

**Individual Action Award Application**

*This form works best if you have Microsoft Word and Excel installed*

**About you**

Name and degree: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Your address (Street, City, State, Postal Code, Country): Click or tap here to enter text.

Your current professional position: Click or tap here to enter text.

Your current employer: Click or tap here to enter text.

Your relationship to Kaiser Permanente Northwest: Click or tap here to enter text.

**Application**

Descriptive title of the project: Click or tap here to enter text.

Anticipated dates and duration of the project: Click or tap here to enter text.

Click or tap here to enter text.

Abstract summarizing the project (one paragraph):

Narrative description of the project. Please include the following information:

* 1. Background information
	2. Your planned activities
	3. How the health needs that your project addresses were identified
	4. The nature of your relationship with partners in the location where this project will take place, and their participation in the identification and prioritization of health needs
	5. Expected benefit to the health care system, community, or population being served
	6. Ways in which your contribution will lead to a lasting impact on improving health for underserved communities after your participation ends
	7. Any plans for ongoing and sustained collaboration in the future

Click or tap here to enter text.

Your skills, background, or other qualifications that will help you to succeed:

Click or tap here to enter text.

Budget

Please provide estimates of expenses for which you anticipate requesting reimbursement.

*Open the below Excel document, make entries, then save and close.*



Additional Items needed to complete your application:

1. Your curriculum vitae
2. Letter of invitation or copies of relevant communication with your hosts, partners, and/or placement organization
3. Optional: letter(s) of recommendation.
4. If you are a NWP physician and require sabbatical leave to use this grant, please provide confirmation that you have approval or provisional approval for the sabbatical.

Submit all application materials to **info@globalnw.org**