

UW Medicine

INNOVATION GRANT REQUEST FOR PROPOSAL (RFP)

Submission Instructions

- Review the [Innovation Grant Guidelines](#)
- Adhere to word limits
- Write for a lay audience (i.e., no unnecessary jargon and clear and engaging language)
- Application submission procedures will be sent by email in the full proposal invitation

Proposal Components

- 1) Application Form (pg. 3)
- 2) Project Budget (pg. 4)
- 3) Sign-off page (pg. 5)
- 4) Post-award and communications contacts (pg. 6)
- 5) Letters of Support -- optional (pg. 6)

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, strength of collaborations and innovation of partnership
- Appropriateness of the budget
- Potential to generate additional funding / resources
- Likelihood of sustainability beyond grant funding

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**GIBHS INNOVATION GRANT
APPLICATION FORM**

Idea (Title): _____

UW Project Lead () Faculty () Fellow

Name _____

UW School/Department _____

UW Supporting Faculty Mentor, if a Fellow or Junior Faculty

Name _____

UW School/Department _____

Project Description: Briefly describe the challenge, problem, or barrier your project seeks to tackle and define your project aims and what you specifically hope to accomplish. 500 words maximum.

Partnership: Explain how your project develops and tests partnerships that extend the impact of mental health professionals in Washington State and why it is innovative. 200 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 how you will accomplish your work. Explain your project's use of preliminary data, methods, strategies and timeline. 1,000 words maximum.

Project team: Describe the team that will execute this project including yourself. Describe your team's relevant experience and qualifications that give you confidence you have the right team in place to execute this project. 200 words maximum.

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

Future Potential: If funded, what is the potential to sustain your project beyond the grant funding? 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)
UW Salaries		
Person #1		
Person #2		
Person #3		
Person #4		
Person #5		
UW Benefits (combined) Fringe benefits based on payroll load rate in effect		
Subcontracts Expenses for outside organizations (e.g., salaries, benefits, travel, supplies, etc.)		
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 _____

UW Department _____

Department Signature _____
(Chair or authorized signatory)

Co-Investigator _____

Department/Organization _____

Department/Organization Signature _____
(Chair or authorized signatory)

Co-Investigator _____

Department/Organization _____

Department/Organization Signature _____
(Chair or authorized signatory)

Co-Investigator _____

Department/Organization _____

Department/Organization Signature _____
(Chair or authorized signatory)

OTHER CONTACTS

Post-award grant administrative contact/fiscal contact

Name _____

Phone number _____

Email _____

Department/organization communications contact, if applicable (for publicity purposes)

Name _____

Email _____

Name _____

Email _____

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

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