2024 RE R1 Application

Fellowship Alumni Application

Please enter the email address you use to receive Fellowship communications: *

Salesforce Pull

Contact ID

Eligibility Questions

Are you an Alumnus/a/i of the Mandela Washington Fellowship? *

- Yes
- No

Are you an employee or immediate family member of an employee of the U.S. Government? *

- Yes
- No
Do you reside in the country in which this Reciprocal Exchange will take place?
- Yes
- No

Have you previously been awarded a Reciprocal Exchange?
- Yes
- No

Primary Fellowship Alumni Applicant Contact Information

1. Name as it appears on your passport and/or official government identification:
   - First Name(s) (Given Name(s)):
   - Middle Name (Other Name):
   - Last Name(s) (Family Name(s) or Surname(s)):
2. Preferred Name *

Preferred First Name *

Preferred Last Name *

3. Email Address *

4. Alternate Email Address *

5. Primary Phone Number *

*Please add a “+” at the beginning of your phone number and put your country code in parentheses. For example: +(234) 123 456 789. If you are unsure of your country code, you can find it here: https://countrycode.org/*. 


6. Country of Citizenship *

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### 7. Current Country of Residence *

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- Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe
8. Current Place of Residence *
   City: *

   Region/Province: *

9. Gender Identity *
   ○ Male
   ○ Female
   ○ Non-Conforming
   ○ Non-Binary
   ○ I prefer not to say

10. Preferred Pronouns *
    ○ She/her/hers
    ○ He/him/his
    ○ They/them/theirs
    ○ Other:
        
    ○ I prefer not to say
<table>
<thead>
<tr>
<th>University Name</th>
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<tbody>
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14. Which of the following best describes your current employment status?*

(Note: Responses to this question are used purely for statistical purposes and are not considered as part of the evaluation process)

- Employed full-time by an organization or company (40 or more hours per week)
- Employed part-time by an organization or company (less than 40 hours per week)
- Self-employed with employees (e.g., a business owner)
- Self-employed (sole employee)
- Student (full-time)
- Homemaker
- Paid or unpaid volunteer (full-time)
- Not currently employed
- Retired
- Other (please specify)

What is the name of your employer? *
Which of the following best describes your current employer?*

- Educational institution
- International business
- International governmental organization
- International non-governmental organization
- Local non-governmental organization
- Local or national business
- Local or regional government
- Medical facility
- National government
- Farm
- Student
- Business unspecified
- Non-profit

What is your job title? *

How would you describe your current position? Choose the best single answer.*

- Entry-level
- Mid-level, non-supervisory
- Mid-level, supervisory
- Executive/Director
What is the name of your university?*

What level of education are you currently pursuing?*
- Primary school
- Secondary/high school
- Technical/vocational school
- First degree-level tertiary academics (Diploma, B.A., B.Sc., Honors degree)
- Graduate-level tertiary academics (M.A., M.S., M.B.A., etc.)
- Advanced tertiary academics (Ph.D., J.D., M.D., etc.)
- Certificate (non-degree)

How are you currently studying?*
- In-person in my country
- In-person abroad
- Online
15. How did you hear about the Reciprocal Exchange? *

- Email notification from IREX
- Mandela Washington Fellowship social media or website
- “Opportunities” section of the Fellowship Portal
- Givitas
- During the Alumni Next Steps presentation at the Summit
- At the Summit Partnership Expo
- Word of mouth
- From an Institute Partner
- From a Fellowship Alumni
- From hosting an Institute
- Fellowship activities in the community (site visits, community service)
- Other (please specify) [ ]

16. Have you previously applied for a Reciprocal Exchange? *

- Yes
- No

Please list the month and year(s) you applied as well as the name(s) of the U.S. professional(s) you applied with each time. *

Additional Fellowship Alumni Applicants
17. How many additional Fellowship Alumni are part of this application (not including yourself)? *

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Eligibility Questions

Are all additional applicants Alumni of the Mandela Washington Fellowship?*

- [ ] Yes
- [ ] No

Are any additional Fellowship Alumni applicants employees or immediate family members of employees of the U.S. Government? *

