GARVEY INSTITUTE FOR
BRAIN HEALTH SOLUTIONS

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

This page left intentionally blank

GIBHS INNOVATION GRANT
APPLICATION FORM

Idea (Title): _____

UW Project Lead: _____

Area of focus: ( ) AI applications for behavioral health ( ) Inpatient hospitalization discharge and integration

Funding Tier: ( ) Tier 1 ( ) Tier 2

Funding Request $ _____

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 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. 200 words maximum.

Future Potential: If funded, what is the potential to sustain your project beyond the grant funding? 200 words maximum.

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

For artificial intelligence for behavioral health applications only:

Responsible use of artificial intelligence
Describe how your project's use of artificial intelligence will be responsible, compliant (with relevant laws, regulations and policy), ethical and balance potential benefit with potential risks. If your research involves integrating generative AI, including large language models, with the clinical environment, please review the UW Medicine Interim Guidance for Generative AI in the Healthcare Setting. All applicants may find the UW Medicine Large Language Models Workgroup final report useful. 500 words maximum.

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 $25,000 for Tier 1 projects or $100,000 for Tier 2 projects unless pre-approved or Project Lead has secured additional funding as a match)		

GIBHS INNOVATION GRANT
SIGN-OFF PAGE (for Project Lead and all co-investigators)

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 _____

GIBHS INNOVATION GRANT
LETTERS OF SUPPORT -- OPTIONAL

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