A group of people posing for a photo

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**School of Political Leadership (SoPL) Application 2022**

Thank you for taking the time to fill out HEAL Food Alliance's School of Political Leadership (SoPL) Application. As part of HEAL’s commitment to language justice we look forward to expanding our language access. If you need translation assistance with this application, please reach out to us at [marlene@healfoodalliance.org](mailto:marlene@healfoodalliance.org)

Gracias por llenar la aplicación para la Escuela de Liderazgo Político (SoPL) de HEAL. Ofrecemos traducción e interpretación para ser consecuentes con nuestros valores. Si desea ayuda en Español para completar esta aplicación, favor de contactarnos a [marlene@healfoodalliance.org](mailto:marlene@healfoodalliance.org)

SoPL is designed for teams of 2-4 individuals who plan on leading campaigns (i.e. policy/advocacy, organizing, running for political office, etc.). Examples of past SoPL teamwork can be found here:

<https://healfoodalliance.org/2021-heal-school-of-political-leadership/>

Past teams crafted campaigns focused on urban agriculture & equity in NYC, food sovereignty in Navajo Nation and Black regional food economies in Buffalo, NY. While SoPL prioritizes applicant teams from HEAL’s organizational membership - with particular attention to candidates from frontline communities - we will also strongly consider applicant teams affiliated with a HEAL member organization.

Applicants from non-HEAL member organizations will need to submit a letter of recommendation from a participating HEAL member organization in order to be considered.

**Please complete only 1 application per team**. You will have an opportunity to fill out an applicant information section for each teammate below and upload requested files. **NOTE**: **All questions are required unless otherwise stated.**

**Application Instructions:**

This application is adapted for Microsoft Word. If you have trouble downloading this as a Word document, or if you do not have Word, please reach out to [marlene@healfoodalliance.org](mailto:marlene@healfoodalliance.org).

The application deadline is **Sunday, November 14th, 2021** at 11:59pm (PST). Please upload your application materials to our [Google Drive](https://drive.google.com/drive/u/0/folders/1fgcrPKpa-AF7gXOyPj-ZcjITK7ZznDb1).

To the [Google Drive](https://drive.google.com/drive/u/0/folders/1fgcrPKpa-AF7gXOyPj-ZcjITK7ZznDb1), please upload: (1) team application, (2) cover letter or resume for each applicant, (3) sponsoring HEAL member's recommendation letter/s, and (4) optional samples of relevant work for ALL teammates. We will be informing applicant teams of our decision by or before December 16, 2021.

Please refer to our website if you have questions about SoPL as well as HEAL's mission & vision at <https://healfoodalliance.org/heal-school-of-political-leadership/>

For any concerns regarding the application process, please reach out to Marlene Manzo at [marlene@healfoodalliance.org](mailto:marlene@healfoodalliance.org)

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**Jump to a section:**

[**Team Information**](#_brud9jqnbb4x)

[**Applicant 1**](#_u430qrbi9q7e)

[**Applicant 2**](#_o0funrkoi6vk)

[**Applicant 3**](#_wl3z2hk03jje)

[**Applicant 4**](#_gcwg6qx3hjb8)

[**Application Instructions**](#_stuern1cceq0)

**[Application Checklist](#_A_pplication_Checklist)**

### TEAM INFORMATION

In this section, you will be asked to share information about your team.

1. How many individuals are in your team? (Please note: At least two (2) and no more than four (4) individuals per team are required)

2 teammates

3 teammates

4 teammates

1. How do you know each other and what is your past experience working together, if any? Please share in 3-5 sentences.
2. What is the relevant food and farm systems campaign objective (policy/advocacy, organizing, electoral, etc.) you plan to work on together? Please share in 3-5 sentences.

1. What unique strengths, skills and/or perspectives does each individual bring to the team? Please share in 3-5 sentences.

### APPLICANT 1 – CONTACT INFORMATION

In the following sections, you will be asked to complete information on Applicant 1.

