****

Sample Application (not for submission)

# Call for Applications: Community-led Learning Event Support

*Eligible learning event host organizations are invited to submit the following application to apply for AHW’s Call for Applications:* *Community-led Learning Event Support. The application must be completed and submitted using the online form available via the AHW website at* [*ahwendowment.org*](https://ahwendowment.org/AHW.htm)*. The online application form only supports Plain Text. No text effects such as bold, italics, underlining, bulleting, numbering, etc. will be captured in the final submission. No paper or emailed applications will be considered.* ***Applications are accepted on a rolling basis through December 31, 2023, and will be reviewed on a first come, first serve basis, until available funds have been distributed.***

**This template is not for submission and may only be used to draft the application. Only applications submitted through the** [**online application form**](https://ahwendowment.tfaforms.net/f/151LearningEventSupport) **will be considered for review.**

*For questions or to discuss your Community-led Learning Event Support idea, please contact Benjamin Martinez, AHW program manager, at* [*bemartinez@mcw.edu*](mailto:bemartinez@mcw.edu)*.*

*AHW does not discriminate against individuals on the basis of age, race, creed, religion, color, disability, marital status, sex, national origin, ancestry, sexual orientation, gender identity, arrest record, conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or the State of Wisconsin or use or nonuse of lawful products off MCW’s premises during nonworking hours.*

# Learning Event Information

**Learning Event Title** (**required**; maximum 100 characters, including spaces):

**Goal Statement –** Please provide a brief statement describing the goal of the proposed learning event, including the learning or professional development gap or need that the event aims to address, and the intended health workforce audience that will participate in the event. (**required;** maximum 400 characters, including spaces)

**Date(s) of Event** (**required**)**:**

**Where do you anticipate hosting the event?** (**required;** maximum 500 characters, including spaces)

# Budget Request

**Budget Request** (**required;** in whole dollars and not to exceed $5,000):

**Additional Funds** (if applicable):

**Source of Additional Funds** (if applicable):

# Project Team Information

**Learning Event Host Organization** (**required**)– Projects must designate one (1) eligible learning event host organization to serve as the fiscal agent for the project. Identify one (1) contact person at the learning event host organization who will be responsible for the fiduciary and reporting requirements on behalf of the larger partnership. See full the Call for Applications for eligibility requirements.

|  |  |  |
| --- | --- | --- |
| Organization Name (**required**): | | |
| Organization Website (**required**): | | |
| Does your organization have social media handles that you would like to share with AHW?  Yes  No  If yes, please provide:  Twitter Handle: Facebook Handle:  LinkedIn Handle: Instagram Handle: | | |
| Type of organization (**required**): | | |
| Non-profit organization (*check the applicable type below*):  health, social service or other community-based organization  faith-based organization  private university or school  other (specify): | **OR** | Government organization (*check the applicable type below*)  state or local government  tribal organization  public university or school  other (specify): |
| If nonprofit organization is selected, please attach a copy of your **IRS nonprofit verification** (PDF). (**required**) | | |
| **Learning Event Host Organization Contact** | | |
| Name (First Last, Suffix/Credentials) (**required**): | | |
| Preferred Name (**required**): | | Pronouns: |
| Title (**required**): | | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | | Cell Phone Number (XXX-XXX-XXXX) (**required**): |
| Email (**required**): | | |
| Authorized Signer Name (if applicable): | | Authorized Signer Email: |

**Learning Event Host Non-Supplanting Attestation**

Please download the AHW template from the Community-led Learning Event Support page within the [Funding Opportunities section of the AHW website](https://ahwendowment.org/AHW/Funding-Center/Award-Opportunities.htm).

