



## 2025 Leadership Institute Application

**\*Please note that this PDF version of the 2025 Leadership Institute Application is for reference only. Please submit your responses through the [online form on the Fellowship survey platform](#).\***

**1. Are you applying as a... \***

- Mandela Washington Fellow
- Leadership Institute Partner

*[If “Mandela Washington Fellow” is selected]* Please note that this application form is for **U.S.-based** post-secondary educational institutions, including accredited colleges and universities, as well as non-governmental organizations, that are applying to host Fellows during the 2025 Mandela Washington Fellowship. If you wish to apply to be a 2025 Fellow, more information is available on the [Mandela Washington Fellowship website](#).

### Section 1: Institute Track and Sectors

**2. Please Indicate which Leadership Institute track you are applying to host. \***

- Leadership in Business
- Leadership in Civic Engagement
- Leadership in Public Management

**3. The U.S. Department of State and IREX will place Fellows at Institutes based on Fellow interests in the sectors below. The goal is to place each Fellow at an educational institution that has particular expertise/resources that match their sector interests. For this purpose, please select up to five sectors from the list below in which your institution has expert faculty or strong campus/community resources. \*** *[Checkboxes limited to 5 selections]*

- 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 and Governance
- Disability Rights/Issues
- Education



- Energy
- Engineering
- Environment/Conservation
- Gender-Based Violence
- Government
- Hospitality and Tourism
- Journalism
- Legal Practice/Justice
- LGBTQI Issues
- Manufacturing
- Marketing/Advertising
- Micro-Finance and Micro-Lending
- Nutrition
- Peacebuilding/Conflict Resolution
- Policy Advocacy
- Public Health
- Public Works (Utilities/Water/Waste Management)
- Religion
- Technology
- Transportation
- Vocational Training and Workforce Development
- Women's and Girls' Issues
- Youth

## Section 2: Proposal Contact Information

### 4. Institutional Information.

*If you are submitting a joint application with another institution/organization, please designate one official entity as the lead administrator of the subaward and list that institution's information here.*

*Then click "Add Another" to enter the required information for the secondary applicant. \**

- Name of Institution/Organization: \* [Text Box]
- Name of Primary Contact: \* [Text Box]
- Title: \* [Text Box]
- Department: \* [Text Box]
- Telephone: \* [Text Box]
- Email: \* [Text Box]
- Alternate Email: [Text Box]
- Mailing Address:
  - Address Line 1: \* [Text Box]
  - Address Line 2: [Text Box]
  - City: \* [Text Box]

State: \* [Text Box]

ZIP Code: \* [Text Box]

**Please provide your educational institution's IPEDS ID. If you need help locating your IPEDS ID, please search for your institution using the [National Center for Education Statistics \(NCES\)](#) database. Please enter N/A if your institution is a non-governmental organization and therefore does not have an IPEDS ID. \***

[Textbox]

**Please select your institution's campus setting based on the NCES locale classification. \***

*If you need help choosing from the options below, please visit the [National Center for Education Statistics searchable database](#) to look up your institution.*

- City
- Suburban
- Town
- Rural

**Please select your institution type: \***

- Public educational institution (non-land-grant)
- Public educational institution (land-grant)
- Private educational institution
- Community college
- Non-governmental organization
- Non-profit
- Other: (please specify)

**What type of degree does your institution provide? \***

- 2-year degree
- 4-year degree
- Non-degree granting organization
- Other [Textbox]

**Is your institution recognized as any of the following types of minority-serving institutions (MSIs)? (check all that apply): \*** [checkboxes, unlimited]

- Historically Black college or university (HBCU)
- Hispanic-serving institution (HSI)
- Hispanic Association of Colleges and Universities (HACU)
- Asian American and Pacific Islander-serving institution (AANAPISI)
- Tribal college or university (TCU)
- American Indian and Alaskan Native-serving institution (AIANSI)

- Religiously affiliated organization
- Women's college or university
- Does not identify as an MSI
- Other (please specify) [Text Box]

[“Add another” action]

If you are submitting a joint application with another institution/organization, please click “Add Another” and enter the required information for the other applicant.

5. Name and Title of Academic Director: \* [Text Box]

Email of Academic Director: \* [Text Box]

Please upload the resume/CV for your proposed Academic Director. \* [File upload]

File uploads may not work on some mobile devices.

