

2017 Call for Applications

Application Deadline: March 8, 2017



Robert Wood Johnson Foundation

INTERDISCIPLINARY RESEARCH LEADERS PROGRAM

Interdisciplinary Research Leaders (IRL) is a national leadership development program that brings together teams of researchers and community leaders to:

- Connect a community's pressing needs to health research and policy efforts;
- Collaborate and share expertise to build healthier, more equitable communities.
- Develop leadership and advanced research skills for building a Culture of Health, enabling all people to live longer, healthier lives now and for generations to come.

For this second IRL cohort (beginning September 2017), applicant organizations will be represented teams of three that will focus on one of these two research areas:

1. Youth development approaches for the prevention of violence and promotion of health
2. Community and individual resilience and health

The Robert Wood Johnson Foundation (RWJF) has long been committed to research aimed at filling gaps in knowledge and building evidence-based approaches to the most pressing issues affecting the nation's health. The *Interdisciplinary Research Leaders* program was created to fill the critical need for a network of research and community-based leaders who can collaborate to produce research that is action-oriented and relevant to community organizations and policymakers alike. The leaders in this program will come from both the community, as well as research functions within either academic institutions or other organizations; they will be charged with working collaboratively to build the case for a Culture of Health with strong qualitative and quantitative research. They will also represent diverse disciplines and sectors, including those that are typically under-represented in health research such as urban planning or educators. They will develop the ability to produce and translate timely research results to inform policy change, and hone the ability to educate policymakers and the general public using creative dissemination approaches.

BACKGROUND

As a country, we face critical challenges—challenges that demand new and different solutions, challenges that require us all to work together more than ever before. Babies born just two subway stops apart have life expectancies that vary widely. As a nation, we spend more for our health care than any other developed nation, yet the quality of our health care doesn't reflect that investment. Our population is increasingly diverse, yet inequities in health care and health persist.

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That's why the Robert Wood Johnson Foundation is committed to working and collaborating with all to build a Culture of Health to enable all in our diverse society to lead healthier lives, now and for generations to come. RWJF believes health should be a fundamental and guiding social value—and that America should become a nation in which promoting health is as important as treating illness.

The Foundation recognizes that we need a new kind of leader to build a Culture of Health. We need leaders who will be able to meet the challenges before us—leaders who refuse to be siloed, leaders who refuse to do things the way they have always been done, leaders from all walks of life who reflect the marvelous diversity of our nation. We have been investing in leadership from the Foundation's earliest days, and our current programs are built on the solid foundation laid by those programs.

Our four newest programs, which include *Interdisciplinary Research Leaders*, as well as *Health Policy Research Scholars*, *Culture of Health Leaders*, and *Clinical Scholars*, are designed to equip just that kind of leader—leaders with the skills needed to create and sustain a Culture of Health. These programs aim to connect people across sectors as well as disciplines, capitalize on technology to promote collaboration and mentoring, and reach and support more people. We believe participation in these programs will lead to enriching and lifelong partnerships with other participants and the Foundation as we work together to build and strengthen healthy practices. We also believe alumni of these new programs will serve as valuable role models and mentors to future participants.

These programs are part of a broader spectrum of leadership programs that RWJF offers to leaders across sectors at varying stages of their careers. Our other leadership programs include:

- *Summer Health Professions Education Program* is a free summer enrichment program focused on improving access to information and resources for college students interested in the health professions.
- *State Health Leadership Initiative* aims to accelerate the leadership development of new state/territorial health officials as policymakers, administrators, and advocates for the health of the public.
- *Harold Amos Faculty Development Program* is designed to increase the number of faculty from historically disadvantaged backgrounds who can achieve senior rank in academic medicine, dentistry, or nursing.
- *New Connections* aims to provide research grants, networking, and skill-building opportunities to early and mid-career scholars who are historically disadvantaged or from underrepresented communities and/or are the first in their family to receive a college degree.

Our goal is to help build the next generations of leaders—leaders who will collaborate across sectors to upend the status quo, address health disparities, and take bold steps to achieve greater equity in communities across the country.

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THE PROGRAM

This call for applications seeks teams of researchers and community members who are committed to working together to produce community-relevant, action-oriented research to improve health and well-being. The applicant organization will be represented by the teams listed on its application.

