

Section 1. Team Information

1. Applicant

- a. First, Last Name
- b. Email

2. Health Department Partner:

- a. Organization name
- b. Main contact person name and title
- c. Team co-lead (if different)
- d. Email
- e. Phone number
- f. Multiple choice: state, local, tribal or territorial HD?
- g. State
- h. City/County (if applicable)
- i. Website (optional)

3. Community-Based Organization Partner:

- a. Organization name
- b. Main contact person name and title
- c. Team co-lead (if different)
- d. Email
- e. Phone number
- f. State
- g. City/County/Region (if applicable)
- h. Community served/focus area:
- i. Website (optional)
- j. Confirm your organization is a registered 501(c)(3): Yes/No

Section 2. Partnership Overview and Goals

4. Describe your partnership. (250-word limit)

What kinds of projects or goals have you worked on together before? If this is a new partnership, tell us what shared priorities or community needs are bringing you together.

5. Why do you want to participate in the Building Bridges Learning Community? What goals do you want to focus on during the 7-month Learning Community? (250-word limit)

List 1–3 goals your team would like to work toward. Goals should be clear, realistic, and measurable within this timeframe. These might focus on building trust, improving communication, strengthening collaboration, or planning joint activities.

6. How does (or will) your partnership advance your community's health? (150-word limit)

7. Which phase of partnership best describes where your team is right now?

- a. Just starting to build a relationship
- b. Strengthening an existing partnership

- c. Expanding or deepening an established partnership
8. **Do both co-leads have the capacity to attend monthly virtual sessions and carry out the work plan?** *Co-leads are required to attend monthly meetings and actively participate. We understand that things come up, so if a co-lead cannot attend a session, another team member may participate on their behalf.*
Yes/No/Unsure (explain)

Section 4: Partnership Approach

9. **How does your team approach power-sharing, shared leadership, trust-building or co-governance in your work together? How does your partnership hope to move along the [Spectrum of Community Engagement to Ownership](#)? (200-word limit)**
If you already collaborate, describe how you build and maintain trust, and share decisionmaking and leadership. If you are a new partnership, share how you plan to build equitable, shared leadership as you begin working together.
10. **How do you hope to continue this work beyond the 7-month Learning Community? (200-word limit)**
Part of the Learning Community will focus on developing a plan for sustainability, so you only need to share your team's current interest or ideas for maintaining or growing your partnership after the funding period ends.

Section 5. Other

11. **Is there anything else you'd like to share about your partnership or interest in this opportunity? (200-word limit)**
12. **How will your team spend the \$10,000? Outline your budget.**
Please list or briefly describe planned expenses such as staff time, travel, activities, meetings, or materials.
13. **Accessibility** – How can we make sure that the learning community activities including meetings are accessible to you? What accommodations do you need?
What APHA is committed to providing: captioning meetings with zoom automatic captions, agendas in advance of meetings, notes after meetings, multiple methods of engagement, communicating in plain language. The APHA team will make a plan with any participants needing additional accommodations in order to ensure their needs are met.