Application: Learning Event Support

*Eligible Wisconsin-based nonprofit or governmental (community) organizations and MCW School of Medicine-based entities hosting eligible Wisconsin-based learning events are invited to submit the following application to apply for Learning Event Support funding. The application can be downloaded from the AHW website and submitted via email to Tracy Wilson at* [*trwilson@mcw.edu*](mailto:trwilson@mcw.edu)*. Electronic signatures (sign and scan) are acceptable.* ***Applications are accepted on a rolling basis through June 30, 2020, until available funds have been distributed.*** **Eligible applicants are highly encouraged to submit their application for funding determination at least 60 days prior to the event.**

# Learning Event Information

Learning Event Title:

Date(s) of Event:

Venue Name:

Venue Address (include street address, city, state, and zip code):

Event Description – Describe of the purpose of the learning event and list the event’s learning objectives (2,000 characters, including spaces):

Primary Audience – Describe the primary multi-sector or multi-disciplinary health workforce audience that will attend the learning event and the anticipated number of participants (2,000 characters, including spaces):

# Learning Event Host Organization

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| --- | --- |
| Organization Name: |  |
| Organization Website: |  |
| Type of Organization:  Nonprofit organization (check the applicable type below): **OR**  ***Attach a copy of your IRS nonprofit verification to this form (community organizations only)*.**  health, social service or other community-based organization  faith-based organization  private university or school  other (specify): | Government organization (check the applicable type below):  state or local government  tribal organization  public university or school  other (specify): |
| Event Host/Coordinator Name: |  |
| Email Address: | Phone Number (including area code): |

Will this learning event be co-hosted? YES NO

If yes, list the co-hosts or collaborators (not including sponsors) of the learning event:

If no, describe how the learning event is informed by multiple organizations or entities:

# Narrative Questions

Please describe the gap in health workforce development that the learning event aims to fill. If the proposed learning event builds off of previous iterations, please describe why the gap has not been addressed previously and how the proposed learning event is distinct from previous iterations and other learning events occurring in Wisconsin. (4,000 characters, including spaces)

How will the learning event host(s) support participants to turn knowledge into action beyond the learning event through post-event support? (4,000 characters, including spaces)

How will learning event host(s) evaluate participants’ learning from the event and post-event support to demonstrate that event learning objectives were met and that participants were able to turn knowledge into action? (4,000 characters, including spaces)

# AHW Five-Year Plan Emphasis Areas

**AHW Focus Areas:** AHW recognizes that the health issues threatening Wisconsin’s residents and communities are complex, interrelated, and multi-faceted. While AHW supports partners in responding to emerging health needs and opportunities, the bulk of its portfolio is focused around three health areas.

*Primary:* Please select one (1) primary AHW focus area that the majority of the proposed learning event aims to impact.

Improving Heart Health

Advancing cardiovascular health by seeking solutions across genetic and biologic factors, health behaviors and the socioeconomic conditions that lead to poor heart health outcomes

Supporting Healthy Minds

Advancing brain and behavioral health by seeking solutions across brain conditions, diseases and injuries, as well as the emotions, behaviors and biology of mental wellness and substance use

Dismantling Cancer

Advancing improvements in cancer by seeking solutions that improve understanding, prevention, and survival in the fight against cancer and its causes

Other, please describe:

*Secondary:* If applicable, select all additional focus areas that the proposed learning event will impact.

Improving Heart Health

Supporting Healthy Minds

Dismantling Cancer

Other, please describe:

Please describe how the proposed learning event addresses each of the selected focus areas and specifically aims to advance health in Wisconsin (2,000 characters, including spaces)

**AHW Determinants of Health:** AHW recognizes that determinants of health are the contributing and risk factors that lead to increased risk for disease, disability, and death within each focus area. While there are many different definitions of determinants of health, AHW is guided by three broad categories of determinants.

*Primary:* Please select one (1) primary AHW category of determinant that the majority of the proposed learning event aims to impact.

