

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 (select one)	
Clinical Department/Program		Clinical Position	
Academic Department and Rank (if applicable)		Academic Rank	
<u>Work</u> 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
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Academic Department Head	Clinical Department Head
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Name	Name
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Signature	Signature
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Date	Date
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UBC Faculty Dean	UBC Office of Research Services
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Name	Name
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Signature	Signature
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Date	Date
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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].

Applicant Name:

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].

4. Description of development stage

What is the total budget to complete the next step of the development stage? How will you leverage funding from the Innovators' Challenge to further support development?

Applicant Name:

5. 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
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Personnel

Equipment, Services and Supplies

Communications and Publications

Other (specify)

Total requested (maximum \$75,000)
