Employer ID Number)

2. Is the applicant organization any of the following: tax-exempt under section 501(c)(3) of the Internal Revenue Code, 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

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# Clinical Scholars 2020 Call for Applications

## Team Member Contact Information \*

### Instruction:

This section collects information required for the Foundation to contact key persons throughout the application process and in other ways consistent with our [privacy policy](#).

Complete this section prior to inviting your letters of reference in the "Letters of Reference" section.

#### Please note:

- A team may consist of between three 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.

You may use the "Select contact information" link 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.

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### Team Member #1 \*

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, this person may be contacted after the submission deadline by SSRS, an independent research firm. If contacted, they will be asked to complete a brief, online survey about the proposal process and applicant characteristics. RWJF will share this person's contact information, including email address, with SSRS for the sole purpose of soliciting feedback.

\* Indicates required

Email \*

Confirm Email \*

Prefix

First Name \*

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**Middle Name**

**Last Name \***

**Suffix**

**Degree(s) \***

**Employer \***

**Position \***

**School/Department/Unit**

**Address \***

**Address (line 2)**

**City \***

**Home County \***

**State / Territory \***

**Zip + 4-digit extension \***

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**Office Phone Number \***

**Phone Extension**

**Cell Phone Number**

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**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, this person may be contacted after the submission deadline by SSRS, an independent research firm. If contacted, they will be asked to complete a brief, online survey about the proposal process and applicant characteristics. RWJF will share this person's contact information, including email address, with SSRS for the sole purpose of soliciting feedback.

\* Indicates required

**Email \***

**Confirm Email \***

**Prefix**

**First Name \***

**Middle Name**

**Last Name \***

**Suffix**

**Degree(s) \***



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**Employer \***

**Position \***

**School/Department/Unit**

**Address \***

**Address (line 2)**

**City \***

**Home County \***

**State / Territory \***

**Zip + 4-digit extension \***

**Office Phone Number \***

**Phone Extension**

**Cell Phone Number**

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**Team Member #3 \***

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, this person may be contacted after the submission deadline by SSRS, an independent research firm. If contacted, they will be asked to complete a brief, online survey about the proposal process and applicant characteristics. RWJF will share this person's contact information, including email address, with SSRS for the sole purpose of soliciting feedback.

\* Indicates required

**Email \***

**Confirm Email \***

**Prefix**

**First Name \***

**Middle Name**

**Last Name \***

**Suffix**

**Degree(s) \***

**Employer \***

**Position \***

**School/Department/Unit**

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**Address \***

**Address (line 2)**

**City \***

**Home County \***

**State / Territory \***

**Zip + 4-digit extension \***

**Office Phone Number \***

**Phone Extension**

**Cell Phone Number**

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**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, this person may be contacted after the submission deadline by SSRS, an independent research firm. If contacted, they will be asked to complete a brief, online survey about the proposal process and applicant characteristics. RWJF will share this person's contact information, including email address, with SSRS for the sole purpose of soliciting feedback.

\* Indicates required

**Email \***

**Confirm Email \***

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**Prefix**

**First Name \***

**Middle Name**

**Last Name \***

**Suffix**

**Degree(s) \***

**Employer \***

**Position \***

**School/Department/Unit**

**Address \***

**Address (line 2)**

**City \***

**Home County \***

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**State / Territory \***

**Zip + 4-digit extension \***

**Office Phone Number \***

**Phone Extension**

**Cell Phone Number**

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**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, this person may be contacted after the submission deadline by SSRS, an independent research firm. If contacted, they will be asked to complete a brief, online survey about the proposal process and applicant characteristics. RWJF will share this person's contact information, including email address, with SSRS for the sole purpose of soliciting feedback.

\* Indicates required

**Email \***

**Confirm Email \***

**Prefix**

**First Name \***

**Middle Name**

**Last Name \***

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**Suffix**

**Degree(s) \***

**Employer \***

**Position \***

**School/Department/Unit**

**Address \***

**Address (line 2)**

**City \***

**Home County \***

**State / Territory \***

**Zip + 4-digit extension \***

**Office Phone Number \***

**Phone Extension**

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Cell Phone Number

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# Clinical Scholars 2020 Call for Applications

## Applicant Video\*

### Instruction:

**Recognizing that the written word is not the only way to share information, we require an applicant video. This section provides specific instructions for giving those involved in the selection process a brief glimpse of your community's challenges and opportunities.**

Leading change requires understanding the contexts, conditions, variables, and risks in your community or organization. Create a video that provides a brief glimpse of your community and the wicked problem your team identified. Examples of content may include the physical setting of your community, the assets within your community, and conditions and risks that impede a Culture of Health.

