

**Project Award Application**

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

**Participants**

**Project Lead**

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.

Address: Click or tap here to enter text.

Current professional position: Click or tap here to enter text.

Current employer: Click or tap here to enter text.

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

**Project Co-Lead (optional)**

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.

Address: Click or tap here to enter text.

Current professional position: Click or tap here to enter text.

Current employer: Click or tap here to enter text.

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

**Other participants affiliated with Kaiser Permanente Northwest**

Click or tap here to enter text.

List name, affiliation or professional position at KPNW, role in project

**Application**

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

Starting date 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):

Specific Aims:

Click or tap here to enter text.

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

* 1. Background information
  2. Planned activities
  3. How the health needs that your project addresses were identified
  4. The relationship of the Lead and Co-Lead with partners in the location where this project will take place, and the partner’s 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 the project will lead to a lasting impact on improving health for underserved communities after project funding ends
  7. Any plans for ongoing and sustained collaboration among project participants in the future

Click or tap here to enter text.

Lead, Co-Lead, and other key participants skills, background, or other qualifications that will help the project to succeed:

Click or tap here to enter text.

Budget

Please provide estimates of expenses for which you anticipate requesting reimbursement. Review instructions on what is potentially reimbursable.

*Open the below Excel Spreadsheet, make entries, then close it. Your changes will be saved.*



Additional Items needed to complete the application:

1. Curriculum Vitae of Lead and Co-Lead
2. Letter of invitation or copies of relevant communication with hosts and partners
3. Two letters of recommendation or support
4. If a Northwest Permanente physician is a key participant whose participation in the project will depend on getting sabbatical leave, please provide confirmation of approval or provisional approval for the sabbatical.

Names of the people who participated in completing the application: Click or tap here to enter text.

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