Health Innovation Funding Investment (HIFI) Awards

Proposal Form

Email the completed proposal form to Veronica Grant, Project Coordinator, UBC Health at veronica.grant@ubc.ca by October 14, 2022.

# Applicant Information

## Principal Applicant\*

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

## Co-Applicant(s)

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

## 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 health equity funding stream? | Yes |  | No |  |

\*Please 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.

# High-Level Proposal Summary

## Title

*Please provide a very brief title (<20 words) for your proposed health innovation.*

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

## Intended Outcome

*In one or two sentences (no more than 50 words), 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

*Please indicate the amount of funding requested from the HIFI Award, which can range from $10,000-$25,000. There is room for budget details and assumptions in other sections below.*

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

## Interdisciplinary Collaboration

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.

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

## Equity, Diversity and Inclusion

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

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

# Proposal Details (1 Page)

*Please limit this section to a single page (including the existing titles and section descriptions).*

## Context

*Describe in a couple of sentences the health innovation context or background with emphasis on the issue or opportunity it seeks to address.*

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

## Initiative Scope

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

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

## Initiative Deliverable(s)

*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. It is not expected that you have other funds available, but if you do plan to combine HIFI funds with other sources, please note those below.*

|  |  |
| --- | --- |
| **Item** | **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, please just indicate “N/A”.*

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

## Faculty Responsibility

*Indicate which unit will be responsible for the initiative.*

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

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