- [ ] Yes
- [ ] No

Do all additional Fellowship Alumni applicants currently reside in the country where this Reciprocal Exchange will take place? *

- [ ] Yes
- [ ] No

Additional Fellowship Alumni Applicant Contact Information
Name as it appears on passport and/or official government identification:

First Name(s) (Given Name(s)): *

Middle Name (Other Name):

Last Name(s) (Family Name(s) or Surname(s)):

Preferred Name *

Preferred First Name *

Preferred Last Name *

Email Address *
Alternate Email Address *

Primary Phone Number *

Please add a “+” at the beginning of your phone number and put your country code in parentheses. For example: +(234) 123 456 789. If you are unsure of your country code, you can find it here: https://countrycode.org/.
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Preferred Pronouns *
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- Other:
  
  
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18. Fellowship Year *

2014
2015
2016
2017
2018
2019
2020
2021
2022
2023

19. Fellowship Track *

Leadership in Public Management
Leadership in Business
Leadership in Civic Engagement
Energy

19. Fellowship Institute *

Appalachian State University
Arizona State University
Boise State University
Bowling Green State University
Bridgewater State University
Cambridge College
Case Western Reserve University
Clark Atlanta University
Cornell University
Dartmouth College
Drake University
Drexel University
Duquesne University
Florida Gulf Coast University
Florida International University
Georgia State University
Howard University
Indiana University - Bloomington
Jackson State University
Kansas State University
Lehigh University
Lincoln University
Michigan State University
Morgan State University
Northwestern University
Ohio State University
Appalachian State University
Arizona State University
Boise State University
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University of Colorado Denver
University of Delaware
University of Georgia
University of Illinois at Urbana-Champaign
University of Iowa
University of Maine
University of Maryland, Baltimore County
University of Minnesota
University of Nebraska - Lincoln
University of Nevada-Reno
University of New Mexico
University of Notre Dame
University of San Diego
University of Texas at Austin
University of Wisconsin - Madison
University of Wisconsin - Stout
Virginia Commonwealth University
Virginia Tech - Alexandria
Virginia Tech
Wagner College
Wayne State University
Yale University
Which of the following best describes this applicant's current employment status?*

(Note: Responses to this question are used purely for statistical purposes and are not considered as part of the evaluation process)

- Employed full-time by an organization or company (40 or more hours per week)
- Employed part-time by an organization or company (less than 40 hours per week)
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- Other (please specify)

What is the name of this applicant's employer? *
Which of the following best describes this applicant's current employer?*

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- International non-governmental organization
- Local non-governmental organization
- Local or national business
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- Medical facility
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- Farm
- Student
- Business unspecified
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What is this applicant's job title? *

How would this applicant describe their current position? Choose the best single answer.*

- Entry-level
- Mid-level, non-supervisory
- Mid-level, supervisory
- Executive/Director
What is the name of this applicant’s university?*

What level of education is this applicant currently pursuing?*
- Primary school
- Secondary/high school
- Technical/vocational school
- First degree-level tertiary academics (Diploma, B.A., B.Sc., Honors degree)
- Graduate-level tertiary academics (M.A., M.S., M.B.A., etc.)
- Advanced tertiary academics (Ph.D., J.D., M.D., etc.)
- Certificate (non-degree)

How is this applicant currently studying?*
- In-person in their country
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- Online
How did this applicant hear about the Reciprocal Exchange?*

- Email notification from IREX
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- Word of mouth
- From an Institute Partner
- From a Fellowship Alumni
- From hosting an Institute
- Fellowship activities in the community (site visits, community service)
- Other (please specify) [ ]

Has this applicant previously applied for a Reciprocal Exchange?*

- Yes
- No

Please list the month and year(s) this applicant applied as well as the name(s) of the U.S. professional(s) they applied with each time. *
Primary U.S. Professional Contact Information

26.
Name as it appears on your U.S. collaborator's passport and/or official government identification:

First Name(s) (Given Name(s)):

