A close up of a mans face

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Application Form

**Application Period: January 13, 2020–March 6, 2020**

**Part 1: Nominee Information (Required)**

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| **Name of Innovation** *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.* | |
|  | |
| **Category** | |
| *Please select the category that is most relevant to your innovation (select only one).*  Technology & Innovation  Community Based Initiatives  Supporting Self-Reliance | |
|  | |
| **About the Nominee** | |
| Organization\* |  |
| Name of Representative\*\* |  |
| Title |  |
| Tel. Number |  |
| E-mail Address |  |
| Organization Address |  |
| \* *Indicate any organizations directly involved in creating and/or implementing the innovation that should be listed as awardees if the innovation is selected.* | |
| *\*\* Indicate one person as the main contact for this application.* | |
| **About the Nominating Party (only if different)** | |
| Name |  |
| Affiliation  *(list any relevant to the application)* |  |
| Title |  |
| Tel. Number |  |
| E-mail Address |  |
| Relationship to the nominee |  |

**Part 2: Innovation Information (Required)**

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| 1. **Description** (max. 300 words)   *Briefly describe the innovation. What challenge does it address and what is the significance of that issue for society? How is your innovation designed to address that issue?* |
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| 1. **Implementation** (max. 300 words)   *Describe the development and implementation of this innovation. Include any challenges that you needed to overcome in that process.* |
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| 1. **Impact** (max. 300 words)   *Please briefly describe the innovation’s impact and/or outcomes. Try to use specific examples or metrics where possible to demonstrate how the program benefits seniors, caregivers, and/or communities.* |
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| 1. **Reason for Success** (max. 300 words)   *Please describe the principles and factors that have contributed to the innovation’s success.*  —In responding, please think about lessons that others might learn from your innovation. |
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| 1. **Innovativeness** (max. 200 words)   *What makes this program innovative? How does it differ from past approaches to the issue?* |
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| 1. **Timeline** (max. 200 words)   *Please provide a timeline for your innovation, including future plans.*  —Programs, services, and policies: indicate start date and duration (or expected duration) —Products: indicate development timeframe and when it was or will be put on the market |
|  |
| 1. **Budget Information** (max. 300 words)   *Please provide a brief description of the budget and the funding sources for the innovation.*  —Programs, services, and policies: outline the operating budget where appropriate —Products: this may include initial research and development investments, information on product pricing, etc. —If appropriate, applicants may submit a simplified budget for the program (budget can be submitted as an attachment) —If you are unable to provide this information, please explain why. |
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| 1. **Relationship to Category** (max. 200 words)   *How does the innovation relate to the award category selected in Part 1 of this form?* |
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**Part 3: Supplementary Section (Optional)**

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| 1. **Further Information About the Nominee** (max. 200 words)   *In addition to the information above, is there anything else you feel is important for the selection committee to know about the organization or innovation?* |
|  |
| 1. **Supporting Materials**   *Applicants are welcome to submit materials that will assist us in evaluating the innovation. Please submit no more than 10 pages total as supplementary materials.*  🟊 Clearly note the name of the nominated innovation on any submissions. —Supplementary materials may include, but are not limited to, the following: websites, photographs, print materials (brochures, fact sheets, flyers, etc.).  —You may include supporting materials at the time of your submission of this form to ahwin@jcie.or.jp |

Website Information:

*List any website that describes your innovation, URLs for media coverage of your innovation, social media, etc.*

Signature **(Required)**:

*I hereby certify that, to the best of my knowledge, the nominee 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 |  |

**Please return this form along with any supporting materials via email to** [**ahwin@jcie.or.jp**](mailto:ahwin@jcie.or.jp) **no later than March 6, 2020.**

*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.*