


# 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
- 2) Project Budget
- 3) Sign-off page
- 4) Post-award and communications contacts
- 5) Letters of Support -- optional

### 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

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**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:**

**Necessity of artificial intelligence**

Describe how the use of artificial intelligence is the best or only way to complete the objectives of your project. 200 words maximum.

**Responsible use of artificial intelligence**

Describe how your project's use of artificial intelligence will be responsible, compliant (with relevant laws, regulations and policy) and ethical. Please articulate the potential risks of your project and describe how your project balances those risks with potential benefit. 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.**

	<b>Amount</b>	<b>Justification (for salaries: include role and FTE)</b>
<b>UW Salaries</b>		
Person #1		
Person #2		
Person #3		
Person #4		
Person #5		
<b>UW Benefits (combined)</b> Fringe benefits based on payroll load rate in effect		
<b>Subcontracts</b> Expenses for outside organizations (e.g., salaries, benefits, travel, supplies, etc.)		
<b>Supplies and Materials</b>		
<b>Equipment</b> (items over \$5,000)		
<b>Travel</b> Per diem lodging/meals/expenses, air fare, mileage, car rental		
<b>Other</b>		
<b>Optional:</b> Matching Funds (from department or other entity). Please note that Matching Funds are not required.		
<b>Total Direct Costs</b> (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.