



## **Application Introduction**

This is the application for the PHEARLESS initiative. Please make sure you review the details and requirements on the [PHEARLESS website](#) before completing the application.

### **Only one application is needed for each four-person Community Collective.**

This application includes six sections for you to complete together with your Community Collective members.

- Section 1: Authorized Organization Official
- Section 2: Community Collective Response
- Sections 3 & 4: Community Leader Individual Responses
- Sections 5 & 6: Public Health Leader Individual Responses

Please note that only one person can complete the application form. That individual can save and come back to the application at any time but must do so from the same

computer/IP address each time. Applications are due no later than July 6, 2023 at 3:00 p.m. EST.

## Instructions

# Application Directions

**Step 1:** Review the PHEARLESS program details and qualifications at the [PHEARLESS website](#) to determine eligibility.

**Step 2:** Identify an organization that is willing and able to manage the administrative and financial requirements of the grant.

**Step 3:** Identify your Community Collective by selecting two public health leaders and two community leaders from the same geographical jurisdiction who meet the minimum PHEARLESS qualifications and have previous experience working together.

- Public health leaders are individuals directly employed by the jurisdictional governmental public health agency.
- Community leaders are those working to advance the community's health and able to give voice to marginalized community members. We ask that the community

members not come from the same community organization.

**Step 4:** Only one person will be able to submit the application for the Community Collective; determine who will input and submit. All four leaders will complete one section together and each will have a section to complete on their own.

- The questions are available for review in a document linked on the PHEARLESS website.

**Step 5:** We recommend that you compose responses to the questions in a separate document so you can copy and paste them into the application as prompted.

**Step 6:** Compile the documents you will need to upload to the application

- Application documents, videos or visuals
- Resume, CV, or biography (250 words or less) from each of the four applicants in the Community Collective
- Letter of support from the entity in the jurisdiction that will manage the administrative and fiduciary responsibility
- Letter of support from a community leader supporting your application

**Step 7:** Enter all responses into the application and upload required documents.

- The same IP address (location of device/computer/tablet) must be used each time edits are made to the application.

**Step 8:** Follow all instructions and ensure you stay within the required guidelines.

**Step 9:** Submit the application by July 6, 2023, at 3:00 p.m. EST.

An FAQ list can be found on the [PHEARLESS Website](#)

If you need additional assistance please email us at [coph-clphp@usf.edu](mailto:coph-clphp@usf.edu)

## **Authorized Organization Official**

Each community chosen must identify an organization that is willing and able to manage the administrative and financial

requirements of the grant. Please enter the legal organization's name and website link below.

Organization Name

Website

Please enter the following information about the administrative and financial partner entity.

Address

Address 2

City

State

Zip Code

Phone

Primary Contact

Primary Contact Phone (if different than above)

Primary Contact email

If selected for participation, the organization must have a Federal Tax Identification Number (such as an EIN) and must register electronically as a vendor in the USF Bull Market Place in order to receive the grant funds. Please initial below to confirm your administrative partner meets and will be able to complete these requirements.

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Please upload a letter of support from this organization's chief officer confirming their willingness and ability to manage the administrative and financial aspects of the award. (Required)

## Community Collective

As a Community Collective, please address the following in your submission:

- Geographical jurisdiction
  - Help the reviewers understand more about the people, culture, health status, resources and social, environmental and political systems that have evolved over time in your jurisdiction. Please add any other relevant background information you feel is important for us to know about your community.
- An explanation of your current collaborative efforts toward promoting the opportunity for all to be well in your jurisdiction.
- Given our description of the PHEARLESS initiative, share with us how you believe this opportunity will enhance your health improvement efforts. This should include:
  - an explanation of your jurisdiction's collective interest and efforts in advancing the public's health,
  - a description of the community systems about which you seek greater insight and understanding and
  - a statement of how PHEARLESS could improve your ability to collaborate more effectively toward system

redesign.

Uploading Tips:

- **Choose one form of response: Written document, video or audio recording, or a detailed image or sketch.**
- **Applications will be evaluated based on the content and quality of their response to the prompt, not the extent of technology utilized.**
- **Recordings should be no longer than five minutes in duration, and written documents or graphics should be no more than five pages, double-spaced, one-inch margins, 12pt font.**
- **Please select the format below, where you will find specifics and directions.**

Document (PDF, Word)

Video or audio recording

You may upload a document in the form of an essay or a detailed image or sketch detailing your response. Please limit your submission to no more than five pages. Documents with text should be double spaced and utilize a 12pt font. Text on graphics need to be read by reviewers, please keep this in mind as you are preparing your submission.



Upload your video or audio recording using an accessible website such as Youtube, Vimeo or Google Drive. For detailed instructions please see the FAQ section of the PHEARLESS website.

Please upload a letter demonstrating support from a leader in your community for your Community Collective's application.

## **Individual Leader Directions**

The next four sections are to be written by each individual leader. There is space for one community leader to enter their responses followed by space for the second community leader to respond to identical questions. The next two sections are similar questions but are tailored for the public health

leaders to respond individually.

