



# 2025 Live Well Advance and School Summit Proposal Guidance

This form is NOT an application. It is a tool to assist with drafting your submission for Smartsheet. Submissions from this tool will not be accepted.

**Welcome!** This document is designed to guide organizations in submitting session proposals for the 2025 Live Well Advance and School Summit. It outlines all requirements, expectations, and procedures.

The Live Well Advance is a space to share real-world stories, tools, and lessons learned from the field—not research papers or sales pitches.

#### Ideal proposals will highlight:

- Applied work
- · On-the-ground impact
- Partnerships and collaborative efforts
- · Calls to action

#### They will NOT include:

- Sales pitches
- · Data without clear links to how others can use the info
- Project successes without clear links to how others can replicate concepts

We want to hear what worked, what didn't, and what others can take away to apply in their own communities. Proposals should focus on actionable steps that you and your partners have taken to contribute to the incredible collective impact seen over the past 15 years of *Live Well San Diego*.

#### **General Proposal Guidance**

- Proposals MUST be submitted through Smartsheet.
- Sessions are 60-minutes total and must include time for Q & A.
- More than one proposal may be submitted by an organization (separately).

#### Priority will be given to proposals:

- From Live Well San Diego Recognized Partners.
- With **2 or more** partnering organizations.
- That highlight collective impact through local collaborations, programs, projects, or tools.
- That provide **replicable strategies**, with clear takeaways participants can apply in their own work.

**Note:** All proposals will undergo a thorough review process, and not all submissions will be accepted. The decision will be based on various factors including alignment with conference goals, theme, purpose, and overall impact.



#### **Key Dates:**

• Call for Sessions Open: 5/5/2025 - 5/23/2025

• Acceptance Notifications: August 2025

Notifications will be sent via email to proposal submitter and speakers.

#### **Accessibility**

The Live Well Advance Planning Committee is dedicated to hosting events that are inclusive, ensuring that individuals are welcome and able to participate fully. As part of these efforts, speakers will receive a PowerPoint template that integrates accessibility guidelines to ensure inclusive presentation materials.

Need help with the submission? Contact LWSD.HHSA@sdcounty.ca.gov.
Session Title *
Be creative and concise (15 words max)! Examples of previous years' session titles: 1. "Let's Face It Together-Leveraging Strategic Partnerships to Support Mental Health" 2. "Bright Spots in a Dark Storm: Promising Solutions to Address San Diego's Housing Crisis
Session Description *
Summarize presentation in 250 words or less. Include needs addressed, population served, outcomes/impact, and lessons learned.
Learning Objectives *

Describe 1 – 3 learning objectives that clearly identify what participants will be able to do or apply by attending your session.

#### **Guidance for Writing Learning Objectives**

One Sentence Pitch/Hook for Your Session \*



#### Session Deliverable \*

Describe a tangible deliverable (toolkit, handout, website, etc.) you will provide to attendees. An example may include a step-by-step guide, "Conducting a Neighborhood Walk Audit", with checklists and data collection templates in accessible PDFs.

#### Key topics Select up to three topics that describe the focus of your proposal. \*

Aging

Arts & Culture

Behavioral Health

Communication

Community Engagement

Criminal Justice

Data

**Economic Development** 

Environment

Equity

Homelessness

Immigrants/Refugees

Partnership

Rural

Sexual Health

Trauma-informed

Workforce Wellbeing

Youth, Education & Childcare

#### **Session Format \***

Single speaker presentation

Multiple speaker presentation

Panel (No more than 3 panelists + 1 moderator)

Activity (describe below):

#### If 'Activity' option is selected, please describe below:



# If 'Multiple Speaker' is selected, please indicate how many:

2

3

4

If more than 3 speakers are required, please explain below

# **Speaker Information**

# Speaker 1 Name \*

First Name

Last Name

# **Speaker 1 Pronouns**

She/Her

He/Him

They/Them

Other

# Speaker 1 Role \*

Speaker

Panelist

Moderator

# **Speaker 1 Organization Name \***



Is your organization a LWSD Recognized Partner? *  Yes  No
My organization is in the process of becoming a Recognized Partner
Recognized Partner List: https://www.livewellsd.org/about/advanced-components/recognized-partner-list
Speaker 1 Position/Title *
Speaker 1 Email *
example@example.com
Speaker 1 Phone Number *
Speaker 1 Biography *
Speaker 1 Twitter, LinkedIn, Facebook, Instagram, Blog, Company Website
In Smartsheet , please attach all speaker photos here.
Speaker 2 Name