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 may be created on a mobile device, may 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 upload your video, be sure to name it using this format: Team Member #1 Last Name, First Name\_State-Abbreviation\_CS2020 (e.g., Doe, Jane\_KS\_CS2020)
- **Video Status:** Select UNLISTED as the status for your video. Do not choose PUBLIC (as any one 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 "[Application Video Recording Instructions](#)" (see the "Resources" area to the left) for detailed instructions on creating your video.
- The video may be removed from YouTube (or other website) after June 30, 2020.
- Use this [link](#) for a quick video of how to upload to YouTube.
- **Note:** Uploading your video to YouTube may take longer than you think. **Upload video well in advance of the deadline.**

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\* Indicates required

**1. Videos longer than 180 seconds will not be reviewed and the application will be considered incomplete. How long is your video (indicate time in seconds)?\***

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**2. Paste the video URL below.\***

*Be sure to test the link to make certain it works. To do so:*

- *After adding the video URL to the text box below, select the "Save, return home" button at the bottom of this screen.*
- *On the home screen, select "Print Application" in the upper right corner.*
- *Scroll to the "Applicant Video" section of the PDF and select the link you added to question #2.*
- *We recommend that you ask someone else using a different device to test the link.*

**3. Provide a description of your community and video in two to three sentences.\***

*Maximum of 500 characters, including spaces.*

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## Letters of Reference (LOR)\*

### Instruction:

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

Request LORs ASAP. LORs must be submitted before you can submit your application. Two LORs are required per team member; one of those two references should be the team member's immediate supervisor. If a team member does not have an immediate supervisor, they can request an LOR from a mentor. Each team member should use the area below to invite their LORs. There is a maximum of 10 LORs allowed for a team of five. Materials submitted by reference writers will not be accessible to team members. LORs should be submitted on organizational letterhead. Reference writers will be asked to provide content on these topics:

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

When you use the "Invite" link below, the reference writer will receive an email that includes login instructions for the MyRWJF portal.

- We recommend that you return frequently to this section to monitor LOR status.
- 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.

#### Notes:

- **No** LORs will be accepted from individuals who are current RWJF staff members or have been RWJF staff members within the last five years, current or former RWJF Board of Trustees members, staff members from the national program center at the University of North Carolina at Chapel Hill, national advisory committee members, application reviewers, or other RWJF national program centers.
- In addition, LORs should not be from a team member unless that team member is the supervisor of the team member.
- **The CC feature is intended for the reference writer's assistant or colleague only. Applicants should NOT be CC'ed.**

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| Reference | Date Invited | Status |
|-----------|--------------|--------|
|-----------|--------------|--------|

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# Clinical Scholars 2020 Call for Applications

## Project Information Questions\*

### Instruction:

As appropriate, provide responses to the questions below.

\* Indicates required

### Topic, Population Focus

#### 1. What topics or interest areas are a priority for your work?\*

#### 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. Identify your priority population(s).\*

*Select all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Not Applicable                 | <input type="checkbox"/> Low income communities         |
| <input type="checkbox"/> Adolescents                    | <input type="checkbox"/> Migrant workers                |
| <input type="checkbox"/> African-Americans/Blacks       | <input type="checkbox"/> Military/Veterans              |
| <input type="checkbox"/> Asian Americans                | <input type="checkbox"/> Native Alaskans                |
| <input type="checkbox"/> At-risk/vulnerable communities | <input type="checkbox"/> Pacific Islanders              |
| <input type="checkbox"/> Children & families            | <input type="checkbox"/> Parents & families             |
| <input type="checkbox"/> Disabled people                | <input type="checkbox"/> People living with HIV/AIDS    |
| <input type="checkbox"/> Elderly                        | <input type="checkbox"/> People with addictions         |
| <input type="checkbox"/> European Americans/Whites      | <input type="checkbox"/> People with disabilities       |
| <input type="checkbox"/> Foster youth & families        | <input type="checkbox"/> People from U.S. territories   |
| <input type="checkbox"/> Hispanic/Latinos               | <input type="checkbox"/> Residents of rural communities |
| <input type="checkbox"/> Homeless                       | <input type="checkbox"/> Single parents                 |
| <input type="checkbox"/> Immigrants & refugees          | <input type="checkbox"/> Tobacco users                  |
| <input type="checkbox"/> Incarcerated populations       | <input type="checkbox"/> Tribal communities             |
| <input type="checkbox"/> LGBTQ communities              | <input type="checkbox"/> Victims of crime               |
| <input type="checkbox"/> Others (please specify)        |   |

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**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.*

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At least one team member must have a terminal degree in their clinical profession.