Program Goals

The broad goal of the *Interdisciplinary Research Leaders (IRL)* program is to produce diverse interdisciplinary leaders who conduct and apply high-quality, community-engaged, action-oriented, equity-focused health research in order to drive improvements in the health of communities. Accordingly, the program will recruit and select applicants represented by teams of three people (“IRL team”): two mid-career researchers and one community member to become IRL program fellows. IRL teams will represent the grantee in this program and join together as a diverse cohort of fellows that will participate in a three-year program. During this time, fellows will receive: leadership training; the opportunity to learn and apply cutting-edge research methods; expert mentoring; networking opportunities; and fellowship and research funds, so that they may better effect change and become the next generation of leaders in population health and health equity research.

Another central goal of the IRL program is to foster and support new interdisciplinary action-oriented research collaborations that will help build the evidence base for effective community interventions to improve health for all.

Program Activities

We anticipate supporting up to 20 organizations per funding cycle each represented by a three-person team. Each cohort of the IRL program will work within designated topic areas related to the social determinants of health. Future cohorts will focus on different topics, which will be identified and announced over time.

The duration of each IRL cohort is three years. Each fellow on the IRL team should anticipate spending at least one day per week on program-related activities. During the first four months, the team will focus on refining the research plan and gaining program approval to conduct the proposed research project. In the subsequent two years, the team will focus on executing the research project. The final six months will be focused on dissemination and action. Leadership training, mentoring, meetings, and networking curriculum will run throughout the three-year period.

Over the three-year duration of the program, teams are expected to participate in regular online learning activities, networking and collaborative opportunities, and occasional (e.g., two to three times per year) in-person meetings. They are also expected to develop a detailed proposal for the team’s specific research project, execute the research project, and actively disseminate its findings.

Team research projects, either qualitative or quantitative, should focus on issues for which there is clear potential for action and change. They must be methodologically rigorous and properly scaled for a two-year study time frame and budget constraints.

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Research conducted by IRL teams should draw from multiple scientific and social scientific disciplines, especially those typically underrepresented in health research (e.g., civil engineering or anthropology). Research designs may be case studies; evaluations of interventions; experiments; financial, economic or cost-effectiveness studies; health impact assessments; legal analyses; natural experiments; policy analyses; existing data analyses; qualitative/ethnographic investigations or other action-oriented designs.

Learning objectives for all team members include:

- Improve facilitation of action-oriented research that benefits community members and health equity goals;
- Engage in change leadership for the promotion of health equity and social justice;
- Increase understanding of the constraints to action, such as structural racism, in both the historical and contemporary contexts;
- Enhance skills to ensure ethical research and community standards remain a priority;
- Understand the policy process and how best to communicate to inform policy; and
- Understand the application of theories of knowledge transfer and what conditions promote use of research evidence in policy decisions.

Learning objectives directed more for community partners include:

- Increase capacity for partnering with researchers aiming to answer critical community-oriented questions; and,
- Foster skills to find, understand, and interpret research findings and to leverage them for action.

Learning objectives directed more for researchers include:

- Increase expertise in interdisciplinary research team-building and authentic community engagement; and
- Develop new and/or enhance competencies in a variety of rigorous qualitative and quantitative research methodologies useful for identifying causal relationships critical to effecting change.

Participants will also become members of the nationwide RWJF Leadership Network, a community of thousands of leaders committed to building a Culture of Health.

Program Support

The IRL program will support these activities of the grantees by: supporting an IRL fellow's time; providing the infrastructure for electronic collaboration; providing IRL teams with expert mentoring to ensure success; and providing grant funds specifically for each IRL team's research project.

Themes/Topic Areas

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IRL teams must focus their research and associated action activities on one of two topic areas, or themes, defined here. Themes are expected to change with each cohort, but any given cohort of teams will focus on just one of two topics for the entirety of their fellowship. For this IRL cohort (beginning September 2017), the two topic areas are:

1. Youth development approaches to prevent violence and promote health
2. Community and individual resilience and health

Youth development approaches to prevent violence and promote health

For purposes here, youth are persons ages birth to 24 years old. Youth violence refers to behaviors that are harmful to people, irrespective of whether the harm is emotional or physical. Emotional harm may arise from interpersonal or online bullying, or other social interactions. Physical harm may arise from hitting or more violent acts, up to and including homicide. It is acknowledged that some physically violent acts may cause profound emotional harm, and that emotional distress can lead to physical violence. The impact of youth violence on the health of victims, often the perpetrator him or herself, and societies more generally, is profound. Inequities in youth violence and remedies for it are troubling.

