__Instructions for use:__ Update the form below to meet your funding parameters- you can fill in the yellow fields, and add and remove sections as needed. You can provide as a paper form, a digital PDF, or as a webform (e.g. Google Forms, Alchemer, Survey Monkey).

HEALTH IN ACTION PANEL APPLICATION

Health in Action is designed to enhance neighborhood capacity to respond to community health needs by providing funding to local organizations. This program is run by [organization name] with funding from [funding source(s)].

We are seeking [total number] panelists from the community to help us select project proposals to receive funding. All panelists will receive compensation for their time upon completing commitments. Compensation will be up to [total amount] and will be delivered to panelists as [format - e.g. check, gift card, wire transfer].

ABOUT THE HEALTH IN ACTION GRANTS

Funding Source:
Duration:
Number of Awards:
Award Amount:
RFP:
Due Date:
Link to RFP:

TIME COMMITMENT

In addition to spending time reviewing grant proposals, Deliberative Panel members will commit to attending [X] in-person training(s), [X] community event(s), and a [X] in-person review session(s). This will amount to approximately [X] hours of time between [start month] and [end month] of this year.

Key dates:

- Training [date]
- Proposal review [date time frame]
- Community event [date]
- Review session [date]

ELIGIBILITY CRITERIA

Applicants must:

- Live, work, or go to school in [target neighborhood/zip codes]
- Be [X] years old or older
- Commit to participating in grant review, and attend all sessions listed above
- Be willing to review and sign a COI if they have a direct relationship with a grantee organization applying for Health in Action

Preference will be given to [target neighborhood] residents and long-time residents (10 years or more).

INQUIRIES

Phone: [organization phone number]
Email: [organization email address]

HOW TO APPLY

Instructions for use: *Update the form below to meet your funding parameters- you can fill in the yellow fields, and add and remove sections as needed. You can provide as a paper form, a digital PDF, or as a webform (e.g. Google Forms, Alchemer, Survey Monkey).*

Applications must be submitted by [date/time]. Applications can be submitted via email to [organization email address] as a completed form or dropped at the front desk of the [organization address]. Applications will be reviewed by [organization] staff and applicants will be notified by [end date].

SECTION 1: Health in Action Panel Application

Full name: *(short answer)*

Address: *(short answer)*

Phone: *(short answer)*

Email: *(short answer)*

I am applying to the Health in Action panel because: (*Select all that apply.*)

- ☐ I live in the community.
  How many years have you lived in the neighborhood?

  _____

- ☐ I work in the community.
  How many years have you worked in the neighborhood?

  _____

- ☐ I own a business in the community.
  How many years have you owned a business in the neighborhood?

  _____

- ☐ I attend school in the community.
  Where do you attend school and what grade/year are you?

  _____

- ☐ I have another connection to the community. (*Please describe.*)

  _____

SECTION 2: Employment and Professional Background

What is your profession/occupation/speciality? *Respond in 1-2 sentences.*

_____

_____

_____

SECTION 3: Demographic Information

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What is your age? *(Check one)*

- ☐ 16-17 years old
- ☐ 18-24 years old
- ☐ 25-44 years old
- ☐ 45-64 years old
- ☐ 65+ years old
- ☐ Prefer not to answer

How would you describe your gender? *(Check all that apply)*

- ☐ Man
- ☐ Woman
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Non-binary person
- ☐ Not sure
- ☐ Prefer not to say
- ☐ I don't know
- ☐ Other: _____

SECTION 4: Race/Ethnicity

How do you identify? *(Check all that apply)*

- ☐ Black or African American
- ☐ Latinx or Hispanic
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Middle Eastern or North African
- ☐ American Indian or Alaska Native
- ☐ Other: _____

SECTION 5: Health in Action Panel Interest

Why do you want to serve on the Health in Action panel? *(Respond in 200 words or less.)*

_____

_____

_____

_____

_____

Instructions for use: *Update the form below to meet your funding parameters- you can fill in the yellow fields, and add and remove sections as needed. You can provide as a paper form, a digital PDF, or as a webform (e.g. Google Forms, Alchemer, Survey Monkey).*

What will make you a great panelist? *(Respond in 200 words or less.)*

Describe what you consider the three most pressing health issues facing the local community. *(Respond in 200 words or less.)*

Please list any current or past community groups in which you are, or have been, active. This can include neighborhood/block associations, church groups, political clubs, tenant associations, fraternal organizations, community advisory boards, community education councils, and civic groups. *(Respond in 200 words or less.)*

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Please share anything else you would like us to know about you related to this opportunity. *(Respond in 200 words or less.)*