1. First Name
2. Last Name
3. Phone Number

1. Email Address
2. Social Media Handle(s) (Facebook, Twitter, Instagram, Youtube, etc) (optional)

1. Address Line 1
2. Address Line 2 (optional)
3. City

1. State

1. Zip Code

1. Name of recommending organization

1. What is your recommending organization’s annual budget?

Under $250,000

$250,000-$500,000

$500,000-$1 million

$1 million +

Other

1. HEAL has stipends to support some of your participation costs. If selected to the SoPL cohort, what type of support do you anticipate needing for your virtual participation?

**APPLICANT 1 – BACKGROUND**

SoPL is committed to building a cohort that has racial, gender, sexuality, class & regional diversity. Your responses to the following questions will help us attempt to reach this goal.

1. What are your gender pronouns?
2. What best describes your race/ethnicity? (Select all that apply)

Indigenous or Native American

Black or African-American or African

Latinx or Chicana or Hispanic

Asian or Asian-American

South Asian

Pacific Islander

White

I'd prefer not to say

Other

1. Do you identify as LGBTQI?

Yes

No

I'd prefer not to say

Other

1. What best describes your region?

Urban

Rural

Suburban

Peri-Urban

Small Town

Coastal

1. What is your age group?

18-24

24-30

31-40

41-50

51-60

60+

1. Most materials and trainings will be conducted in English. Do you need language interpretation to help you get more from this training?

Yes

No

**APPLICANT 1 – COMMUNITY ROLE & HEAL RELATIONSHIP**

The next set of questions relate to the experiences and skill sets that you would be bringing to SoPL and your relationship with HEAL Food Alliance.

1. What is your role(s) in your community? (check all that apply)

Community Activist

Member Leader

Organizational Staff

Farmer

Educator

Clergy

Caregiver

Advocate

Other

1. Is your organization a HEAL Food Alliance member?

Yes

No

* 1. If you answered “yes”, please name the HEAL Food Alliance member that you are part of:
  2. If you answered “no”, please share if you have actively engaged with a group or organization that is a member of the HEAL Food Alliance AND your role or work in doing so. (Please note: applicants that submit a letter of support from a HEAL Food Alliance member organization will receive first preference.)

**APPLICANT 1 – COMMUNITY EXPERIENCE**

For questions 22-27, please submit a written response below.

1. What is your experience with community organizing, policy advocacy and/or electoral work? Please share in 3-5 sentences.

1. Please share in 2-3 sentences an example of how you brought diverse stakeholders together to achieve a campaign goal?

1. Please list any other organizational, political and/or social affiliations.

1. Please share in 2-3 sentences how your identity and experiences have shaped the kind of leader you are/want to be.
2. Please write 2-3 sentences that describe what you understand your role to be in advancing racial, gender, and economic justice in food and farm policy.

1. In 300 words or less, what way(s) do you believe SoPL will be of help to you and your team, and why is this a good time for you and your team to be admitted to SoPL?

**APPLICANT 1 – SKILLSET SELF-ASSESSMENT**

The next set of questions help SoPL staff determine the level of training needed for the incoming cohort. Please rate your skills from 1 to 3 in the following areas below with (1) = Beginner, (2) = Intermediate and (3) = Advanced.

1. CAMPAIGN STRATEGY (e.g. developing a power analysis; identifying a campaign issue or an electoral platform; assessing individual/organizational capacity)

Beginner

Intermediate

Advanced

1. COMMUNICATIONS STRATEGY (e.g. creating compelling narratives that reach out to a base or constituency; using social media; building relationships with the press)

Beginner

Intermediate

Advanced

1. FIELD/BASE BUILDING (e.g. understanding the problems and concerns of diverse constituencies and being able to mobilize communities for advocacy/electoral campaigns)

Beginner

Intermediate

Advanced

You have finished completing information for Applicant 1. In the next sections, please complete information for at least 1 additional teammate. Applicant information for a minimum of 2 teammates is required to submit this application.

In the following sections, you will be asked to complete information on Applicant 2. All questions are required unless otherwise stated.