Middle Name (Other Name):

Last Name(s) (Family Name(s) or Surname(s)):

27. U.S. professional's email address:
28. How did you, the primary Fellowship Alumni applicant, meet the primary U.S. professional? *

- Networking during Institute
- Networking at Summit
- Networking during PDE
- Networking Event
- Givitas
- PDE Colleague
- PDE Host
- Peer Collaborator
- Site Visit/Community Service
- Met through Reciprocal Exchange
- Met before Fellowship
- Institute Staff
- Fellow Independent Networking (During Fellowship)
- Fellow Independent Networking (Post-Fellowship)
- Fellow Independent Networking (Unspecified Time)
- Other (please specify)

Additional U.S. Professional Applicants
29. How many additional U.S. professionals are part of this application (not counting your primary U.S. collaborator)? *

Additional U.S. Professional Contact Information

Name as it appears on this U.S. collaborator's passport and/or official government identification:

First Name(s) (Given Name(s)): *

Middle Name (Other Name):

Last Name(s) (Family Name(s) or Surname(s)): *

U.S. professional's email address: *
How did you, the primary Fellowship Alumni applicant, meet this U.S. professional?*

- Networking during Institute
- Networking at Summit
- Networking during PDE
- Networking Event
- Givitas
- PDE Colleague
- PDE Host
- Peer Collaborator
- Site Visit/Community Service
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- Met before Fellowship
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- Other (please specify)

Additional U.S. Professional Contact Information
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- Fellow Independent Networking (Unspecified Time)
- Other (please specify)

Additional U.S. Professional Contact Information
30. Provide a narrative overview of your project’s main activities and intended outcomes. Who are your beneficiaries, and how many will you reach (both in the United States and Africa, direct and indirect)? What do you hope they will gain? *

31. Describe your specific role in this collaboration (i.e., what technical expertise, networks, and/or resources will you bring to achieve its goals?). *

Note: If more than one Fellowship Alumni will participate in this project, please describe each person’s role.

32. Describe how collaborating on this project with the U.S. professional(s) will impact and benefit your organization or local community. *
33. Describe any previous or ongoing collaboration you have had with the U.S. professional(s). How do you plan to work together after this project has ended?

Please check each box to confirm the following statements:

- I have discussed and agreed to submit the proposed project with the U.S. applicant(s).
- [ ] I confirm

- The content of this application is my own original work.
- [ ] I confirm

- I have discussed and understand the award disbursement terms with the U.S. applicant(s).
- [ ] I confirm

Please upload your professional resume here.

Browse...
34. Are you a U.S. citizen? *
   - Yes
   - No

35. Are you an employee or immediate family member of employees of the U.S. Government? *
   - Yes
   - No

36. Are you currently living in the United States? *
   - Yes
   - No

Primary U.S. Professional Contact Information
37. Name as it appears on your passport

First Name(s) (Given Name(s)): *

[Field]

Middle Name (Other Name): *

[Field]

Last Name(s) (Family Name(s) or Surname(s)): *

[Field]

38. Preferred Name *

Preferred First Name

[Field]

Preferred Last Name

[Field]

39. Email Address *

[Field]
40. Alternate Email Address *

41. Primary Phone Number *
   Please use the format (XXX) XXX-XXXX

42. Current Place of Residence *
   City: *
   State: *

43. Biological Sex (as listed on passport): *
   (Note: This information is used to purchase travel health benefits for Participants.)
   o Male
   o Female
44. Gender Identity *
- Male
- Female
- Non-Conforming
- Non-Binary
- I prefer not to say

45. Preferred Pronouns *
- She/her/hers
- He/him/his
- They/them/theirs
- Other:
  - [Input Field]
- I prefer not to say

46. Do you identify as part of the African diaspora? *
- Yes
- No
- I prefer not to say
47. Which of the following best describes your current employment status?*  
(Note: Responses to this question are used purely for statistical purposes and are not considered as part of the evaluation process)

