

**CBPR Partnership Academy 2022-2023**

**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 electronic application form.

**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 this partnership will work 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, select one:
  + 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 propose to be, the overall goals and objectives of your CBPR partnership?    
  *(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)*
* Please describe the community that is/would be the focus of your partnership (for example, race/ethnicity, rural/urban/suburban, socioeconomic status, identity, strengths, concerns).   
  *(1800 characters max)*
  + What racial/ethnic populations does/will your partnership work with? [check all that apply]
    - Black or African-American
    - American Indian/Alaska Native
    - Arab American/Middle Eastern/North African
    - Asian American/Asian/Southeast Asian
    - Native Hawaiian or Other Pacific Islander
    - White/European American
    - Another identity not listed here
  + Do you consider the work of your partnership to be based/will be based in an urban, suburban, rural, and/or tribal environment? [check all that apply]
    - Urban
    - Suburban
    - Rural
    - Tribal
    - Other

**SUPPORTING DOCUMENTS**

* Community team member resume/CV
* Academic team member resume/CV
* Letter of support from a supervisor or equivalent (for community partner) showing support to participate in the one-year program including attendance at the week-long intensive course, July 10-15, 2022 or July 17-22, 2022
* Letter of support from an academic chair or equivalent (for academic partner) showing support to participate in the one-year program including attendance at the week-long intensive course, July 10-15, 2022 or July 17-22, 2022

**PARTNER DEMOGRAPHIC QUESTIONS REQUIRED BY FUNDER (ANSWERED SEPARATELY)**

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