### APPLICANT 2 – CONTACT INFORMATION

1. First Name

1. Last Name

1. Phone Number

1. Email Address
2. Social Media Handle(s) (Facebook, Twitter, Instagram, Youtube, etc) (optional)

1. Address Line 1
2. Address Line 2 (optional)
3. City

1. State

1. Zip Code

1. Name of recommending organization

1. What is your recommending organization’s annual budget?

Under $250,000

$250,000-$500,000

$500,000-$1 million

$1 million +

Other

1. HEAL has stipends to support some of your participation costs. If selected to the SoPL cohort, what type of support do you anticipate needing for your virtual participation?

**APPLICANT 2 – BACKGROUND**

SoPL is committed to building a cohort that has racial, gender, sexuality, class & regional diversity. Your responses to the following questions will help us attempt to reach this goal.

1. What are your gender pronouns?

1. What best describes your race/ethnicity? (Select all that apply)

Indigenous or Native American

Black or African-American or African

Latinx or Chicana or Hispanic

Asian or Asian-American

South Asian

Pacific Islander

White

I'd prefer not to say

Other

1. Do you identify as LGBTQI?

Yes

No

I'd prefer not to say

Other

1. What best describes your region?

Urban

Rural

Suburban

Peri-Urban

Small Town

Coastal

1. What is your age group?

18-24

24-30

31-40

41-50

51-60

60+

1. Most materials and trainings will be conducted in English. Do you need language interpretation to help you get more from this training?

Yes

No

**APPLICANT 2 – COMMUNITY ROLE & HEAL RELATIONSHIP**

The next set of questions relate to the experiences and skill sets that you would be bringing to SoPL and your relationship with HEAL Food Alliance.

1. What is your role(s) in your community? (check all that apply)

Community Activist

Member Leader

Organizational Staff

Farmer

Educator

Clergy

Caregiver

Advocate

Other

1. Is your organization a HEAL Food Alliance member?

Yes

No

* 1. If you answered “yes”, please name the HEAL Food Alliance member that you are part of.
  2. If you answered “no”, please share if you have actively engaged with a group or organization that is a member of the HEAL Food Alliance AND your role or work in doing so. (Please note: applicants that submit a letter of support from a HEAL Food Alliance member organization will receive first preference.)

**APPLICANT 2 – COMMUNITY EXPERIENCE**

For questions 22-27, please submit a written response below:

1. What is your experience with community organizing, policy advocacy and/or electoral work? Please share in 3-5 sentences.

1. Please share in 2-3 sentences an example of how you brought diverse stakeholders together to achieve a campaign goal?

1. Please list any other organizational, political and/or social affiliations.

1. Please share in 2-3 sentences how your identity and experiences have shaped the kind of leader you are/want to be.

1. Please write 2-3 sentences that describe what you understand your role to be in advancing racial, gender, and economic justice in food and farm policy.

1. In 300 words or less, what way(s) do you believe SoPL will be of help to you and your team, and why is this a good time for you and your team to be admitted to SoPL?

**APPLICANT 2 – SKILLSET SELF-ASSESSMENT**

The next set of questions help SoPL staff determine the level of training needed for the incoming cohort. Please rate your skills from 1 to 3 in the following areas below with (1) = Beginner, (2) = Intermediate and (3) = Advanced.

1. CAMPAIGN STRATEGY (e.g. developing a power analysis; identifying a campaign issue or an electoral platform; assessing individual/organizational capacity)

Beginner

Intermediate

Advanced

1. COMMUNICATIONS STRATEGY (e.g. creating compelling narratives that reach out to a base or constituency; using social media; building relationships with the press)

Beginner

Intermediate

Advanced

1. FIELD/BASE BUILDING (e.g. understanding the problems and concerns of diverse constituencies and being able to mobilize communities for advocacy/electoral campaigns)

Beginner

Intermediate

Advanced

### APPLICANT 3 – CONTACT INFORMATION

In the following sections, you will be asked to complete information on Applicant 3.