Will the responsibilities of this position be shared with a Co-Academic Director? \*

- Yes
- No

[If “Yes” was selected above]

Name and Title of Co-Academic Director: \* [Text Box]

Email of Co-Academic Director: \* [Text Box]

Please upload the resume/CV for your proposed Co-Academic Director. \*

[File upload]

File uploads may not work on some mobile devices.

6. Name and Title of Administrative Director: \* [Text Box]

Email of Administrative Director: \* [Text Box]

Please upload resume/CV for your proposed Administrative Director. \* [File upload]

File uploads may not work on some mobile devices.

Will the responsibilities of this position be shared with a Co-Administrative Director? \*

- Yes
- No

[If “Yes” was selected above]

Name and Title of Co-Administrative Director: \* [Text Box]

Email of Co-Administrative Director: \* [Text Box]

Please upload the resume/CV for your proposed Co-Administrative Director. \*

[File upload]

File uploads may not work on some mobile devices.

7. Name and Title of Leadership Manager: \* [Text Box]

**Email of Leadership Manager:** \* [Text Box]

**Please upload resume/CV for your proposed Leadership Manager.** \*

[File upload]

File uploads may not work on some mobile devices.

**Will the responsibilities of this position be shared with a Co-Leadership Manager?\***

Yes

No

[If "Yes" was selected above]

Name and Title of Co-Administrative Director: \* [Text Box]

Email of Co-Administrative Director: \* [Text Box]

Please upload the resume/CV for your proposed Co-Administrative Director. \*

[File upload]

File uploads may not work on some mobile devices.

**8. How did you hear about the Mandela Washington Fellowship's 2025 Request for Leadership Institute Applications? \*** [multiselect checkboxes]

The Mandela Washington Fellowship website

My organization previously served as a Mandela Washington Fellowship Institute Partner

My organization was previously involved with the Mandela Washington Fellowship in a different way (please specify) [Text Box]

Other [Text Box]

### Section 3: Institute Support and Logistics

*Please make sure to reference university faculty, industry experts, community partners, and other local resources specific to your track where relevant.*

**9. Institute Staffing Plan:**

*List institutional support that will be present for the implementation of the 2025 Mandela Washington Fellowship.\**

- Faculty/staff from the primary organizing department [Text Box]
- Faculty/staff from other institutional departments [Text Box]
- Senior administrators [Text Box]
- Community leaders, local businesses, local non-profit organizations [Text Box]
- Campus/student organizations [Text Box]

- Other [Text Box]
- What supporting staff will be able to assist the Institute Directors and Fellows?  
[Essay: 250-word limit]

Applicants should plan to include a broad range of faculty/staff and invited guests to offer Fellows Institute programming that incorporates a diverse range of U.S. perspectives on U.S.-Africa strategic topics and demonstrates diversity, equity, and inclusion (DEI) and access throughout the Leadership Institute.

**10.** Please confirm that staff, departments and organizations noted above, as well as other relevant departments are aware of the application, timeline and requirements of the Leadership Institute.

\*

Confirmed

**11.** Please attach a letter of support from your university or organization's senior leadership not in a direct leadership role as part of the Fellowship.

**Note:** Non-governmental organizations applying to host on an accredited U.S. college or university campus should also include a letter of support from the U.S. college(s) or university(ies) hosting. Joint applicants should include a letter from each of the colleges or universities hosting. Multiple letters should be combined and uploaded as one file.\*

*File Uploads may not work on some mobile devices.*

[File upload]

**12. Institute Transportation: \***

Select the proposed transportation options that will be utilized for Institute programming. For each option you select, please include details in the textbox about how often and for what activities you plan to utilize this mode of transit. Please also include information on how transportation is accessible to Fellows with disabilities. [Multi-select check box]

*In order to meet the stated priorities regarding inclusive programming for all Fellows, transportation should be able to meet a wide range of needs, including Fellows who require ADA-compliant transportation needs.*

- Public transportation (e.g., bus, metro) [Write-in Required Text Box]
- Campus transportation (e.g., campus bus system) [Write-in Required Text Box]
- University or college-sponsored fleet (i.e., buses or vans that can be rented from your institution) [Write-in Required Text Box]
- Chartered buses (i.e., buses rented from an external vendor) [Write-in Required Text Box]
- Taxis/Ubers/Lyft [Write-in Required Text Box]
- Other [Write-in Required Text Box]

Select the transportation options that will be available to Fellows in their free time during June and July. Please indicate the ease with which Fellows can access areas of interest and shopping.