Approaches to prevent youth violence may come in many forms. For purposes here, approaches include, but are not limited to: public health programs to raise awareness of the youth violence; family-centered support services that address the root causes of intergenerational violence; school-based programs regarding novel suspension and expulsion policies; laws and policies addressing youth violence and support for youth rehabilitation; community organizing for alternative activities (e.g., after school programs, youth jobs); faith-based efforts to support youth and mitigate violence; and novel community policing initiatives.

As described by the American Public Health Association's policy statement on youth violence, action-oriented research for the prevention of youth violence appears to require building and reinforcing the social infrastructures that (a) synthesize and translate information on effective interventions and communicate it to all stakeholders; (b) build the general skills and motivations of communities and organizations and strengthen their capacity to successfully implement specific interventions; (c) deliver high-quality implementation of specific interventions at the national, state, or local level; and (d) strengthen research and program evaluation to monitor the quality, costs, and continued effects as interventions become more widely diffused. Overall, while research on the prevention of youth violence has grown, more interdisciplinary community-engaged action research on what policies and social norms are effective in creating and/or sustaining infrastructure for the prevention of youth violence, and equity therein, is needed. Examples of potentially appropriate projects that address infrastructure to prevent youth violence include, but are not limited to, the following:

- Evaluation of school suspension and expulsion policies on both "offenders" and teacher perception of classroom effectiveness;
- Testing of a novel intervention to increase teens' engagement with non-parental caring adults outside of school (e.g., mentors, coaches);

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- Assess the effects of re-entry policies on violence and recidivism for youth exiting the criminal justice system; and
- Examination of the effectiveness of school bullying and cyber-bullying prevention programs.

Community and individual emotional resilience and health

Resilience can be defined as the capacity of a person and/or community to anticipate and adapt successfully to challenges. Whereas individual resilience is often focused on a person's adaption to adversity, trauma, tragedy, threats, or significant sources of stress, community resilience may be defined as the sustained ability of a community (a socially organized group of persons) to prepare for, withstand, and recover from adversity, trauma, tragedy and threats. Overall, resilience is a complex and dynamic process that is influenced by a multitude of interconnected systems (e.g., health, justice, environment, economic) across multiple levels (i.e., systems, organizations, families, individuals).

Resilience has been linked to health through the concept of allostatic load, which usually is defined as the "wear and tear" due to repeated or chronic stress. Stress on individuals and communities comes in many forms, including stress related to uncertain work schedules, historical trauma, structural racism, adverse childhood experiences, or repeated exposure to environmental toxins. Such stressors can lead to negative health consequences in the form of immune response deficiencies, many chronic diseases (such as diabetes), and emotional fatigue, if not mental illness.

However, it is also recognized that positive responses to stressors can directly enhance resilience by providing stability in the face of a changing environment. As such, it is critical to consider resilience over both the short term, in the face of an acute challenge, and the long term, as a measure of adaptive capacity over time. While the science and practice of how to foster resilience for both individuals and communities has grown, more interdisciplinary community-engaged action research is needed. While physical and emotional illness are often linked, at this time we are primarily interested in emotional resilience at the individual and/or community level. Examples of potentially appropriate projects that address individual and community levels include, but are not limited to, the following:

- Evaluation of community-based efforts to increase the capacity of persons to recover from adverse childhood experiences (ACEs);
- Evaluation of culturally appropriate efforts or policies to enhance community resilience to crises;
- Identification of employment policies that mitigate stressful workplace environments and enhance emotional well-being; and
- Development of methods for identifying levels of resilience within disadvantaged populations.

These research project examples are provided for illustrative purposes only. IRL teams may choose to pursue other research projects beyond these examples.

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AWARD DETAILS

Total awards will be up to \$350,000 per grantee organization for the duration of the three-year program. This amount includes grant funds to support the ongoing participation of all team members for all three years and a research project award. Note that additional resources, in the form of training, collaborative opportunities, and travel expenses, are also provided independent of this award.