1. First Name

1. Last Name

1. Phone Number

1. Email Address
2. Social Media Handle(s) (Facebook, Twitter, Instagram, Youtube, etc) (optional)

1. Address Line 1
2. Address Line 2 (optional)
3. City

1. State

1. Zip Code

1. Name of recommending organization
2. What is your recommending organization’s annual budget?

Under $250,000

$250,000-$500,000

$500,000-$1 million

$1 million +

Other

1. HEAL has stipends to support some of your participation costs. If selected to the SoPL cohort, what type of support do you anticipate needing for your virtual participation?

**APPLICANT 3 – BACKGROUND**

SoPL is committed to building a cohort that has racial, gender, sexuality, class & regional diversity. Your responses to the following questions will help us attempt to reach this goal.

1. What are your gender pronouns?

1. What best describes your race/ethnicity? (Select all that apply)

Indigenous or Native American

Black or African-American or African

Latinx or Chicana or Hispanic

Asian or Asian-American

South Asian

Pacific Islander

White

I'd prefer not to say

Other

1. Do you identify as LGBTQI?

Yes

No

I'd prefer not to say

Other

1. What best describes your region?

Urban

Rural

Suburban

Peri-Urban

Small Town

Coastal

1. What is your age group?

18-24

24-30

31-40

41-50

51-60

60+

1. Most materials and trainings will be conducted in English. Do you need language interpretation to help you get more from this training?

Yes

No

**APPLICANT 3 – COMMUNITY ROLE & HEAL RELATIONSHIP**

The next set of questions relate to the experiences and skill sets that you would be bringing to SoPL and your relationship with HEAL Food Alliance.

1. What is your role(s) in your community? (check all that apply)

Community Activist

Member Leader

Organizational Staff

Farmer

Educator

Clergy

Caregiver

Advocate

Other

1. Is your organization a HEAL Food Alliance member?

Yes

No

* 1. If you answered “yes”, please name the HEAL Food Alliance member that you are part of.
  2. If you answered, “no”, please share if you have actively engaged with a group or organization that is a member of the HEAL Food Alliance AND your role or work in doing so. (Please note: applicants that submit a letter of support from a HEAL Food Alliance member organization will receive first preference.)

**APPLICANT 3 – COMMUNITY EXPERIENCE**

For questions 22-27, please submit a written response below:

1. What is your experience with community organizing, policy advocacy and/or electoral work? Please share in 3-5 sentences.

1. Please share in 2-3 sentences an example of how you brought diverse stakeholders together to achieve a campaign goal?
2. Please list any other organizational, political and/or social affiliations.
3. Please share in 2-3 sentences how your identity and experiences have shaped the kind of leader you are/want to be.
4. Please write 2-3 sentences that describe what you understand your role to be in advancing racial, gender, and economic justice in food and farm policy.

1. In 300 words or less, what way(s) do you believe SoPL will be of help to you and your team, and why is this a good time for you and your team to be admitted to SoPL?

**APPLICANT 3 – SKILLSET SELF-ASSESSMENT**

The next set of questions help SoPL staff determine the level of training needed for the incoming cohort. Please rate your skills from 1 to 3 in the following areas below with (1) = Beginner, (2) = Intermediate and (3) = Advanced.

1. CAMPAIGN STRATEGY (e.g. developing a power analysis; identifying a campaign issue or an electoral platform; assessing individual/organizational capacity)

Beginner

Intermediate

Advanced

1. COMMUNICATIONS STRATEGY (e.g. creating compelling narratives that reach out to a base or constituency; using social media; building relationships with the press)

Beginner

Intermediate

Advanced

1. FIELD/BASE BUILDING (e.g. understanding the problems and concerns of diverse constituencies and being able to mobilize communities for advocacy/electoral campaigns)

Beginner

Intermediate

Advanced

1. You have finished completing information for Applicant 3. Do you need to complete information for an additional teammate?

Yes

No

### APPLICANT 4 – CONTACT INFORMATION

In the following sections, you will be asked to complete information on Applicant 4.

1. First Name

1. Last Name

1. Phone Number

1. Email Address
2. Social Media Handle(s) (Facebook, Twitter, Instagram, Youtube, etc) (optional)
3. Address Line
4. Address Line 2 (optional)
5. City

1. State

1. Zip Code

1. Name of recommending organization

1. What is your recommending organization’s annual budget?

Under $250,000

$250,000-$500,000

$500,000-$1 million

$1 million +

Other

1. HEAL has stipends to support some of your participation costs. If selected to the SoPL cohort, what type of support do you anticipate needing for your virtual participation?