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

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**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*

- |  |   |
|--|---|
| <input type="checkbox"/> National/United States                      | <input type="checkbox"/> New Hampshire            |
| <input type="checkbox"/> Alabama                                     | <input type="checkbox"/> New Jersey               |
| <input type="checkbox"/> Alaska                                      | <input type="checkbox"/> New Mexico               |
| <input type="checkbox"/> Arizona                                     | <input type="checkbox"/> New York                 |
| <input type="checkbox"/> Arkansas                                    | <input type="checkbox"/> North Carolina           |
| <input type="checkbox"/> California                                  | <input type="checkbox"/> North Dakota             |
| <input type="checkbox"/> Colorado                                    | <input type="checkbox"/> Ohio                     |
| <input type="checkbox"/> Connecticut                                 | <input type="checkbox"/> Oklahoma                 |
| <input type="checkbox"/> Delaware                                    | <input type="checkbox"/> Oregon                   |
| <input type="checkbox"/> Florida                                     | <input type="checkbox"/> Pennsylvania             |
| <input type="checkbox"/> Georgia                                     | <input type="checkbox"/> Rhode Island             |
| <input type="checkbox"/> Hawaii                                      | <input type="checkbox"/> South Carolina           |
| <input type="checkbox"/> Idaho                                       | <input type="checkbox"/> South Dakota             |
| <input type="checkbox"/> Illinois                                    | <input type="checkbox"/> Tennessee                |
| <input type="checkbox"/> Indiana                                     | <input type="checkbox"/> Texas                    |
| <input type="checkbox"/> Iowa  | <input type="checkbox"/> Utah                     |
| <input type="checkbox"/> Kansas                                      | <input type="checkbox"/> Vermont                  |
| <input type="checkbox"/> Kentucky                                    | <input type="checkbox"/> Virginia                 |
| <input type="checkbox"/> Louisiana                                   | <input type="checkbox"/> Washington               |
| <input type="checkbox"/> Maine                                       | <input type="checkbox"/> West Virginia            |
| <input type="checkbox"/> Maryland                                    | <input type="checkbox"/> Wisconsin                |
| <input type="checkbox"/> Massachusetts                               | <input type="checkbox"/> Wyoming                  |
| <input type="checkbox"/> Michigan                                    | <input type="checkbox"/> American Samoa           |
| <input type="checkbox"/> Minnesota                                   | <input type="checkbox"/> District of Columbia     |
| <input type="checkbox"/> Mississippi                                 | <input type="checkbox"/> Guam                     |
| <input type="checkbox"/> Missouri                                    | <input type="checkbox"/> Northern Mariana Islands |
| <input type="checkbox"/> Montana                                     | <input type="checkbox"/> Puerto Rico              |
| <input type="checkbox"/> Nebraska                                    | <input type="checkbox"/> U.S. Virgin Islands      |
| <input type="checkbox"/> Nevada                                      |   |
| <input type="checkbox"/> American Indian Tribe/Reservation (specify) |   |

**Team Member #1 Credentials**

**7. Team member #1's name.\***

**8. Team member #1's licensed health profession.\***

*Select all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Audiologist            | <input type="checkbox"/> Pharmacist                  |
| <input type="checkbox"/> Clinical Counselor     | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Dentist                | <input type="checkbox"/> Physician                   |
| <input type="checkbox"/> Dietician              | <input type="checkbox"/> Physician Assistant         |
| <input type="checkbox"/> Nurse                  | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Nurse Practitioner     | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Nutritionist           | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Veterinarian                |
| <input type="checkbox"/> Other (please specify) |  |

