**COPY OF QUESTIONS FROM THE NOMINATION FORM**

**Please feel free to use this template to prepare your answers before uploading them to the online JHU InfoReady portal. Award nominations submitted via email will NOT be reviewed.**

## 2025 Henrietta Lacks Memorial Award

**Honoring outstanding community-university programs in Baltimore**

**Submission Deadline:** 5:00 pm Monday, August 25, 2025

The Henrietta Lacks Memorial Award was established in 2013 in honor of former Turner Station resident and Johns Hopkins cancer patient Henrietta Lacks, whose cells helped make possible ground-breaking advances in medical research. The Johns Hopkins Urban Health Institute (UHI) offers this $15,000 award to Baltimore programs co-developed by Johns Hopkins faculty, students, or staff and community-based organizations to highlight the importance of community–university collaborations, recognize their impact, and support their continued work. We encourage you to review our [guiding principles and best practices for community engagement.](https://urbanhealth.jhu.edu/sites/default/files/2025-07/UHI_Guiding_Principles_Best-Practices_Community-Engagement.pdf)

The monetary gift and award are presented to the primary community collaborator during the annual Henrietta Lacks Memorial Lecture hosted by the [Johns Hopkins Institute for Clinical and Translational Research](https://ictr.johnshopkins.edu/community-engagement/programs/henrietta-lacks-memorial-lecture/) on Saturday, October 4, 2025 (details TBA).

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| Please [visit our website](https://urbanhealth.jhu.edu/what-we-do/award/henrietta-lacks-memorial-award-program-nomination-information) for complete nomination information, which includes eligibility requirements, review information, the selection process, the award ceremony, and answers to frequently asked questions. |

**Award Requirements**

Submissions will only be accepted via this online platform. This is a single form; we use the terminology of applying for the award and submitting a nomination interchangeably. After reading the requirements on [our website](https://urbanhealth.jhu.edu/what-we-do/award/henrietta-lacks-memorial-award-program-nomination-information), please submit your application here. Nominations need to include the following:

1. Contact information from each collaborating organization.
2. Summary of the nominated program (200 words)
3. Description of the nominated program and the collaboration (1,800 words) including:
   * History: How did the team form? What role did collaborators play in creating the nominated program?
   * Program's mission, vision, goals, and objectives: What is the nominated program trying to accomplish? What are the key performance indicators (KPIs)? What tactics are used to achieve the goals? How are the outcomes evaluated?
   * Structure: Describe the administrative and financial structure that supports the work of the collaboration and how decisions are made.
   * Current Funding: Describe how the nominated program is currently funded, and how decisions are made when securing new or additional funding.
   * Community Impact: Indicate which specific Baltimore City community neighborhood(s) the nominated community-based program impacts. Describe the impact of the nominated program, including program results, success stories, additional funding secured or needed to continue the work, etc.
   * Accomplishments: Describe a few of the major achievements of the nominated program.
   * Sustainability: Describe the plan for continuing the nominated program in the future.
4. Use of the Award Funds: In a sentence or two, share how the funds will be used if the nominated program is selected to receive this $15,000 award (100 words).
5. References: Provide the names and contact information of up to three individuals familiar with the nominated program and the collaboration.

**Primary Review Considerations**

Nominations will be reviewed by university and community leaders who serve on UHI’s Henrietta Lacks Memorial Award Selection Committee. Decisions are made based on the information described in the submitted nomination. Priority will be given to locally established initiatives that work to improve health and health equity, social determinants of health, especially housing and education, child and adolescent health and well-being, aim to alleviate poverty, address inequalities and disparities, and strengthen the social fabric of a neighborhood.

**Q&A Information Session**

On Friday, August 1, 2025, from noon to 1:00 p.m., we will host a virtual Q&A Session for anyone interested in nominating a local program to be recognized with the 2025 Henrietta Lacks Memorial Award. During the session, we will provide a brief overview of the award, but will focus primarily on answering specific questions about your programs and the nomination process. To attend, please [sign up here](https://jhjhm.zoom.us/meeting/register/yRcuFHxASZyPp47UmSSzVg#/registration).

**Deadline**

Program nominations must be submitted via this online form no later than **5:00 p.m.** **on Monday, August 25, 2025.** It is anticipated that the award winner will be selected and notified on September 15, 2025.

Questions? Email us at [urbanhealth@jhu.edu](mailto:urbanhealth@jhu.edu?subject=Question%20about%202025%20Henrietta%20Lacks%20Memorial%20Award).

**Nomination Form Questions and Requirements**

## ELIGIBILITY

### Applicant Information

Please enter the contact information of the person submitting the form

1. **Your Full Name**
2. **Email address**

All notifications related to this application will be sent to this email address only. If you wish to include others in receiving notifications related to this submission, you will need to enter their email addresses in a designated field located in the Acknowledgement section at the end of the form.