Biological and genetic factors

Including areas such as: genetic makeup (chromosomal, single-gene); physical body structure (age, weight); and bodily function (blood pressure, biochemical function)

Health behaviors and health care factors

Including areas such as: diet, physical activity, alcohol/tobacco and other drug use, sexual activity; policies that impact individual and population health; and health services, such as access to and quality of care

Social, economic and environmental factors

Including areas such as: availability of resources to meet daily needs, such as living wage and healthy foods; social supports and interactions; public safety; exposure to toxic substances and physical hazards; social norms and attitudes, such as discrimination; exposure to crime, violence and social disorder; quality schools; and housing, homes and neighborhoods

*Secondary:* If applicable, select all additional categories of determinants that the proposed learning event will impact.

Biological and genetic factors

Health behaviors and health care factors

Social, economic and environmental factors

Please describe how the proposed learning event addresses each of the selected determinant of health areas (2,000 characters, including spaces)

# Budget Request

AHW request amount (up to $5,000 maximum):

What approximate portion of the total event cost and post-event costs is this request?

Please detail the specific, direct event and post-event costs that AHW funds would be used to support. If the proposed learning event is an iteration of an existing event, **please describe how the identified costs are specific to supporting the new or innovative components of the proposed learning event**. If appropriate, please attach the event budget.

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| **Budget Category** | **AHW Requested Amount** | **Description of AHW Learning Event Costs** |
| **Meeting Expenses**  Including but not limited to venue, A/V, and refreshment costs. Refreshment costs can only account for up to 10% of the total AHW funding request. In the description, please allocate the specific amount to each type of meeting expense cost. |  |  |
| **Consultant/Speaker Fees and Travel Expenses**  Including honorariums/speaker fees and speaker travel expenses to the learning event, including but not limited to airfare, mileage, taxi/public transportation, hotel, parking, etc. |  |  |
| **Supplies**  Including printing and appropriate meeting supplies needed to conduct the learning event |  |  |
| **Other** |  |  |
| **Total** |  |  |

# Supplanting Attestation

1. Would funding from AHW supplant or replace other funding that your organization already has for this learning event?   
   NO YES – if YES, please describe:
2. Are there any projects that your organization has previously taken within the last three (3) years, or that your organization is currently doing, that are closely related to the proposed learning event, including previous iterations of a similar event?   
   NO YES – if YES, please describe the previous project/learning event and what is new or innovative about the proposed learning event:
3. Would the proposed use of funds from AHW leverage or complement funds you previously or currently receive from other sources for this event, including participant registration fees?  
   NO YES – if YES, please describe the source of other funds and why additional funds are needed from AHW to support the event:
4. Have you already applied to another funding source for financial support for the same or similar learning event?   
   NO YES – if YES, please describe the result of that application or when you expect to receive notification:
5. Please provide any other relevant information:

*By signing this form, you agree to perform responsibilities as described within this submission. Additionally, by signing this form, your organization attests to its eligibility and represents that the information provided in this submission is accurate, complete and current and the individual signing affirms that s/he has authority to execute this form on behalf of the organization. By signing, you acknowledge that the MCW Consortium on Public and Community Health and AHW Research and Education Advisory Committee are subject to Wisconsin Public Records laws and its records may be subject to release as required by law*. *The organization represents that the funding from the Advancing a Healthier Wisconsin Endowment will not supplant, and acknowledges that this information shall be relied upon by the Medical College of Wisconsin to discharge its legal and regulatory obligations with respect to the subject matter of this form.*

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| **Event Coordinator Signature** Printed Name and Date  REQUIRED***Electronic signatures are acceptable****.* | |
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| **Organization Authorized Signature** Printed Name and Date  IF DIFFFERENT FROM ABOVE  ***For MCW-led applications, the Department Chair must sign.***  ***Electronic (print, sign, and scan) signatures are acceptable****.* | |