

HEALTHY AGING PRIZE *for Asian* INNOVATION

Short Application Form

Application Deadline: May 31, 2024

Innovation Name

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. If applicable, please include the name of the innovation in your country's language.

English Name

Local Language Name (if different)

Applying Organization(s)

Indicate any organizations directly involved in creating and/or implementing the innovation that should be listed as awardees if the innovation is selected. If more than one organization is listed, please ensure that each of the organizations meet our eligibility requirements.

English Name

Local Language Name (if different)

Organization Type (Select all that apply)

Community Organization

Local Government

Public-Private Partnership

Other

Nonprofit Organization

Service Provider

Multisectoral Partnership

Research Institution

Private Business

Name of Representative (English)

Indicate one person as the main contact for this application

Local Language Name (if different)

Title

Tel. Number

E-Mail Address

Organization Address

Please include postal code

Country/Region

Additional Contacts (e-mail)

Indicate if any additional email address should be cc'd on related correspondence

Application

Please note in the first stage, this application statement will be reviewed by the Selection Committee and a certain number of applicants will be invited to submit a full application. If you proceed to the next stage, you will be asked to provide more detailed information about your innovation.

Summary of Innovation (max. 500 words)

Please briefly describe your innovation, what makes it innovative, and how it is being used to address the challenges facing aging societies and to allow older people to live healthy and meaningful lives.

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.

Type name	
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Please return this form via email to hapi@jcie.org no later than May 31, 2024
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.