**9. List team member #1's clinical credentials. (Example: APRN, DVM, etc.)\***

**10. How many years of clinical practice experience does team member #1 have, post-licensure?\***

**11. How does team member #1 engage in patient care?\***

*Select all that apply.*

- ☐ I am a clinician/provider who sees patients/clients in a clinical setting
- ☐ I am a clinician/provider who supervises trainees in a clinical setting
- ☐ I am clinician/provider who trains students in clinical settings to work with patients/clients
- ☐ I am a clinician/provider who develops patient interventions
- ☐ Other (please describe)

**12. At which institution does team member #1 engage in patient care?\***

**13. Team member #1's primary employment sector.\***

### Team Member #2 Credentials

14. Team member #2's name.\*

15. Team member #2's licensed health profession.\*

Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Audiologist            | <input type="checkbox"/> Pharmacist                  |
| <input type="checkbox"/> Clinical Counselor     | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Dentist                | <input type="checkbox"/> Physician                   |
| <input type="checkbox"/> Dietician              | <input type="checkbox"/> Physician Assistant         |
| <input type="checkbox"/> Nurse                  | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Nurse Practitioner     | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Nutritionist           | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Veterinarian                |
| <input type="checkbox"/> Other (please specify) |  |

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

17. How many years of clinical practice experience does team member #2 have, post-licensure?\*

18. How does team member #2 engage in patient care?\*

Select all that apply.

- ☐ I am a clinician/provider who sees patients/clients in a clinical setting
- ☐ I am a clinician/provider who supervises trainees in a clinical setting
- ☐ I am clinician/provider who trains students in clinical settings to work with patients/clients
- ☐ I am a clinician/provider who develops patient interventions
- ☐ Other (please describe)

19. At which institution does team member #2 engage in patient care?\*

**20. Team member #2's primary employment sector. \***

**Team Member #3 Credentials**

**21. Team member #3's name \***

**22. Team member #3's licensed health profession. \***

*Select all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Audiologist            | <input type="checkbox"/> Pharmacist                  |
| <input type="checkbox"/> Clinical Counselor     | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Dentist                | <input type="checkbox"/> Physician                   |
| <input type="checkbox"/> Dietician              | <input type="checkbox"/> Physician Assistant         |
| <input type="checkbox"/> Nurse                  | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Nurse Practitioner     | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Nutritionist           | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Veterinarian                |
| <input type="checkbox"/> Other (please specify) |  |

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

**24. How many years of clinical practice experience does team member #3 have, post-licensure? \***

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**25. How does team member #3 engage in patient care? \***

*Select all that apply.*

- ☐ I am a clinician/provider who sees patients/clients in a clinical setting
- ☐ I am a clinician/provider who supervises trainees in a clinical setting
- ☐ I am clinician/provider who trains students in clinical settings to work with patients/clients
- ☐ I am a clinician/provider who develops patient interventions
- ☐ Other (please describe)

**26. At which institution does team member #3 engage in patient care? \***

**27. Team member #3's primary employment sector. \***

**Team Member #4 Credentials**

**28. Team member #4's Name \***

**29. Team member #4's licensed health profession. \***

*Select all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Audiologist            | <input type="checkbox"/> Pharmacist                  |
| <input type="checkbox"/> Clinical Counselor     | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Dentist                | <input type="checkbox"/> Physician                   |
| <input type="checkbox"/> Dietician              | <input type="checkbox"/> Physician Assistant         |
| <input type="checkbox"/> Nurse                  | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Nurse Practitioner     | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Nutritionist           | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Veterinarian                |
| <input type="checkbox"/> Other (please specify) |  |

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

**31. How many years of clinical practice experience does team member #4 have, post-licensure?\***

**32. How does team member #4 engage in patient care?\***

*Select all that apply.*

- ☐ I am a clinician/provider who sees patients/clients in a clinical setting
- ☐ I am a clinician/provider who supervises trainees in a clinical setting
- ☐ I am clinician/provider who trains students in clinical settings to work with patients/clients
- ☐ I am a clinician/provider who develops patient interventions
- ☐ Other (please describe)

**33. At which institution does team member #4 engage in patient care?\***

**34. Team member #4 primary employment sector. \***

**Team Member #5 Credentials**

**35. Team member #5's Name\***

**36. Team member #5's licensed health profession.\***

*Select all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Audiologist            | <input type="checkbox"/> Pharmacist                  |
| <input type="checkbox"/> Clinical Counselor     | <input type="checkbox"/> Physical Therapist          |
| <input type="checkbox"/> Dentist                | <input type="checkbox"/> Physician                   |
| <input type="checkbox"/> Dietician              | <input type="checkbox"/> Physician Assistant         |
| <input type="checkbox"/> Nurse                  | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Nurse Practitioner     | <input type="checkbox"/> Social Worker               |
| <input type="checkbox"/> Nutritionist           | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Veterinarian                |
| <input type="checkbox"/> Other (please specify) |  |