The grantee organization will be responsible for managing the grant budget on behalf of the team and for reimbursing the other team members and/or their institution(s). The award budget consists of the following:

- Up to \$25,000 per year per fellow is to be allocated to support the fellow's time in the program (approximately one day per week). This represents up to \$225,000 of the total award. Recognizing that some team members may not be employees of the grantee, this may include subcontracts to other organizations to support the time of team members.
- In order to support each team's research project, a portion of the total grant will also be allocated to each team for research purposes. We anticipate that the total 24- to 30-month budget, including indirect costs/overhead for the project, will be \$100,000 (range \$25,000–\$125,000). This portion of the grant will support research activities only (e.g., purchasing data or supplies, support staff, travel related to project execution). It is not intended to support intervention/program development or implementation. Funds for the research project will not be released until submission and approval of a full research proposal approximately four months after the grant start date.
- Travel expenses for all required program meetings and trainings will be paid directly by the national program center or RWJF.

The Foundation strongly encourages grantees to waive indirect/overhead charges, particularly on the portion of the grant intended to support the fellows' time. If indirect/overhead charges must be applied, they will result in a reduction of the funds available to support the fellows' time to participate in the program.

Research grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment deemed essential to the project. In keeping with RWJF policy, grant funds may *not* be used to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities.

The grant opportunity outlined in this call for applications is contingent upon final funding confirmation from the Robert Wood Johnson Foundation for such grants.

ELIGIBILITY CRITERIA

- The applicant must be an organization based in the United States or its territories.

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- Applicants should have the administrative and financial capacity and experience to accept the award and to be able to distribute funds consistent with the permitted use of funds described herein, and within the approved budget.
- Applicants must be represented by a three-person team that will participate in grant activities. Each team must be comprised of three mid-career individuals: two researchers and one community partner. We define “researchers” as people with a terminal degree in their field (e.g., PhD) or extensive research or evaluation experience. The third individual must be a non-researcher “community partner.” We define community partners as individuals with close ties to a community of interest who do not regularly engage in research as a main function of their job; these individuals must have the potential to take action on the issue themselves or have relationships with entities that can take action. There are no strict rules for who is or is not mid-career, but we anticipate that mid-career applicants have approximately five years of high-quality experience and are not within 10 years of retirement. Team members listed on the application should meet the following criteria:
 - Researchers must come from diverse disciplinary backgrounds or scientific perspectives; novel interdisciplinary partnerships are desired. The IRL program especially encourages researchers from fields that traditionally do not study health, or researchers who do not have prior direct experience in health research, to apply. Researchers may hold academic appointments or positions in applied research firms or community organizations. Research partners on an IRL team do not need to be located in the same geographical area, but a plan for maintaining team cohesion is a necessary component of the application and selection process.
 - Community partners may work in a variety of organizational settings, as long as their experience and expertise are relevant to the proposed research project and the partner has authentic engagement with the community involved in the research project. The program uses a broad and inclusive definition of community partners; they may be community organizers, educators, leaders, local government workers, or any of a wide range of people working in the nonprofit and private sectors, whether health care related or not.
 - IRL teams are expected to be fully collaborative, meaning researchers and community partners must share a cohesive vision and demonstrate an ability to work together equitably to achieve program goals. Each team must thoroughly describe their experience and plan for establishing and/or maintaining an effective, equitable collaboration.
- Applications must relate to one of the program topics to be considered for this cohort of the IRL program, as noted above.
- Further, each team member must:
 - Be a U.S. citizen, permanent resident, or individual granted Deferred Action for Childhood Arrivals (“DACA”) status by the U.S. Citizenship and Immigration Services at the time of application.
 - Be at least 21 years old at the time of application.
 - Not be receiving support from other research fellowships/traineeships at the time they begin the program. This includes NIH K award and similar training support.

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- Not be a government official¹ under Section 4946 of the Internal Revenue Code. Other federal, state, tribal, and local government employees are eligible.
- Not be related by blood or marriage to any Officer² or Trustee of RWJF, or be a descendant of its founder, Robert Wood Johnson.
- Not have an official job description or responsibilities that are primarily government relations.
- Applications must relate to one of the program topics to be considered for the second cohort of the IRL program, as noted above.