Attach completed Non-Supplanting Attestation (PDF). (**required**)

**Collaborator(s)** – Please list additional organizations or individuals that are co-hosting the event or supporting event planning and implementation. Collaborators are not subject to learning event host organization eligibility requirements. Please note that the online form is limited to ten collaborators.

|  |  |  |
| --- | --- | --- |
| **Name:** | **Institution/Organization:** | **Project Role** (maximum 50 characters, including spaces) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Geographic Area Impacted**

Please select the area that best reflects the project’s primary geographic activity area. (**required**)

Statewide

Rural – list the primary counties:

Urban – list the primary counties:

# Narrative

**Event Description** – Describe of the goal of the learning event, the learning or professional development need the event aims to address, and how the event content (including speakers, materials, etc.) will help meet the learning goal. (**required;** maximum 2,000 characters, including spaces)

**Event Participation –** Describe the primary audience that will attend the learning event, the anticipated number of participants, and how the event is informed or supported by the target audience, co-hosts, or collaborators. (**required;** maximum 2,000 characters, including spaces)

**Evaluation and Post-Event Action** – Describe how the learning event will support participants to apply their learnings to their work and how the event hosts will evaluate participant learning and event objectives. (**required;** maximum 2,000 characters, including spaces)

# Budget Workbook

Please download the AHW template from the Community-led Learning Event Support page within the [Funding Opportunities section of the AHW website](https://ahwendowment.org/AHW/Funding-Center/Award-Opportunities.htm).

Attach completed Budget Workbook (PDF). (**required**)

# Budget Justification

Please download the AHW template from the Community-led Learning Event Support page within the [Funding Opportunities section of the AHW website](https://ahwendowment.org/AHW/Funding-Center/Award-Opportunities.htm).

Attach completed Budget Justification (PDF). (**required**)

# Demographic Information

**Learning Event Host Organization Diversity and Inclusion Information** – To help AHW better understand our community applicants, we’d like to learn more about your organization. Please answer the following optional questions about the learning event host organization. This information is for AHW’s awareness only and will only be used in aggregate across AHW’s applicants and funded partners.

|  |
| --- |
| Is your organization’s primary focus or mission on supporting or working with the underserved, historically marginalized or minority populations?  Yes  No  If yes, please describe and identify the primary population(s) that your organization serves or aims to directly impact. (maximum 1,000 characters, including spaces) |
| Is your organization led in management and/or board representation by individuals from minoritized or marginalized backgrounds?  Yes  No  If yes, please describe. (maximum 1,000 characters, including spaces) |

**Learning Event Host Organization Contact Demographic Information** – To help AHW better understand our applicant pool, we’d like to learn more about our primary applicants. Please answer the following optional questions about the learning event host organization contact. This information is for AHW’s awareness only and will only be used in aggregate across AHW’s applicants and funded partners.

|  |  |
| --- | --- |
| Gender Identity – How do you publicly self-identify?   1. Female 2. Male 3. Gender nonbinary/Genderqueer/Gender non-conforming 4. Other, please describe: 5. Decline to state | Gender Identity – How do you publicly self-identify?   1. Transgender 2. Not transgender (cisgender) 3. Decline to state |
| Race – How do you publicly self-identify? Please select all that apply.   1. Asian American/Pacific Islander/Asian 2. Black/African American/African 3. Latino/Latina/Latinx 4. Native American/American Indian/Indigenous 5. White/Caucasian/European 6. Multi-racial/Multi-ethnic (two or more races or ethnicities) 7. Different identity, please specify: 8. Decline to state | Ethnicity – How do you publicly self-identify?   1. Hispanic or Latino/Latina/Latinx 2. Not Hispanic or Latino/Latina/Latinx 3. Decline to state |
| Sexual Orientation – How do you publicly self-identify?   1. Heterosexual or straight 2. Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA+ community) 3. Different identity, please specify: 4. Decline to state | Disability Status – How to you publicly self-identify?   * 1. I identify as a person with disability   2. I do not identify as a person with a disability   3. Decline to state |
| Do you consider yourself to be a member of any of the following groups? Please select all that apply.   1. A member of the LGBTQIA+ community 2. A military veteran 3. Active military 4. A person with a disability or impairment | Are you early in your career? Early career is defined as completing terminal degree or end of post-graduate training within the past 10 years.   1. Yes 2. No 3. Decline to state |

# Signatures

Following successful submission of the completed application through the online form and technical review, signatures from key project personnel will be required via an AHW-initiated DocuSign process to indicate their awareness and support of the submitted application. The primary contact for the learning event host organization and an authorized signer (if applicable) will receive an email with instructions to complete and submit their signature and all required signatures should be submitted **within three business days** of the technical review notification.