- Employed full-time by an organization or company (40 or more hours per week)
- Employed part-time by an organization or company (less than 40 hours per week)
- Self-employed with employees (e.g., a business owner)
- Self-employed (sole employee)
- Student (full-time)
- Homemaker
- Paid or unpaid volunteer (full-time)
- Not currently employed
- Retired
- Other (please specify)

What is the name of your employer? *
Which of the following best describes your current employer? *
- Educational institution
- International business
- International governmental organization
- International non-governmental organization
- Local non-governmental organization
- Local or national business
- Local or regional government
- Medical facility
- National government
- Farm
- Student
- Business unspecified
- Non-profit

What is your job title? *

How would you describe your current position? Choose the best single answer. *
- Entry-level
- Mid-level, non-supervisory
- Mid-level, supervisory
- Executive/Director
What is the name of your university? *

48. Have you previously participated in a Reciprocal Exchange? *
- Yes
- No

Please enter the year and country of your previous Reciprocal Exchange(s) and the name(s) of the Fellowship Alumni you collaborated with. *

What were the outcomes of your previous Reciprocal Exchange(s)? Please provide details about what has occurred since your exchange(s), highlighting any impact on your home community in the United States. *

49. Have you ever participated in another U.S. Government-funded exchange program? Please see the list of possible programs. *
- Yes
- No
Please provide the name of the program, country, and dates of travel. *

50. How did you learn about the Reciprocal Exchange opportunity? *

- Directly from a Fellowship Alumnus/a/i
- Word of mouth from a colleague in my organization
- An email from an Institute Partner that hosts Fellows in my community
- Word of mouth from someone else in my community
- Facebook
- Twitter
- Givitas
- Canvas (Fellowship Courses)
- An email from IREX to Institute Partners
- Other (please specify); 

51. How would you describe your level of familiarity with the Mandela Washington Fellowship? *

- I am very familiar with the Fellowship (e.g., I have previously supported Fellowship activities, researched the Fellowship, or have a deep understanding of the Fellowship through other means).
- I am somewhat familiar with the Fellowship (I know what the Fellowship is and key Fellowship activities).
- I am not familiar with the Fellowship.
52. How many additional U.S. professionals are part of this application (not including yourself)? *

Eligibility Questions

Are all additional U.S. professional applicants U.S. citizens? *

- Yes
- No

Are any additional U.S. professional applicants employees or immediate family members of employees of the U.S. Government? *

- Yes
- No

Are all additional U.S. professional applicants currently living in the United States? *

- Yes
- No

Additional U.S. Professional Contact Information
Name as it appears on this U.S. professional's passport and/or official government identification

First Name(s) (Given Name(s)): *

Middle Name (Other Name): 

Last Name(s) (Family Name(s) or Surname(s)): *

Preferred Name *

Preferred First Name

Preferred Last Name

Email Address *

FOR REFERENCE ONLY
Alternate Email Address *

Primary Phone Number *
*Please use the format (XXX) XXX-XXXX

Current Place of Residence *
City: *

State: *

Biological Sex (as listed on passport): *
(Note: This information is used to purchase travel health benefits for Participants.)

- Male
- Female
Gender Identity *
- Male
- Female
- Non-Conforming
- Non-Binary
- I prefer not to say

Preferred Pronouns
- She/her/hers
- He/him/his
- They/them/theirs
- Other:
- I prefer not to say

Does this applicant identify as part of the African diaspora?
- Yes
- No
Which of the following best describes this applicant's current employment status? *

(Note: Responses to this question are used purely for statistical purposes and are not considered as part of the evaluation process)

- Employed full-time by an organization or company (40 or more hours per week)
- Employed part-time by an organization or company (less than 40 hours per week)
- Self-employed with employees (e.g., a business owner)
- Self-employed (sole employee)
- Student (full-time)
- Homemaker
- Paid or unpaid volunteer (full-time)
- Not currently employed
- Retired
- Other (please specify)

What is the name of this applicant's employer? *
Which of the following best describes this applicant’s current employer? *