SELECTION CRITERIA

RWJF, with the input of the IRL national program center and program's national advisory committee, will select the grantee organizations of the IRL program. The grantees that are selected must:

- Meet the eligibility criteria described above.
- Include team members that have the capacity and desire to become leaders in advancing population health and health equity at local and national levels.

¹For these purposes, a government official is defined as any person who holds one of the following:

1. An elective public office in the executive or legislative branch of the Government of the United States.
2. An office in the executive or judicial branch of the Government of the United States, appointment to which was made by the President.
3. A position in the executive, legislative, or judicial branch of the Government of the United States— (A) which is listed in schedule C of rule VI of the Civil Service Rules; or (B) the compensation for which is equal to or greater than the lowest rate of basic pay for the Senior Executive Service under section 5382 of title 5, United States Code.
4. A position under the House of Representatives or the Senate of the United States held by an individual receiving gross compensation at an annual rate of \$15,000 or more.
5. An elective or appointive public office in the executive, legislative, or judicial branch of the government of a State, tribe, possession of the United States, or political subdivision or other area of any of the foregoing, or of the District of Columbia, held by an individual receiving gross compensation at an annual rate of \$20,000 or more, and a significant part of whose activities include "the independent performance of policymaking functions.
6. A position as personal or executive assistant or secretary to any of the foregoing or
7. A member of the Internal Revenue Service Oversight Board.

²The Officers are the Chairman of the Board of Trustees; President and CEO; Executive Vice President, Chief of Staff; General Counsel; Secretary; Assistant Secretary; Treasurer; and Assistant Treasurer of the Foundation.

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- Articulate a compelling vision for how the research and community partners will work together collaboratively, without any team member serving in a subordinate role, and be accountable to the community.
- Submit a preliminary research proposal for a project that fits within one of the two topics described above (youth development approaches for the prevention of violence and promotion of health; community and individual emotional resilience and health); this research should have a strong potential to inform policy or action at the local and/or national level. The team must be able to execute the research project within the time frame and budget of the IRL program.
- Include researcher partners on the team with demonstrated expertise in their respective disciplines.
- Include community partners on the team with demonstrated investment and expertise in the proposed research topic and authentic relationships with local community.
- Have the potential to contribute to the broader vision of building a Culture of Health.

Additionally, the overall cohort will be selected to be diverse in terms of geographic location, disciplinary background, research and leadership experience, and community partners. The racial, ethnic, and socioeconomic diversity of the populations proposed to be studied will also be considered.

Selection Process

A committee made up of representatives from the national program center, the program's national advisory committee (NAC), and RWJF staff members, will review applications based on the criteria described in this call for applications. Semifinalists will be invited for online (e.g., Skype) interviews, and all team members must participate in the interviews to be eligible for selection. After the semifinalist interviews are completed, the NAC and the national program center will make recommendations to RWJF, and RWJF will make the final decisions. Finalists will be required to submit additional information about the organization and, if any team member is employed full-time by another organization, finalists will be required to submit a form completed by the individual's employer acknowledging the employee's potential participation in the program ("Finalist Application").

Once selected, and with the help of IRL mentors, each team will have approximately four months to refine and submit its particular research proposal for review and approval by the national program center. Research funds will be released upon approval of the research proposal.

Program Withdrawals and Fellow Replacement

While grantees are expected to maintain the same IRL team during the full three-year grant period, it is acknowledged that under extreme circumstances some team members may not be able to remain on the team for the full three years. Because the program and related activities are cumulative over time, in such an event, the national program center and RWJF will work with the grantee on possible solutions.

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DIVERSITY STATEMENT

Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, disability, age, and socioeconomic status. We strongly encourage applications from organizations that will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our work, the more successful we will be as we strive together to build a Culture of Health.

HOW TO APPLY

Each team will submit one application through the RWJF online application and review system. Here's how:

1. Review the materials you will need to apply (see description of the funding process, below, for more details), and gather as much as you can ahead of time.
2. If you haven't already done so, first register at MyRWJF: <http://my.rwjf.org>.
3. Then go to <http://www.rwjf.org/cfp/irl2> and click on "apply online."
4. From there, you'll be able to follow the instructions and use the templates provided online.

Be sure to log in and familiarize yourself with the online submission requirements well before the final submission deadline. Program staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late proposals.

