

Application Form

**Application Period: January 11, 2021–March 12, 2021**

**Part 1: Applicant Information (Required)**

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| **Name of Innovation***This may be the name of a policy, product, program, or initiative, or in some cases it may be the organization name. Please put whichever is most appropriate.* |
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| **About the Applicant** |
| Organization\* |       |
| Name of Representative\*\* |        |
| Title |       |
| Tel. Number |       |
| E-mail Address |       |
| Organization Address (including postal code) |       |
| \* *Indicate any organizations directly involved in creating and/or implementing the innovation that should be listed as awardees if the innovation is selected.* |
| *\*\* Indicate one person as the main contact for this application.* |

**Part 2: Innovation Information (Required)**

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| 1. **Problem Statement** (max. 300 words)

*Briefly describe the problem or challenge that your innovation addresses. Please include any additional background information or location specific context that will help us understand the issue.* |
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| 1. **Description** (max. 300 words)

*Describe your innovation. In particular, please explain how it addresses the problem that you identified in question 1.* |
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| 1. i) **Implementation** (max. 300 words)

*Describe the development and implementation of this innovation. Include any challenges that you needed to overcome in that process.* |
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|  ii) **Timeline** (max. 200 words)*Please provide a timeline for your innovation. The timeline should include the start date of the innovation, and should detail other key points in its implementation/development, including future plans.* |
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| 1. **Impact\*** (max. 600 Words)
2. *Quantitative: Explain the impact of the innovation in terms of people reached, measurable improvements in health or quality of life, etc., as applicable to your innovation. Please back up this information with metrics and data where possible.*
3. *Qualitative: If possible, please provide testimonials from those who have benefited from your innovation or other specific examples of how it has helped.*

*\*If needed, please include supporting documents (e.g., graphs or data) as part of your supplemental materials (see question 8).* |
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| 1. **Reason for Success** (max. 300 words)

*Please describe the principles and factors that have contributed to the innovation’s success.*—In responding, please think about lessons that others might learn from your innovation. |
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| 1. **Budget and Sustainability** (max. 300 words)

*Please provide a brief outline of the budget and the funding sources for the innovation.*—Programs/services: indicate the annual operating costs of the innovation and the sources of funding and whether it is financially sustainable (e.g., is the program fee-based, funded through grants, supported by the government, etc.?)—Products: What is the cost or fee structure for the product? —If appropriate, applicants may submit a simple budget to illustrate income and expenditures specifically related to the innovation (budget can be submitted as an attachment) |
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**Part 3: Supplementary Section (Optional)**

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| 1. **Further Information About the Applicant** (max. 200 words)

*In addition to the information above, is there anything else you feel is important for the selection committee to know about the organization or innovation?*  |
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| 1. **Supporting Materials**

*Applicants are welcome to submit materials that will assist us in evaluating the innovation. Please submit no more than 10 pages total as supplementary materials. Materials in excess of this amount may not be considered by the committee.*🟊 Clearly note the name of the nominated innovation on any submissions.—Supplementary materials may include, but are not limited to, the following: websites, photographs, print materials (brochures, fact sheets, flyers, etc.).—We encourage applicants to submit supplementary materials that are in English. We will look at materials submitted in other languages, but will not be able to translate those materials or evaluate their written content.—You may include supporting materials at the time of your submission of this form to ahwin@jcie.or.jp  |

Website Information:

*List any website that describes your innovation, URLs for media coverage of your innovation, social media, etc.*

Signature **(Required)**:

*[ ]  I hereby certify that, to the best of my knowledge, the applicant meets all eligibility criteria and that the information contained herein is true, complete, and correct. I understand that if any of the information is later found to be untrue, the application will be removed from further consideration.*

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| Type name |       |

**Please return this form along with any supporting materials via email to** **ahwin@jcie.or.jp** **no later than March 12, 2021.**

*An email will be sent by the secretariat within 3 business days to acknowledge receipt of the application. If you do not receive that email, please contact the secretariat.*