- Educational institution
- International business
- International governmental organization
- International non-governmental organization
- Local non-governmental organization
- Local or national business
- Local or regional government
- Medical facility
- National government
- Farm
- Student
- Business unspecified
- Non-profit

What is this applicant's job title? *

How would you describe this applicant's current position? Choose the best single answer. *

- Entry-level
- Mid-level, non-supervisory
- Mid-level, supervisory
- Executive/Director
What is the name of this applicant's university? *

Has this applicant previously participated in a Reciprocal Exchange? *
- Yes
- No

Please enter the year and country of this applicant's previous Reciprocal Exchange(s) and the name(s) of the Fellowship Alumni they collaborated with. *

What were the outcomes of this applicant's previous Reciprocal Exchange(s)? Please provide details about what has occurred since the exchange(s), highlighting any impact on the applicant's home community in the United States. *
Has this applicant ever participated in another U.S. Government-funded exchange program? Please see the list of possible programs. *

- Yes
- No

Please provide the name of the program, country, and dates of travel. *

How did this applicant learn about the Reciprocal Exchange opportunity? *

- Directly from a Fellowship Alumnus/a/i
- Word of mouth from a colleague in my organization
- An email from an Institute Partner that hosts Fellows in my community
- Word of mouth from someone else in my community
- Facebook
- Twitter
- Givitas
- Canvas (Fellowship Courses)
- An email from IREX to Institute Partners
- Other (please specify):

  [ ]
How would this applicant describe their level of familiarity with the Mandela Washington Fellowship? *

- I am very familiar with the Fellowship (e.g., I have previously supported Fellowship activities, researched the Fellowship, or have a deep understanding of the Fellowship through other means).
- I am somewhat familiar with the Fellowship (I know what the Fellowship is and key Fellowship activities).
- I am not familiar with the Fellowship.

Please upload a professional resume for this applicant here. *

[Browse...]

Primary Fellowship Alumni Collaborator Information

53. Name as it appears on your Fellowship Alumni partner’s passport and/or official government identification

First Name(s) (Given Name(s)): *

Middle Name (Other Name):

Last Name(s) (Family Name(s) or Surname(s)): *

[FOR REFERENCE ONLY]
54. Fellowship Alumni's Email Address *

55. How did you, the primary U.S. professional, meet the primary Fellowship Alumni applicant? *

- I was a staff member at their Institute.
- I was at their Professional Development Experience (PDE) Host Organization/company (supervisor or colleague).
- I met them while networking during their Institute. (Please explain)
- I met them through a site visit or community service activity as part of their Institute.
- I met them while networking during their PDE.
- Givitas
- Other (please explain)

56. How many additional Fellowship Alumni are part of this application (do not count your primary collaborator)? *

Additional Fellowship Alumni Applicants

Additional Fellowship Alumni Collaborator Contact Information
57. Name as it appears on this Fellowship Alumni partner’s passport and/or official government identification

First Name(s) (Given Name(s)): *

Middle Name (Other Name): 

Last Name(s) (Family Name(s) or Surname(s)): *

58. Fellowship Alumni’s Email Address *

FOR REFERENCE ONLY
59. How did you, the primary U.S. professional, meet this Fellowship Alumni applicant? * 

- I was a staff member at their Institute.
- I was at their Professional Development Experience (PDE) Host Organization/company (supervisor or colleague).
- I met them while networking during their Institute. (Please explain)
- I met them through a site visit or community service activity as part of their Institute.
- I met them while networking during their PDE.
- Givitas
- Other (please explain)

Additional Fellowship Alumni Collaborator Contact Information

FOR REFERENCE ONLY
60. Name as it appears on this Fellowship Alumni partner’s passport and/or official government identification

First Name(s) (Given Name(s)): *

Middle Name (Other Name):

Last Name(s) (Family Name(s) or Surname(s)):

61. Fellowship Alumni’s Email Address *
68. How did you, the primary U.S. professional, meet this Fellowship Alumni applicant? *

- I was a staff member at their Institute.
- I was at their Professional Development Experience (PDE) Host Organization/company (supervisor or colleague).
- I met them while networking during their Institute. (Please explain)
- I met them through a site visit or community service activity as part of their Institute.
- I met them while networking during their PDE.
- Givitas
- Other (please explain)

69. Provide a narrative overview of your project’s main activities and intended outcomes. Who are your beneficiaries, and how many will you reach (both in the United States and Africa, direct and indirect)? What do you hope they will gain? *
70. Describe your specific role in this project and explain why you are qualified to fulfill it.*

*If more than one U.S. professional will participate in this project, please describe each person’s role.