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

**38. How many years of clinical practice experience does team member #5 have, post-licensure?\***

**39. How does team member #5 engage in patient care?\***

*Select all that apply.*

- ☐ I am a clinician/provider who sees patients/clients in a clinical setting
- ☐ I am a clinician/provider who supervises trainees in a clinical setting
- ☐ I am clinician/provider who trains students in clinical settings to work with patients/clients
- ☐ I am a clinician/provider who develops patient interventions
- ☐ Other (please describe)

**40. At which institution does team member #5 engage in patient care?\***

**41. Team member #5's primary employment sector. \***

# Clinical Scholars 2020 Call for Applications

## Project Summary

### Instruction:

Provide the following information for your proposed project:

- **Proposed Project Title** (Maximum of 150 characters, including spaces.)
- **Total Requested Funding Amount** (Over a three-year period) \*\*
- **Project Summary**

\*\* If the applicant organization waives indirect/overhead charges but still requires funds to cover the administrative costs of managing the award, they may include an administrative fee of \$1,000 per scholar/per year as an additional direct cost of the grant budget. The maximum amounts that can be requested are:

| Applicant type | Up to amount (no admin fee) | Up to amount (w/ admin fee) |
|----------------|-----------------------------|-----------------------------|
| Team of three  | \$315,000                   | \$324,000                   |
| Team of four   | \$420,000                   | \$432,000                   |
| Team of five   | \$525,000                   | \$540,000                   |

\* Indicates required

### Proposed Project Title \*

### Total Requested Funding Amount \$ \*

### Start Date

9/15/2020

### Duration

36 months

---

## Project Summary \*

In no more than 4,000 characters (roughly 650 words), please summarize your proposed work in the text box below.

Use the following headings in your description and use bullets to summarize your work.

1. **"Wicked Problem"**
  2. **Proposed Project**
  3. **Approach or Strategies**
  4. **Anticipated Outcomes**
  5. **Evaluation Strategies**
  6. **Team's Areas of Expertise and Partnerships**
  7. **Sustainability Plans**
- 

**Note:** This section is for your summary only. A full 'wicked problem' narrative will be uploaded separately.

---

SAMPLE - PAGE 29 OF 45  
- not intended for submission -

# Clinical Scholars 2020 Call for Applications

## "Wicked Problem" Application Narrative \*

### Instruction:

**To Begin:** Download the template shown below. Follow the instructions included on the template.

**To Upload:** Upload the completed document(s) by selecting the "Upload" button below. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide," (see "Resources" area on 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<sup>1</sup>. See the "Call for Applications" (see the "Resources" area to the left) for additional information.

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.

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

\* Indicates required

| Description   | Templates                                  | Uploaded Documents |
|---|--|--------------------|
| <b>"Wicked Problem" Application Narrative *</b><br>Download the template in the "Templates" column to the right, and follow the instructions carefully.<br><br>To maintain the original formatting, <b>you must convert your document to a PDF prior to uploading</b> . For additional information, refer to "Troubleshooting Tips" (see "Resources" area on the left).<br><br>To view samples, select "Sample Wicked Problem Narrative" (see the "Resources" area to the left).<br><br><i>Maximum of one five-page document.</i> | <a href="#">"Wicked Problem" Narrative</a> |                    |

# Clinical Scholars 2020 Call for Applications

## Budget \*

\* Indicates required

### Instruction:

An important component of your proposal is the preparation of a budget. The total award to the applicant organization will be up to \$105,000 per team member for the three-year fellowship program (up to \$35,000 per year) (not including an optional administrative fee). Teams may be between three and five individuals and the size of the team may not increase during the grant term. For example, the award for a three-member team would be for a total of up to \$315,000. This amount includes grant funds to support the ongoing participation for all team members for all three years, including salary support and funding for project related expenses (e.g. travel, supplies, meetings, research assistance, etc.). 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. Travel-related costs to participate in the required onsite leadership training are provided to teams at no cost to the team members or their institutions and do not need to be included in this application 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" (see "Resources" area on the left) for complete instructions on the following categories:

- Personnel—salary and fringe costs.
  - Amount – enter the requested amount.
  - Total –enter the cumulative total for all budget periods.
- Other Direct Costs—office operations, communications/marketing, travel, meeting expenses and project space.
- Consultants/Contractors—consultant and/or contract costs.
- Indirect Costs—\$1000 administrative fee per team member per year OR indirect costs not to exceed 12% of all direct costs.

