

INNOVATION GRANT REQUEST FOR PROPOSAL (RFP)

**Submission Instructions**

* Review the [Innovation Grant Guidelines](https://gibhs.psychiatry.uw.edu/wp-content/uploads/2022/06/GIBHS-innovation-grant-guidelines_2022.pdf)
* Adhere to word limits
* Write for a lay audience (i.e., no unnecessary jargon and clear and engaging language)
* Send completed proposal to gibhs@uw.edu

**Proposal Components**

1. Letter of Intent (previously submitted; no need to submit again)
2. Application Form (pg. 2)
3. Project Budget (pg. 3)
4. Sign-off page (pg. 4)
5. Post-award and communications contacts (pg. 4)
6. Letters of Support -- optional (pg. 5)

**Review Criteria**
Proposals will be reviewed on the following criteria:

* Likelihood the project will help advance the Institute’s goals to improve brain health at a population level (i.e. significance and impact).
* Approach, innovation and feasibility of the idea.
* Qualifications of the project team and strength of collaborations.
* Appropriateness of the budget.
* Potential to generate additional funding / resources.

**GIBHS INNOVATION GRANT
APPLICATION FORM**

**Idea (Title):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background and significance.** Briefly describe your project and the challenge, problem, or barrier you seek to tackle. 300 words maximum.

**Aspiration for impact:** What is the transformational impact you seek to achieve with this initiative? Describe how this investment will enable your team to make a significant and enduring impact to improve brain health. 200 words maximum.

**Approach and feasibility:** Describe the core work you will pursue including use of preliminary data, methods, strategies and timeline. 1,000 words maximum.

**Project team.** Describe the team that will execute this project including relevant experience and qualifications that give you confidence you have the right team in place to execute this project. Also describe any anticipated formal or informal collaborations or partnerships (e.g. individuals, organizations, or institutions) and how they might work. 200 words maximum.

**Risks.** Describe the biggest risks to success and your intended mitigating strategies. 100 words maximum.

**Potential for future funding**. Describe the likelihood that results of this project will lead to additional funding or resources. 100 words maximum.

**Additional documentation**. You may include up to two pages of pictures, tables, figures, references, etc. that lend additional support to your proposal.

**GIBHS INNOVATION GRANT
PROJECT BUDGET**

Funding duration is one year from time of award execution. Detail expenses below and provide justification. Unallowable expenses include indirect/overhead costs and patent costs.

|  |  |  |
| --- | --- | --- |
|  | **Amount**  | **Justification (for salaries include role and FTE)** |
| **Salaries** |  |  |
| Person #1 |  |  |
| Person #2 |  |  |
| Person #3 |  |  |
| Person #4 |  |  |
| Person #5 |  |  |
| **Benefits (combined)**Fringe benefits based on payroll load rate in effect |  |  |
| **Supplies and Materials** |  |  |
| **Equipment** (items over $5,000)  |  |  |
| **Travel** Per diem lodging/meals/expenses, air fare, mileage, car rental |  |  |
| **Other** |  |  |
| **Optional Matching Funds (from department or other entity). Please note that Matching Funds are not required.** |  |  |
| **Total Direct Costs** (not to exceed $100,000 unless pre-approved or Project Lead has secured additional funding as a match) |  |  |

**GIBHS INNOVATION GRANT
SIGN-OFF PAGE** (for all co-investigators with FTE included in the budget)

 **Project Lead**

Department

Department Signature

(Chair or authorized signatory)

**Co-Investigator**

Department

Department Signature

(Chair or authorized signatory)

**Co-Investigator**

Department

Department Signature

(Chair or authorized signatory)

**Co-Investigator**

Department

Department Signature

(Chair or authorized signatory)

**OTHER CONTACTS**

**Post-award grant administrative contact/fiscal contact**

Name

Phone number

Email

**Department communications contact, if applicable (for publicity purposes)**

Name

Email

**GIBHS INNOVATION GRANT
LETTERS OF SUPPORT -- OPTIONAL**

Please provide up to three Letters of Support for your proposal.