Please also include information on how transportation is accessible to Fellows with disabilities.  
[Multi-select check box]

- Public transportation (e.g., bus, metro) [Write-in Required Text Box]
- Campus transportation (e.g., campus bus system) [Write-in Required Text Box]
- University or college-sponsored fleet (i.e., buses or vans that can be rented from your institution) [Write-in Required Text Box]
- Chartered buses (i.e., buses rented from an external vendor [Write-in Required Text Box])
- Taxis/Ubers/Lyft [Write-in Required Text Box]
- Other [Write-in Required Text Box]

Please confirm that your transportation budget includes all airport transfers (from the nearest international airport when Fellows arrive and to the airport when Fellows depart for the Summit) and all transportation to and from site visits, cultural activities, and any other required program activities. \*

- Confirmed

### 13. Institute Housing: \*

Describe the proposed housing option for Fellows. Please see the RFA section IV: Institute Staffing Administration and Logistics for a description of acceptable housing arrangements. In order to meet the stated priorities regarding inclusive programming for all Fellows, housing should be able to meet a wide range of needs, including Fellows who require ADA-compliant housing and Fellows who identify as non-binary.

**Proposed residence name (if unknown, please note): \*** [Text Box]

**Describe how far away the proposed residence is from the location where the majority of Institute programming will be held: \*** [Text Box]

#### Type of residence\*

- On-campus residence hall/apartments
- Off-campus apartments
- Extended-stay hotel
- Other: [Write-in Required Text Box]

#### Room type\*

- Traditional dorm-style room (i.e. does not have a kitchen and/or living room in the unit)
- Suite/apartment style (i.e. has a kitchen, and/or living room in the unit and may have multiple bedrooms)
- Other: [Write-in Required Text Box]

#### How many Fellows will be in each bedroom in the unit? \*

- One
- Two

- Other: [Write-in Required Text Box]

**[If two or other is selected] If your institution is unable to offer single room housing, please indicate how you will accommodate Fellows who need to isolate for health reasons. \*** [Essay]

**What type of bathrooms will be available? \***

- Attached to individual rooms  
 Shared in a suite/apartment  
 Shared by a floor/hall  
 Other: [Text Box]\*

**Does the proposed housing have ADA accessible rooms and bathrooms available if needed?**

*\*Please note that it is strongly recommended that accessible rooms should be located near the rest of the cohort.*

- Yes  
 No

**Describe shared common spaces, provisions for laundry and cleaning, and any other relevant housing features or amenities. \***

[Essay]

**Please confirm that you will be able to provide all necessary bedding, towels, and basic sundries within your budget. \***

- Confirmed

**14. Institute Meals: \***

Select the proposed meal options for Fellows and describe how each option will fit into the overall plan (for example, approximately half of the meals will be provided through a campus meal plan). Meals are typically provided through a combination of various means including campus meal cards, group meals, and monies provided directly to support grocery shopping or eating in local restaurants (either through the institution or via an IREX-provided debit card).\*

[multi-select check box]

- Campus dining halls, accessible with a campus meal card [Write-in Required Text Box]  
 Catered/group meals [Write-in Required Text Box]  
 Stipend for groceries and local restaurants [Write-in Required Text Box]  
 Other [Write-in Required Text Box]

**Describe the kitchen facilities Fellows will be able to access, if applicable. \***

- Fully-equipped kitchen, including cooking and eating utensils, in a common area.  
 Limited kitchen in a common area. Describe the appliances and utensils that are available:  
[Write-in Required Text Box]  
 Fully equipped kitchen, including cooking and eating utensils, in an apartment/suite.



Limited kitchen in an apartment/suite. Describe the appliances and utensils that are available:  
[Write-in Required Text Box]

Kitchen facilities are not available.

[If “Fully-equipped kitchen, including cooking and eating utensils, in a common area” or “Limited kitchen in a common area” are selected above.] Will other groups (who are not Mandela Washington Fellows) have access to the kitchen?\*

- Yes  
 No

**Please provide any additional information about kitchen facilities. If your institution plans to house Fellows in different locations throughout the Institute, please provide details on where kitchen facilities are available in each housing location. \***

[Essay]

**Describe how Fellows will be able to get to a grocery store.\***

[Essay]

#### 15. Fellow Health\*

Mandela Washington Fellows are covered by a limited plan under the U.S. Department of State’s Accident and Sickness Program for Exchanges (ASPE) (<http://usdos.sevencorners.com/>), but a university health insurance or benefits plan to supplement ASPE may be included in the budget as an allowable cost (ASPE is considered secondary insurance if other benefits apply).