To add additional budget period, select the "Add" link on the right. **There should be three, 12 month budget periods.**

|                         | Period 1 | Total |
|-------------------------|----------|-------|
| Personnel               |          |       |
| Other Direct Costs      |          |       |
| Consultants/Contractors |          |       |
| Indirect Costs          |          |       |
| Total                   |          |       |

# Clinical Scholars 2020 Call for Applications

## Budget Narrative \*

### Instruction:

**To Begin:** Download the template shown below. Follow the included instructions.

**To Upload:** Upload the completed document by selecting the "Upload" button below. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide" (see "Resources" area on the left).

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.

\* Indicates required

#### Description

#### Templates

#### Uploaded Documents

##### Budget Narrative \*

Download the template in the "Templates" column to the right, and follow the instructions carefully.

To maintain the original formatting, ***you must convert your document to a PDF prior to uploading.*** For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).

[Budget Narrative Template](#)

SAMPLE - PAGE 32 OF 45  
- not intended for submission -



# Clinical Scholars 2020 Call for Applications

## Supporting Documents \*

### Instruction:

The following supporting documents are required for each team member:

- Resume (preferred), CV, or biosketch (e.g., NIH format) (*required*)
- Personal statement (*required*)

**To Begin:** Download the template shown below. Follow the instructions included on the template.

**To Upload:** Upload the completed document(s) by selecting the "Upload" button below. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide," (see "Resources" area on the left).

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.

\* Indicates required

| Description  | Templates                                    | Uploaded Documents |
|--|--|--------------------|
| <b>Applicant resume (preferred), CV, or biosketch *</b><br>A resume (preferred), CV, or biosketch (e.g., NIH format) is <i>required</i> for each team member. If the team member choose to submit a resume, make sure that it contains information about their academic degrees, including dates and institutions from which the degrees were granted.<br><br>To maintain the original formatting, <b><i>you must convert your document to a PDF prior to uploading.</i></b> For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).<br><br><i>Minimum of three, maximum of five, four-page single-spaced resumes, CVs, or biosketches.</i> |  |                    |
| <b>Applicant personal statement(s) *</b><br>Download the template in the "Templates" column to the right, and follow the instructions carefully.   | <a href="#">Applicant Personal Statement</a> |                    |

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To maintain the original formatting, **you must convert your document to a PDF prior to uploading**. For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).

An applicant personal statement is *required* from each team member.

*Minimum of three, maximum of five one-page statements.*

**SAMPLE - PAGE 34 OF 45**  
**- not intended for submission -**

# Clinical Scholars 2020 Call for Applications

## Outreach Efforts\*

### Instruction:

The questions in this section are designed to help us assess our outreach and recruitment efforts. Your responses to the following questions do not impact your chances of getting into this program.

As appropriate, provide responses to the questions below.

\* Indicates required

#### 1. How many members are there in your team?\*

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

#### Team Member #1

#### 2. Team member #1's name.\*

#### 3. Has team member #1 previously applied to RWJF or funding or support of any kind?\*

- ☐ Yes  
☐ No

#### 4. Was team member #1 funded?\*

- ☐ Yes  
☐ No

#### 5. Was team member #1's funding for any other RWJF leadership program?\*

- ☐ No  
☐ Yes (provide name of program(s))

**6. Was team member #1's funding for a grant other than a leadership program? \***

- ☐ No
- ☐ Yes (provide name of grant(s))

**Team Member #2**

**7. Team member #2's name. \***

**8. Has team member #2 previously applied to RWJF or funding or support of any kind? \***

- ☐ Yes
- ☐ No

**9. Was team member #2 funded? \***

- ☐ Yes
- ☐ No

**10. Was team member #2's funding for any other RWJF leadership program? \***

- ☐ No
- ☐ Yes (provide name of program(s))

**11. Was team member #2's funding for a grant other than a leadership program? \***

- ☐ No
- ☐ Yes (provide name of grant(s))

