Innovators' Challenge

RESEARCH MODULE

This is an auto-fill form, using drop-down lists and text fields. For text fields you can either type directly onto the form or cut and paste from another file. All text will display in Arial 10 format, and no other formatting (e.g. bold) is possible. You can use the tab key to move from line to line. The character maximums (if listed) include spaces but not paragraph breaks.

Applicant Last Name	Applicant First Name
Applicant Email Address	VCH Research Institute Centre/Program
Clinical Department/Program	Clinical Position
Academic Department and Rank (if applicable)	Academic Rank

Work Mailing Address (include street, building, room number, and postal code)

Office Phone Number	Fax Number

Project Title

Location of Research Activity

Site	Building	Room #s

Signatures	
Applicant Signature	Date

Academic Department Head	Clinical Department Head
Name	Name
Signature	Signature
Date	Date
UBC Faculty Dean	**UBC Office of Research Services**
Name	Name
Signature	Signature
Date	Date

Applicant Name:

1. Abstract

Provide an overview of the problem, your proposed solution and the estimated impact your health care innovation will have. Use this space only [max. 2400 characters].

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2. Please detail how your project meets one or more of the following criteria:

Potential Impact: The project has extraordinary impact on or demonstrated benefits to patients or health care system. It has significant advantages to existing or potential competitors. Use this space only [max. 1600 characters].

Usability or translatability: It is feasible to implement by the health care system or easily adopted by the patient. There is no good alternative or other potential solution in the market. Use this space only [max. 1600 characters].

Applicant Name:

3. Description of development stage
Briefly describe your development stage, status in the project timeline and time horizon. Use this space only [max. 2400 characters].

Applicant Name:

4. Budget

Request up to $75,000 (one page maximum with specific details on how funds will be used).
Note: Refer to Guidelines for budget criteria.

Item	Amount
Personnel	
Equipment, Services and Supplies	
Communications and Publications	
Other (specify)	
Total requested (maximum $75,000)	