Health Innovation Funding Investment (HIFI) Awards

Proposal Form Template

***Note: You may use this application form template as a worksheet to prepare your proposal. However, you are required to submit the full application online at:*** [***https://ubc.ca1.qualtrics.com/jfe/form/SV\_8iH2ipKeIXZzavQ***](https://ubc.ca1.qualtrics.com/jfe/form/SV_8iH2ipKeIXZzavQ)***.***

# Applicant Information

## Principal Applicant\*

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Email** |  |
| **Department/School** |  |
| **Faculty** |  |

## Co-Applicant(s)

|  |  |
| --- | --- |
| **Name(s), Title, Department, Faculty** |  |
|  |
|  |
|  |

\*Note: The **principal applicant** must be a UBC faculty member; trainees and staff can be co-applicants. Co-applicants must include faculty members and/or trainees from at least two different UBC faculties.

## Nature of the Collaboration

Does this represent a new or existing collaboration? New Existing

Does the project include trainees? Yes No

Do you wish to be considered for the healthy aging funding stream? Yes No

# High-Level Proposal Summary

## Title (limited to 150 characters including spaces)

Provide a brief title for your proposed health innovation.

|  |  |
| --- | --- |
| **Title** |  |

## Intended Outcome (limited to 400 characters including spaces)

In one or two sentences, what outcome (value, benefit, change) will this health collaboration deliver? It is not expected that the value is monetary or that this be a research project (e.g. outcome could be a grant submitted).

|  |  |
| --- | --- |
| **Intended Outcome** |  |

## Amount Requested

Indicate the amount of funding requested from the HIFI Award, ranging from $10,000 to $25,000. There is room for budget details and assumptions in the other sections below.

|  |  |
| --- | --- |
| **Amount** | $ |

## Interdisciplinary Collaboration (limited to 1500 characters including spaces)

To give a sense of the interdisciplinary nature of the collaboration, describe briefly the role of team members and how each will contribute to the project. The role of trainees should be included.

|  |  |
| --- | --- |
| **Team Member** | **Role and Contributions** |
|  |  |
|  |  |
|  |  |

## Equity, Diversity, and Inclusion (limited to 1500 characters including spaces)

Indicate briefly how this project meets equity, diversity, and inclusion principles through the collaborative team and/or the initiative deliverable.

|  |  |
| --- | --- |
| **Equity, diversity, and inclusion** |  |

# Proposal Details

## Context (limited to 1500 characters including spaces)

Describe the health innovation context or background with emphasis on the issue or opportunity it seeks to address.

|  |  |
| --- | --- |
| **Context** |  |

## Healthy Aging (limited to 1000 characters including spaces)

If you would like your application to be considered for the healthy aging funding stream, explain how the proposed project addresses health challenges related to aging. This rationale will be used to determine if your application is eligible for the healthy aging funding stream.

Please refer to the World Health Organization’s [definition](https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability) of healthy aging.

|  |  |
| --- | --- |
| **Healthy Aging** |  |

## Initiative Scope (limited to 1500 characters including spaces)

Briefly describe the specific work that will be done, i.e. how the funding will be used.

|  |  |
| --- | --- |
| **Scope** |  |

## Initiative Deliverable(s) (limited to 1500 characters including spaces)

Describe the end result or “product” of this health initiative, e.g. grant application, workshop, KT product. Please include your anticipated delivery date for this end result.

|  |  |
| --- | --- |
| **Deliverable(s)** |  |

# Resources

## Budget

Provide a budget showing **major** categories of spending. You are not expected to have other funds available, but if you plan to combine HIFI funds with other sources, please note those below.

|  |  |
| --- | --- |
| **Item and justification** | **Amount** |
|  |  |
|  |  |
|  |  |
| Total budget |  |
| Amount funded through other means (if any) |  |
| **Amount requested from the HIFI Award** |  |

## Budget Assumptions

Explain any budget assumptions or contingencies that could affect the initiative. If this does not apply, just indicate “N/A”.

|  |  |
| --- | --- |
| **Assumptions / Contingencies** |  |

## Faculty Responsibility

Indicate which unit will be responsible for managing the award funds.

|  |  |
| --- | --- |
| **Faculty Responsible** |  |

Please note: It is assumed that there will be no new space and no new specialty IT services required for this initiative.