Will Fellows be covered by a university health insurance plan or university health services? \*

- Yes  
 No

**Please describe your staffing plan and your Institute’s ability to support Fellow health issues and medical emergencies. \***

[Essay]

**Please confirm your willingness to support Fellow physical and mental health issues and medical emergencies, and adjust plans as needed should a health or other emergency affect programming. \***

- Confirmed

**16. The Mandela Washington Fellowship strongly promotes the inclusion of Fellows with disabilities and seeks partner organizations that are committed to ensuring a high quality, inclusive program that will allow for a full and engaging experience for all Fellows. Please discuss your team’s experience and capacity to provide accommodations for Fellows with disabilities during your Institute. Please also explain the support your institution can provide to your team to fully integrate individuals with disabilities into your programming, campus, and community. Direct program costs associated with disability accommodations**

**will be paid directly by IREX and are not expected to be included in subaward budget, although cost share is allowable and strongly encouraged. IREX will coordinate and pay directly for any accommodation needs during the Summit. \***

[Essay]

## Section 4: Institutional Resources and Past Experience

**17. Does your institution have experience designing and implementing short-term customized academic programs focused on experiential learning for adult learners? \***

- Yes  
 No

*[If "Yes" was selected above]* Which of the following programs has your institution implemented? (select all that apply) \*

- Community Solutions Program  
 Fulbright Programs  
 International Visitor Leadership (IVLP) Program  
 Mandela Washington Fellowship  
 Study of the United States Institutes (SUSI) Program  
 Young Leaders of the Americas Initiative (YLA) Program  
 Young Southeast Asian Leaders Initiative (YSEALI) Program  
 Other [Text Box]

*[If "Yes" was selected above]* Describe how your institution will use this experience to implement a Mandela Washington Fellowship Leadership Institute. \*

[Essay: 250-word limit]

*[If "No" was selected above]* Describe other relevant experience your institution will use to implement a Mandela Washington Fellowship Leadership Institute. \*

[Essay: 500-word limit]

**14. Do you plan to host another short-term academic exchange in summer 2025? (if status is unconfirmed, respond yes.) \***

- Yes  
 No

*[if "Yes" was selected above]* What program(s) and approximate dates \*

[Text Box]

**18. While it is anticipated that Fellows will learn from their hosts, it is also important that hosts learn from the Fellows. Please indicate how you anticipate your campus and community would benefit from hosting these leaders. \***

[Essay: 500-word limit]

## Section 5: Acknowledgement and Commitment to Collaborative Programming Development

**19. Selected Institute Partners must demonstrate the flexibility and responsiveness to adjust planning and programming as necessary to meet the needs of the Fellowship and individual Fellows. If selected as an Institute Partner, please confirm your institution's willingness to remain flexible and responsive as outlined above? \***

Confirmed

## Section 6: Other Required Documents

**20. Please upload the following documents:**

- Institute Narrative \* [File upload]

Please use the required template. File uploads may not work on some mobile devices. Max file size: 50 MB.

- Budget Worksheet as an Excel file (.xls or .xlsx) \* [File upload]

Please use the required template. File uploads may not work on some mobile devices. Max file size: 50 MB.

- Budget Narrative \* [File upload]

Please use the required template. File uploads may not work on some mobile devices. Max file size: 50 MB.

- NICRA (if applicable) [File upload]

File uploads may not work on some mobile devices. Max file size: 50 MB.

**21. Please note any other relevant information regarding your application that was not addressed above for consideration by the review panel.**

[Essay: 250-word limit]

[Review Submission Page]

[Submit Form]

## Thank You Page

### Thank You!

Thank you for completing the 2025 Mandela Washington Fellowship Institute Partner application. All complete applications submitted by October 14, 2024, will be considered. IREX



anticipates communicating with applicants about their application status the week of November 20, 2024, from the MWF2025@irex.org email address.

Please review your responses and download the PDF below for your records.

Reference Copy