**Team Member #3**

**12. Team member #3's name \***

**13. Has team member #3 previously applied to RWJF or funding or support of any kind? \***

- ☐ Yes  
☐ No

**14. Was team member #3 funded? \***

- ☐ Yes  
☐ No

**15. Was team member #3's funding for any other RWJF leadership program? \***

- ☐ No  
☐ Yes (provide name of program(s))

**16. Was team member #3's funding for a grant other than a leadership program? \***

- ☐ No  
☐ Yes (provide name of grant(s))

**Team Member #4**

**17. Team member #4's Name \***

**18. Has team member #4 previously applied to RWJF or funding or support of any kind? \***

- ☐ Yes  
☐ No

**19. Was team member #4 funded? \***

- ☐ Yes  
☐ No

**20. Was team member #4's funding for any other RWJF leadership program? \***

- ☐ No  
☐ Yes (provide name of program(s))

**21. Was team member #4's funding for a grant other than a leadership program? \***

- ☐ No  
☐ Yes (provide name of grant(s))

**Team Member #5**

**22. Team member #5's Name \***

**23. Has team member #5 previously applied to RWJF or funding or support of any kind? \***

- ☐ Yes  
☐ No

**24. Was team member #5 funded? \***

- ☐ Yes  
☐ No

**25. Was team member #5's funding for any other RWJF leadership program? \***

- ☐ No  
☐ Yes (provide name of program(s))

**26. Was team member #5's funding for a grant other than a leadership program? \***

- ☐ No  
☐ Yes (provide name of grant(s))

**Other Questions**

**27. All team members agree to be contacted to answer questions to help evaluate the effectiveness of the Clinical Scholars application process and program or to learn more about the Foundation's leadership programs. \***

- ☐ Yes  
☐ No

**28. How did you first learn about the Clinical Scholars (CS) program? \***

*Select all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> CS website ( <a href="http://clinicalscholarsnli.org/">http://clinicalscholarsnli.org/</a> )         | <input type="checkbox"/> Other email (specify below)        |
| <input type="checkbox"/> CS recruitment website ( <a href="http://clinical-scholars.org/">http://clinical-scholars.org/</a> ) | <input type="checkbox"/> Facebook                           |
| <input type="checkbox"/> RWJF.org website   | <input type="checkbox"/> Twitter                            |
| <input type="checkbox"/> Other website (specify below)  | <input type="checkbox"/> Other social media                 |
| <input type="checkbox"/> Association newsletter (specify below)   | <input type="checkbox"/> Listserv (specify below)           |
| <input type="checkbox"/> Conference (specify below)   | <input type="checkbox"/> Word of mouth/notified by a friend |
| <input type="checkbox"/> Email from RWJF  | <input type="checkbox"/> Current participant                |
| <input type="checkbox"/> Other (please specify)   |   |

**29. 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.**

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**SAMPLE - PAGE 39 OF 43**  
- not intended for submission -

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

**Instructions for using this template.**

**This template is to be used to provide your “wicked problem” application narrative.**

**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.
- Leave the section headings listed below in your narrative and use them as an organizational tool. However, delete the instructions in blue under each heading.
- Delete this block of instructions before uploading your application narrative.
- **Save your final “wicked problem” application narrative as a PDF.** In the “Resources” area on the left of the online system, you will find the “Applicant Guide.” Within the guide, there are links to “Upload Documents” and “Troubleshooting Tips” for converting your document to a PDF.
- Upload the PDF to the “Wicked Problem Application Narrative” section of the online system.

**NOTES:**

- Your entire narrative, including section headings, should be no more than five pages 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 five pages.
- No hardcopy materials will be accepted.

**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. Briefly describe the evidence of effectiveness related to your proposed project. Where applicable, describe roles of other members of your team in designing and implementing the strategy. Clarify whether similar work is occurring in your state or region to leverage your proposed work. Identify members of your team that are from the



community and how you actively engage community. Include anticipated risks and challenges of implementing your project and considerations for addressing those risks and challenges.

- **Planned Approach** Describe your process or methods for implementing the proposed strategy.
- **Anticipated Outcomes** 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.
- **Teams Areas of Expertise and Partnerships** Summarize your team's areas of expertise and current partnerships committed to this project.
- **Sustainability Plans** Describe plans to sustain the project at the end of the three-year funding period.

SAMPLE - PAGE 41 OF 45  
- not intended for submission -

## Clinical Scholars Program Budget Narrative

### 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 three and five individuals. For example, the award for a three-member team would be for a total of up to \$315,000 (not including an optional administrative fee). 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.