We recommend that you draft responses in a separate document and coordinate with each other to submit your drafts. One person will need to input all of the responses into this survey and submit the entire application on behalf of the group. You may save and return to the application as needed but you will have to do so from the same computer/IP address.

## **Community Leader 1**

**Enter the following information for the first of the two community leaders.**

Last Name

First Name

Preferred pronouns (optional)

Address

Address 2

City

State

Zip Code

Phone number

Email address

If selected to participate in PHEARLESS, throughout the year you will participate in four modules both in-person and virtual and a final capstone presentation. Each of the three virtual modules will take place over four 1/2 days in succession and will require meeting together with your Community Collective partners in a space in your jurisdiction with internet access for video conferencing. In-person modules will take place over three days, where the first and third days will be half days to provide the flexibility for travel. The in-person session will be held at a location in the U.S. to be determined; additional

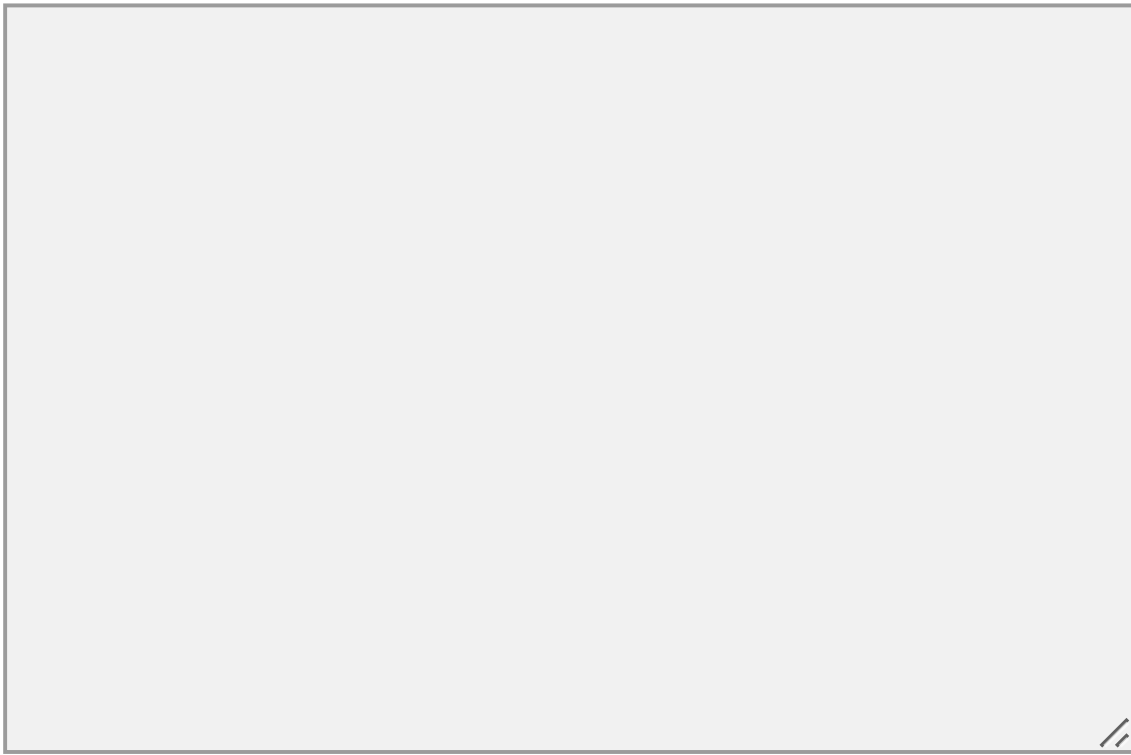
travel may be required. Travel will be financed through the NPO according to USF and funder policies. If you require approval from a person in a supervisory position to participate in PHEARLESS, your submission will be interpreted as having obtained that permission. Please initial the box below if you are able to commit to the requirements of the initiative.

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Select an issue currently impacting your community's well-being and describe your activities, relationships and role to date in collaborating to address the issue. How do you believe that participation in PHEARLESS will support your individual capacity to advance this work?



Identify three things about yourself as a rising leader in your community that would help the selection committee better understand your fit with the PHEARLESS initiative?

1.
2.
3.

Please upload a brief (250 words or less) biography. This should be a description of your community, professional, educational and, volunteer activities and accomplishments. If you prefer you may submit a resume or CV instead.