Last Name

#### **Speaker 2 Pronouns**

She/Her

He/Him

They/Them

Other

#### **Speaker 2 Role**

Speaker

**Panelist** 

Moderator

# **Speaker 2 Organization Name**

# Is your organization a LWSD Recognized Partner?

Yes

No

My organization is in the process of becoming a Recognized Partner

Recognized Partner List: https://www.livewellsd.org/about/advanced-components/recognized-partner-list

#### **Speaker 2 Position/Title**

# **Speaker 2 Email**

example@example.com

**Speaker 2 Phone Number** 

#### **Speaker 2 Biography**



#### Speaker 2 Twitter, LinkedIn, Facebook, Instagram, Blog, Company Website

#### **Speaker 3 Name**

First Name Last Name

#### **Speaker 3 Pronouns**

She/Her

He/Him

They/Them

Other

# **Speaker 3 Role**

Speaker

Panelist

Moderator

# **Speaker 3 Organization Name**

# Is your organization a LWSD Recognized Partner?

Yes

No

My organization is in the process of becoming a Recognized Partner

Recognized Partner List: https://www.livewellsd.org/about/advanced-components/recognized-partner-list



# **Speaker 3 Position/Title**

# **Speaker 3 Email**

example@example.com

# **Speaker 3 Phone Number**

# **Speaker 3 Biography**

# Speaker 3 Twitter, LinkedIn, Facebook, Instagram, Blog, Company Website

# **Speaker 4 Name**

First Name

Last Name

# **Speaker 4 Pronouns**

She/Her

He/Him

They/Them

Other

# **Speaker 4 Role**

Speaker

Panelist



#### Moderator

#### **Speaker 4 Organization Name**

# Is your organization a LWSD Recognized Partner? Yes No My organization is in the process of becoming a Recognized Partner Recognized Partner List: https://www.livewellsd.org/about/advanced-components/recognized-partner-list **Speaker 4 Position/Title Speaker 4 Email** example@example.com **Speaker 4 Phone Number Speaker 4 Biography** Speaker 4 Twitter, LinkedIn, Facebook, Instagram, Blog, Company Website **Submitter contact information** Name \*



First Name

Phone Number \*

#### **Email** \*

Please make sure you regularly check this email account, as organizers will use it to contact you – along with speakers – regarding this submission.

# Acknowledgement

Please read and acknowledge this document to assert the content originality of your submission and accept responsibility for your own risks at the 2025 Live Well Advance Conference and School Summit.

Submitting this form serves as acceptance of all conditions for participation listed herein. I hereby attest that the information submitted herein is original content, true, and accurate. In consideration of my and my organization's participation in the 2025 Live Well Advance Conference and School Summit (hereafter "event"), I acknowledge, understand, and agree that: (A) Participating in any large-scale event carries with it a level of risk; (B) Elements of nature and other environmental conditions are beyond the reasonable control of the sponsoring organization and its members; (C) The actions of participants are beyond the reasonable control of the sponsoring organization and its members; and (D) As a condition of my participation in the event, I will be responsible for exercising reasonable care for my own safety and for the safety of other participants and will abide by whatever rules, regulations, or guidelines are associated with the event. E) I agree to have my likeness and video presentation, in entirety or in part, recorded and distributed publicly.

Accordingly, I do hereby release, wave, absolve, discharge, and otherwise agree to hold harmless the following sponsoring organizations: Alliance Healthcare Foundation, Fruition Consulting, and the County of San Diego, its Officers, Sponsors, Agents, Employees & Volunteers, any production or management company associated with the event, including their representatives, volunteers, officers, directors, employees, officials, promoters, members, agents, and affiliates - in their corporate and individual capacities – (collectively "released parties") from and against any and all rights claims, demands, causes of action, obligations, suits, liens, damages or liabilities of any kind and character whatsoever, whether known or unknown, suspected or claimed, which I shall or may have in the future against the release parties arising out of, based on, related to, or connected with the my participation in the event.

I furthermore agree to indemnify and hold the released parties harmless from the payment of any and all judgments, settlements, costs, disbursements, and attorney fees associated with any released party having to defend or investigate any claim, action, or proceeding of any type arising out of my participation in the event, including, but not limited to, claims for breach of contract, negligence, strict liability, or otherwise.

My indemnification obligation and agreement to release from liability does not, however, absolve the released parties from any liabilities, damages, costs, disbursements, or attorney fees incurred due to their intentional or reckless conduct. I acknowledge that this release agreement is executed in exchange for the opportunity to participate in the event. I have read (or had read to me) this release agreement in its entirety and understand its implications. By voluntarily submitting this agreement, I understand that I may



be giving up substantial rights. Nevertheless, I agree to be bound by its terms and warrant that I have the full authority and capacity to do so

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• I acknowledge and agree

Please enter your full name \*