Travel-related costs to participate in the required onsite leadership training are provided to teams at no cost to the team members or their institutions and do not need to be included in this application budget.

The Foundation strongly encourages the applicant organization to **waive** indirect/overhead charges, particularly on the portion of the grant intended to support a scholar's time. If indirect/overhead charges must be applied, they may not exceed 12% of the total of personnel, other direct costs and consultants/contracts, and will be a reduction of the amount available to the applicant. Should the grantee organization take indirect/overhead charges, a written explanation must be submitted to RWJF in the "Indirect Costs" section below.

If the applicant organization waives indirect/overhead charges but still requires funds to cover the administrative costs of managing the award, they may include an administrative fee of \$1,000 per scholar/per year as an additional cost of the grant budget. This administrative fee would result in an increase of the grant amount by \$3,000 per team member. For example, the award for a team of three would increase from a total of \$315,000 to \$324,000 if the administrative fee is added in lieu of indirect/overhead charges. The award amount for a team of five would increase from \$525,000 to \$540,000.

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 found in the "Resources" area on the left of the online system.**
- Before you begin, save this document as a separate file so you have the instructions available at all times.
- Complete the **Identifying Information** that follows.
- In the table below, complete all **categories** and **sub-categories** for which you are

requesting funding.

- Delete this block of instructions.
- **Save your budget narrative as a PDF.** In the “Resources” area on the left of the online system, you will find the “Applicant Guide.” Within the guide, there are links to “Upload Documents” and “Troubleshooting Tips” for converting your document to a PDF.
- Upload this file to the Budget Narrative section of the online system.
- Do not adjust the margins or font style/size of this template.
- No hardcopy materials will be accepted as part of your online submission.

For each of the categories and sub-categories below, explain—in as much detail as possible—how the funds for this line item will be spent and how the amount was determined. Refer to the RWJF Budget Preparation Guidelines found in the “Resources” area on the left of the online system for more information.

- **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  |
|---|--|
| <b>Personnel</b>                            | <b>Note:</b> You <b>must</b> include base annual salary and full time equivalent (FTE) information for each person/role in this category. We recommend you insert a table with this information. See Personnel section of Budget Preparation Guidelines for complete instructions. |
| Project Director/<br>Principal Investigator |  |
| Project Staff                               |  |
| Administrative Staff                        |  |
| Other Staff                                 |  |
| Fringe Benefits                             |  |
|   |  |
| <b>Other Direct Costs</b>                   |  |
| Office Operations                           |  |
| Polls and Surveys                           |  |
| Communications/<br>Marketing                |  |
| Travel                                      |  |
| Meeting Expenses                            |  |
| Equipment                                   |  |
| Project Space                               |  |
| Other                                       |  |
| <b>Consultants/Contractors</b>              |  |
| Consultants                                 |  |

| Category                                      | Narrative |
|---|-----------|
| Contracts *                                   |           |
| <b>Indirect Costs</b>                         |           |
| Administrative Fee <u>or</u><br>Indirect Cost |           |
| <b>In-kind Support</b>                        |           |
|   |           |

- **Contracts:** If contracts are a part of your proposed budget, you *must* complete one **Contract Budget and Fact Chart** for each contract. You may need to copy and paste the chart below into the completed budget narrative document if there are multiple contracts. Enter "TBD" when information is not yet known. While we understand the grant term may change, grant funds may only be expended against any contract in your budget within the final approver grant period. 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  |  |
| Scope of Work    |  |
| Deliverables     |  |
| Total Cost       |  |
| Cost Calculation |  |

BN Form 11/2019

**Clinical Scholars Program  
Team Member Personal Statement**

**Instructions for using this template:**

Each team member should use this template to provide a 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.
  - **Describe how your work contributes to building a Culture of Health and health equity.**
  - 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?**
    - **As you think about developing your individual and team leadership skills, what challenges do you expect you will face and need to overcome as your team works together to advance your Wicked Problem Impact Project?**
- Delete this block of instructions.
- **Save your final personal statement as a PDF.** In the “Resources” area on the left of the online system, you will find the “Applicant Guide.” Within the guide, there are links to “Upload Documents” and “Troubleshooting Tips” for converting your document to a PDF.
- Upload the PDF 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 materials will be accepted.

**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:**