**Community Leader 2**

**Enter the following information for the second of the two community leaders.**

Last Name

First Name

Preferred Pronouns (optional)

Address

Address 2

City

State

Zip Code

Phone number

Email address

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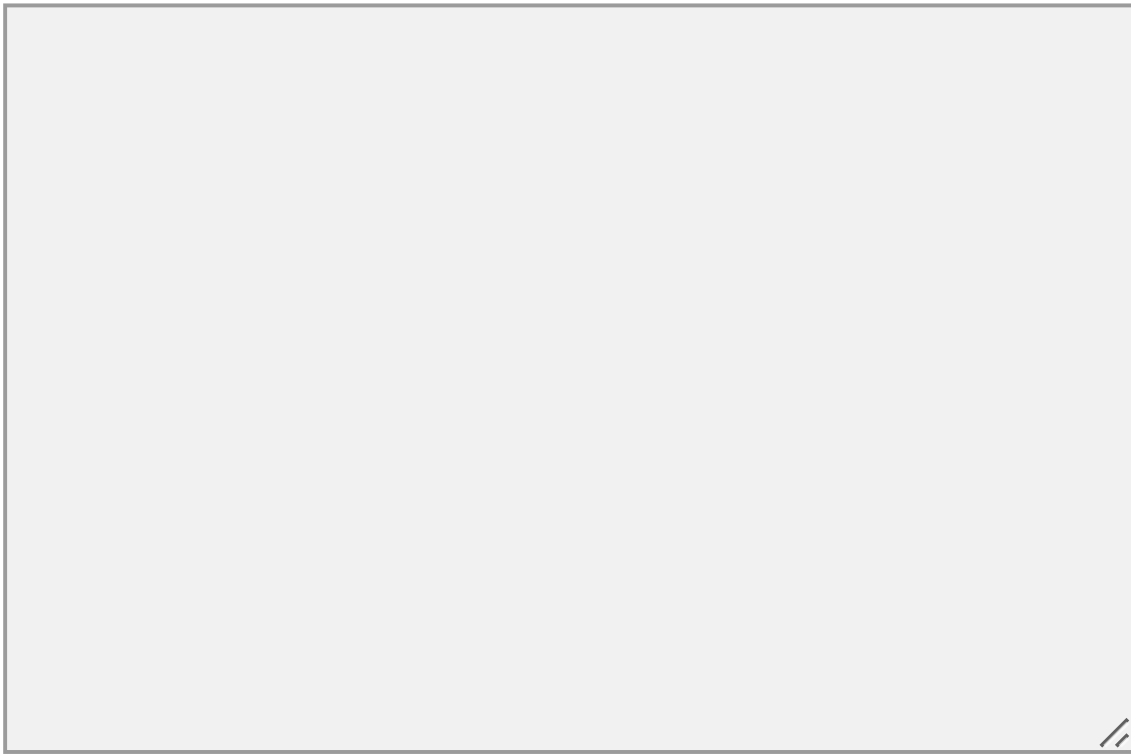
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**clear**

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Identify three things about yourself as a rising leader in your community that would help the selection committee better understand your fit with the PHEARLESS initiative?

- 1.
- 2.
- 3.

Please upload a brief (250 words or less) biography. This should be a description of your community, professional, educational, and volunteer activities and accomplishments. If you prefer you may submit a resume or CV instead.

**Public Health Leader 1**

**Enter the following information for the first of the two public health leaders.**

Last Name

First Name

Preferred pronouns (optional)

Address

Address 2

City

State

Zip Code

Phone number

Email address

If selected to participate in PHEARLESS, throughout the year you will participate in four modules both in-person and virtual, and a final capstone presentation. Each of the three virtual modules will take place over four 1/2 days in succession and will require meeting together with your Community Collective partners in a space in your jurisdiction with internet access for video conferencing. In-person modules will take place over three days, where the first and third days will be half days to provide the flexibility for travel. The in-person session will be held at a location in the U.S. to be determined additional travel may be required. Travel will be financed through the NPO according to USF and funder policies. If you require approval from a person in a supervisory position to

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Provide an example of how you have approached a complex public health issue in your community. How will participating in PHEARLESS support your individual capacity to advance this work?

Identify three things about yourself as a rising leader in your community that would help the selection committee better understand your fit with the PHEARLESS initiative?

1.

2.

3.

Please upload your resume/CV. This should be a description of your community, professional, educational and volunteer activities and accomplishments.

## **Public Health Leader 2**

**Enter the following information for the second of the two public health leaders.**

Last Name

First Name

Preferred pronouns (optional)

Address

Address 2

City

State

Zip Code

Phone number

Email address

If selected to participate in PHEARLESS, throughout the year you will participate in four modules both in-person and virtual, and a final capstone presentation. Each of the three virtual modules will take place over four 1/2 days in succession and will require meeting together with your Community Collective partners in a space in your jurisdiction with internet access for video conferencing. In-person modules will take place over three days, where the first and third days will be half days to provide the flexibility for travel. The in-person session will be held at a location in the U.S. to be determined additional travel may be required. Travel will be financed through the NPO according to USF and funder policies. If you require approval from a person in a supervisory position to participate in PHEARLESS, your submission will be interpreted as having obtained that permission. Please initial the box below if you are able to commit to the requirements of the initiative.

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Provide an example of how you have approached a complex public health issue in your community. How will participating

in PHEARLESS support your individual capacity to advance this work?



Identify three things about yourself as a rising leader in your community that would help the selection committee better understand your fit with the PHEARLESS initiative?

- 1.
  
- 2.
  
- 3.



Please upload your resume/CV. This should be a description of your community, professional, educational and volunteer activities and accomplishments.