There are two phases in this funding process:

*Phase 1: IRL Program Applications from Application Organizations (due **March 8, 2017**)*

Each applicant must submit a complete application including information about its selected team. Such information will include:

- short individual essays
- a collaborative statement for the team
- a preliminary research description
- biographical sketches of team members
- limited optional appendices

Phase 2: Finalist Applications

This application will collect additional information from the applicant organization. If any team member is an employee of another organization, an employer confirmation form will also be required.

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We encourage interested applicants to participate in an optional applicant webinar scheduled for February 2, 2017 from 1-2 p.m. ET. You must register in advance by using this [link](#). The webinar will be recorded and made available to those who are not able to participate.

EVALUATION

The main purpose of evaluation at RWJF is learning rather than accountability. An independent research group selected and funded by RWJF will conduct an evaluation of the program. RWJF intends for this initiative to contribute to national efforts to promote a Culture of Health. As a condition of accepting RWJF funds, grantees and their selected team members must participate in the evaluation, which may include assisting with necessary data collection to accomplish the evaluation objectives.

MONITORING

RWJF, with the assistance of the national program center, monitors the grantee organization's efforts and stewardship of funds to assure accountability. Grantees will be required to submit annual narrative and financial reports. Submission of required reports and the IRL teams' progress toward the program's goals are prerequisites to receiving funding after the initial program year.

APPLICANT SURVEY PROCESS

To help us measure the effectiveness of RWJF grantmaking and improve the grant application experience, we will survey the lead person listed in proposals submitted under this call for applications. Shortly after the proposal deadline, the lead person will be contacted by Princeton Survey Research Associates International (PSRAI), an independent research firm, and asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to PSRAI will not impact the funding decision for the proposals in any way.

PSRAI will protect the confidentiality of the responses. RWJF will not receive any data that links a name with the survey responses.

If you have any questions about the survey or the use of the data, please email applicantfeedback@rwjf.org.

PROGRAM DIRECTION

Direction and technical assistance for this program are provided by the University of Minnesota, which, along with its partners, serves as the national program center and is located at:

Interdisciplinary Research Leaders

University of Minnesota School of Public Health

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1300 South 2nd Street, Suite 300

Minneapolis, MN 55454

Phone: (844) 210-9072

Email: ResearchLeaders@umn.edu

Website: <http://interdisciplinaryresearch-leaders.org/>

Responsible staff members at the national program center are:

- J. Michael Oakes, PhD, School of Public Health, University of Minnesota, *program director*
- Jan Malcolm, *co-program director*

Responsible staff members at the Robert Wood Johnson Foundation are:

- Nancy Wieler Fishman, MPH, *senior program officer*
- Melissa Nahm, MPH, *program associate*
- Maddalena Moreira, *program financial analyst*

KEY DATES AND DEADLINES

January 6, 2017 (11 a.m. –Noon ET)

Webinar for potential applicants of all four leadership programs; register [here](#).

February 2, 2017 (3-4 p.m. ET)

Informational webinar for prospective *Interdisciplinary Research Leaders* applicants; register [here](#).

March 8, 2017 (3 p.m. ET)

Deadline for receipt of fellowship applications from teams. *

April 19–May 17, 2017

Semifinalist interviews.

Mid-June 2017

Finalist teams notified of recommendation into fellowship program.

July 12, 2017

Deadline for receipt of finalist supplemental applications.*

September 1, 2017

Fellowships begin. Grant funding initiated for program teams.

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October 14-17, 2017

Fall Leadership Institute, Nashville, TN.
Attendance required.

November 2017

Interdisciplinary Research Leaders Program Meeting, Minneapolis, Minn.
Attendance required.

December 8, 2017

Research proposals from invited teams are due.

March 1, 2018

Research grant funding initiated for teams.

* All proposals for this solicitation must be submitted via the RWJF online system. Visit www.rwjf.org/cfp/irl2 and use the Apply Online link. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the application process. All applicants should log in to the system and familiarize themselves with the online submission requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, late submissions will not be accepted.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working with others to build a national Culture of Health, enabling everyone in America to live longer, healthier lives. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Sign up to receive email alerts on upcoming calls for proposals at <http://www.rwjf.org/manage-your-subscriptions.html>.

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