

**CBPR Partnership Academy 2021**

**Pre-Application Worksheet**

To help you prepare your online application for the Detroit URC’s CBPR Partnership Academy, we are providing this optional pre-application worksheet. It outlines all of the questions that are asked in the application.

**COVER PAGE**

* Name, Title, Organization/Institution, Number of Years with Organization/Institution, Academic Degree/Discipline, Organization/Institution Mailing Address and Phone Number, Email, Website (if applicable)

**COMMUNITY PARTNER QUESTIONS**

* What, if any, experience do you have collaborating with ACADEMIC RESEARCHERS to address health inequities? If you have had experience with CBPR, please describe it here.
*(1800 characters max)*
* Why are you interested in the CBPR Partnership Academy, and what do you hope to gain from it?
*(1800 characters max)*
* What, if any, challenges might you have participating in this year-long program, and how will you address them? *(1800 characters max)*
* In what ways is your organization embedded in and representative of the community with which it works and in what ways do you incorporate community voice in your work?
*(1800 characters max)*

**ACADEMIC PARTNER QUESTIONS**

* What, if any, experience do you have collaborating with COMMUNITIES and COMMUNITY-BASED ORGANIZATIONS to address health inequities? If you have had experience with CBPR, please describe it here. *(1800 characters max)*
* Why are you interested in the CBPR Partnership Academy, and what do you hope to gain from it?
*(1800 characters max)*
* What, if any, challenges might you have participating in this year-long program, and how will you address them? *(1800 characters max)*

**TEAM QUESTIONS**

* How long have you known each other and in what capacity? Please describe the nature and length of your working relationship.
*(850 characters max)*
* Please specify the stage of your partnership's development: CBPR Partnership will be formed in response to this application, CBPR partnership early in development (less than 2 years), Partnership established prior to this application but not using a CBPR approach, Other (Please Describe)
* What are, or do you envision to be, the overall goals and/or objectives of your CBPR partnership?
*(1800 characters max)*
* Please describe the community that is/would be the focus of your partnership (for example, race/ethnicity, rural/urban/suburban, socioeconomic status, identity).
*(1800 characters max)*
* How do you intend to apply the knowledge and skills gained through the CBPR Partnership Academy in your CBPR partnership?
*(1800 characters max)*

**DEMOGRAPHIC QUESTIONS**

* Do you identify as Latinx or Hispanic?
	+ Yes
	+ No
	+ Prefer not to answer
* How do you identify yourself? Select all that apply.
	+ Black or African-American
	+ American Indian/Alaska Native
	+ Arab American/Middle Eastern
	+ Asian American/Asian/Southeast Asian
	+ Native Hawaiian or Other Pacific Islander
	+ White/European American
	+ Another identity not listed here
	+ Prefer not to answer
* What is your gender identity?
	+ Man
	+ Woman
	+ Transgender Female or Trans Woman
	+ Transgender Male or Trans Male
	+ Non Binary, Gender Queer, or Gender Fluid
	+ Another identity not listed here
	+ Prefer not to answer
* Do you identify as having a disability?
	+ Yes
	+ No
	+ Prefer not to answer