**APPLICANT 4 – BACKGROUND**

SoPL is committed to building a cohort that has racial, gender, sexuality, class & regional diversity. Your responses to the following questions will help us attempt to reach this goal.

1. What are your gender pronouns?

1. What best describes your race/ethnicity? (Select all that apply)

Indigenous or Native American

Black or African-American or African

Latinx or Chicana or Hispanic

Asian or Asian-American

South Asian

Pacific Islander

White

I'd prefer not to say

Other

1. Do you identify as LGBTQI?

Yes

No

I'd prefer not to say

Other

1. What best describes your region?

Urban

Rural

Suburban

Peri-Urban

Small Town

Coastal

1. What is your age group?

18-24

24-30

31-40

41-50

51-60

60+

1. Most materials and trainings will be conducted in English. Do you need language interpretation to help you get more from this training?

Yes

No

**APPLICANT 4 – COMMUNITY ROLE & HEAL RELATIONSHIP**

The next set of questions relate to the experiences and skill sets that you would be bringing to SoPL and your relationship with HEAL Food Alliance.

1. What is your role(s) in your community? (check all that apply)

Community Activist

Member Leader

Organizational Staff

Farmer

Educator

Clergy

Caregiver

Advocate

Other

1. Is your organization a HEAL Food Alliance member?

Yes

No

* 1. If you answered “yes”, please name the HEAL Food Alliance member that you are part of.
  2. If you answered, “no”, please share if you have actively engaged with a group or organization that is a member of the HEAL Food Alliance and your role or work in doing so. (Please note: applicants that submit a letter of support from a HEAL Food Alliance member organization will receive first preference.)

**APPLICANT 4 – COMMUNITY EXPERIENCE**

For questions 22-27, please submit a written response below:

1. What is your experience with community organizing, policy advocacy and/or electoral work? Please share in 3-5 sentences.

1. Please share in 2-3 sentences an example of how you brought diverse stakeholders together to achieve a campaign goal?

1. Please list any other organizational, political and/or social affiliations.
2. Please share in 2-3 sentences how your identity and experiences have shaped the kind of leader you are/want to be.

1. Please write 2-3 sentences that describe what you understand your role to be in advancing racial, gender, and economic justice in food and farm policy.

1. In 300 words or less, what way(s) do you believe SoPL will be of help to you and your team, and why is this a good time for you and your team to be admitted to SoPL?

**APPLICANT 4 – SKILLSET SELF-ASSESSMENT**

The next set of questions help SoPL staff determine the level of training needed for the incoming cohort. Please rate your skills from 1 to 3 in the following areas below with (1) = Beginner, (2) = Intermediate and (3) = Advanced.

1. CAMPAIGN STRATEGY (e.g. developing a power analysis; identifying a campaign issue or an electoral platform; assessing individual/organizational capacity)

Beginner

Intermediate

Advanced

1. COMMUNICATIONS STRATEGY (e.g. creating compelling narratives that reach out to a base or constituency; using social media; building relationships with the press)

Beginner

Intermediate

Advanced

1. FIELD/BASE BUILDING (e.g. understanding the problems and concerns of diverse constituencies and being able to mobilize communities for advocacy/electoral campaigns)

Beginner

Intermediate

Advanced

[Top of the Document](#_top)

### Application Checklist

Complete SoPL application in Word or PDF format

Resume OR cover letter for each applicant in PDF format (maximum 4 files).

For non-HEAL members: one recommendation letter from sponsor organization. Please title your recommendation letter starting with the primary applicant’s last name, then first name and then year. For example, "KingAriana2020" (maximum 4 files).

Optional: Examples of relevant work for each teammate (maximum 4 files).

All files uploaded to [SoPL Google Drive](https://drive.google.com/drive/u/0/folders/1fgcrPKpa-AF7gXOyPj-ZcjITK7ZznDb1)