1. **Who is the person submitting the Nomination?**

You will be asked for the Collaborators' Details in the next section

* I am a primary Community collaborator
* I am a primary Johns Hopkins collaborator
* I am a Program Participant and closely familiar with the program's structure
* I am submitting it on behalf of the Community collaborator
* I am submitting it on behalf of the Johns Hopkins collaborator

1. **Title of the Nominated Program**
2. **Is the nominated program focused on health and health equity?:   Yes/No**

if no, the program is ineligible to receive the award

1. **Are both the collaboration and the nominated program or project currently active and have been in operation for at least two years?   Yes/No**

if no, the program is ineligible to receive the award

1. **Is the nominated program Baltimore City-focused and is based at the Baltimore City community-based organization?   Yes/No**

if no, the program is ineligible to receive the award

1. **Has this program ever been nominated for the UHI's Henrietta Lacks Memorial Award?**

* No
* Yes
* Yes, and the Program received an Honorable Mention
* Yes, and the Program was recognized as a Runner Up

1. **Does the nominated program work to address one or more of the following issues?**

please choose all that apply

* neighborhood development
* social justice
* community health and well-being
* poverty

1. **Does the nominated program work to address one or more of the following issues in the Priority areas?**

please choose all that apply

* housing as a social determinant of health
* education as a social determinant of health
* other social determinants of health
* aims to alleviate poverty
* addresses inequalities and disparities
* child and adolescent health and well-being
* works to strengthen the social fabric of a neighborhood.
* Other (describe)

1. **Program Location**

Eligible programs must be located in and serve the Baltimore City community. Please enter the physical address where the program takes place. If it takes place in multiple Neighborhoods or is City-Wide, please indicate one primary site

1. **Have any of the current or former UHI Associate Directors been or are involved in collaborating on the nominated program?**
2. **Have any of the current or former Henrietta Lacks Memorial Award Selection Committee members been or are involved in collaborating on the nominated program?**
3. **Has either one or both Collaborators received any other funding from the UHI in the past five years? (e.g., Baltimore Health Equity Impact Grant, Strategic Consultation Grant, co-sponsorship, etc.)**

type, year, amount, project complete/ongoing

1. **How did you learn about the UHI's Henrietta Lacks Memorial Award?**

## COLLABORATORS' CONTACT INFORMATION

### Primary Community Collaborator

1. **First Name**
2. **Last Name**
3. **Email**
4. **Phone**
5. **Community-Based Organization (CBO) name**

must be located in and serve the Baltimore City community

1. **Address**

Please enter the physical address where the CBO is located; it can be the same as the Program Location

1. **Community-Based Organization's Website**

if available

1. **Additional Community Collaborator(s) Contact Information**

Please feel free to list all those involved with the nominated program. If you wish to include them in receiving notifications related to this submission, you will need to enter their email addresses in a designated field located in the Acknowledgement section at the end of the form.

### Primary Johns Hopkins Collaborator

1. **First Name**

1. **Last Name**
2. **Email**
3. **Phone**
4. **Johns Hopkins Collaborator’s School or Division**
5. **Johns Hopkins Collaborator’s Department**

If applicable, enter the name of the Institute, Center, etc. Please do not use abbreviations.

1. **Primary JH Collaborator’s Campus Address**

please indicate if hybrid or fully remote

1. **If Faculty, Academic Rank**
2. **If Student, Degree Category**
3. **If Student, Expected Graduation date**
4. **If Student, provide Faculty Advisor Information here**

Full Name, School, JH Email, Phone, etc.

1. **Additional Johns Hopkins Collaborator(s) Contact Information**

Please feel free to list all those involved with the nominated program. If you wish to include them in receiving notifications related to this submission, you will need to enter their email addresses in a designated field located in the Acknowledgement section at the end of the form.

## PROGRAM NOMINATION

1. **Summary of the nominated program**

brief summary, up to 200 words

1. **Description of the nominated program and the collaboration**
   1. **History**

How did the team form? What role did collaborators play in creating the nominated program?

* 1. **Program's mission, vision, goals, and objectives**

What is the nominated program trying to accomplish? What are the key performance indicators (KPIs)? What tactics are used to achieve the goals? How are the outcomes evaluated?

* 1. **Structure**

Describe the administrative and financial structure that supports the work of the collaboration and how decisions are made.

* 1. **Current Funding**

Describe how the nominated program is currently funded, and how decisions are made when securing new or additional funding.

* 1. **Community Impact**

Indicate which specific Baltimore City community neighborhood(s) the nominated community-based program impacts. Describe the impact of the nominated program, including program results, success stories, additional funding secured or needed to continue the work, etc.

* 1. **Accomplishments**

Describe a few of the major achievements of the nominated program.

* 1. **Sustainability**

Describe the plan for continuing the nominated program in the future.

1. **Use of the Award Funds**

In a sentence or two, share how the funds will be used if the nominated program is selected to receive this $15,000 award

1. **OPTIONAL Supporting Documents**

Applicants are invited to share any additional program materials that can help describe their programs, such as brochures, flyers, or budgets. You may upload up to three documents.

## REFERENCES

Provide the names and contact information of up to three individuals we may contact who are familiar with the nominated program and the collaboration.

### Reference #1

1. **Full Name**
2. **Email**
3. **Phone Number**
4. **Organization**
5. **Position Title**
6. **Is this individual familiar with the nominated program?   Yes/No**
7. **Is this individual familiar with the collaboration?   Yes/No**

### Reference #2

1. **Full Name**
2. **Email**
3. **Phone Number**
4. **Organization**
5. **Position Title**
6. **Is this individual familiar with the nominated program?   Yes/No**
7. **Is this individual familiar with the collaboration?   Yes/No**

### Reference #3

1. **Full Name**
2. **Email**
3. **Phone Number**
4. **Organization**
5. **Position Title**
6. **Is this individual familiar with the nominated program?   Yes/No**
7. **Is this individual familiar with the collaboration?   Yes/No**

## ACKNOWLEDGEMENT

### OPTIONAL - Add Contacts for Notifications

If left empty, all notifications related to this application will be sent to your email address only. In the field below, you can enter additional email addresses of those who should also receive notifications for this submission. Contacts entered here will receive all notifications you receive.

### Acknowledgement

By submitting this nomination, I verify that, to the best of my knowledge, the nominated program meets all eligibility criteria.