71. An important criterion for project selection is demonstrated impact on the U.S. professional’s home organization or community. What specific activities will you undertake to extend the U.S. impact of this project both during and after project implementation? *

*If more than one U.S. professional will participate in this project, please describe the benefit for each associated U.S. organization, company, or local community.
72. If applying for an in-person project: As a short-term visitor to your project country, you will likely be working in a new cultural context. Please describe what you hope to learn from your host country and how you plan to implement this project in a new environment.

*This question only required for applicants who are proposing an in-person project.*

Please check each box to confirm the following statements:

* I have discussed and agreed to submit the proposed project with the Fellowship Alumni applicant(s).

☐ I confirm

* The content of this application is my own original work.

☐ I confirm

* I have discussed and understand the award disbursement terms with the Fellowship Alumni applicant(s).

☐ I confirm

Please upload your professional resume here.*

Browse...
### Proposed Project Information

73. We are applying for a: *

- In-Person Reciprocal Exchange
- Hybrid Reciprocal Exchange

74. Project Title: *

75. Project Description: *

*Summarize the main activities of your project in 2-3 sentences.*

76. Project Goal: *

*Use specific, measurable terms to describe the goal(s) of your project.*
Project Topic (select one): *

- Agriculture/Rural Development
- Architecture/Real Estate
- Arts/Music/Culture/Fashion
- Business & Entrepreneurship
- Civic Education
- Civil/Human Rights
- Climate Change
- Community Development
- Countering Violent Extremism
- Democracy & Governance
- Disability Rights/I ssues
- Education
- Energy/Renewables
- Engineering
- Environment/Conservation
- Gender Based Violence
- Government
- Hospitality & Tourism
- Journalism
- Legal Practice/Justice
- LGBTQI+ Issues
- Marketing/Advertising
- Micro-Finance & Micro-Lending
- Peacebuilding/Conflict Resolution
- Policy Advocacy
- Public Health/Health Education
- Public Works (Utilities/Water/Waste Management)
- Religion
- Technology
- Transportation
- Vocational Training & Workforce Development
- Women's & Girls' Issues
- Youth
- Other

77. Total Funding Requested in USD (per budget): *

*The maximum budget for hybrid projects is $3,000 per project. The maximum budget for in-person projects is $5,000 per U.S. Participant.*
78. Total Funding Requested in USD (per budget): *

The maximum budget for hybrid projects is $3,000 per project. The maximum budget for in-person projects is $5,000 per U.S. Participant.
80. Proposed Dates: *

*Note: Implementation dates must be between January 15 – June 30, 2024. Project implementation may not exceed 30 days. Please use the format MM/DD/YYYY.*

Start Date: *

End Date: *

81. List the specific locations (regions/cities) where in-person project activities will take place. *

Region/City: *

Is this region/city in an urban or rural location?*

- Urban
- Rural
82. If an in-person Reciprocal Exchange is not permitted, would your project team be willing and able to convert your project to a hybrid format? *

- Yes, we would be willing and able to convert our collaboration to a hybrid format if an in-person project is not permitted.
- No, we would not be willing and/or able to convert our proposed collaboration to a hybrid format if in-person implementation is not permitted.

Describe how you would convert your collaboration to a hybrid format. Include any changes to the activities, participants, and project locations described above. Please note that the maximum budget for a hybrid project is $3,000. *

Please upload your project's draft work plan here. *

Browse...

Please upload your project's draft budget here. *

Browse...