

Application Requirements - Template

Health Equity Innovation Awards

Office of Health Equity

Instructions: Please provide the following application requirements in your completed application. You must submit your completed application as a single PDF file by Friday April 29, 2022. For additional information on the Health Equity Innovation Awards, please see the [OHE website](#).

Project Title: _____

Project Lead: _____

Project Lead Email: _____

Financial Lead: _____

Financial Lead Email: _____

Health Equity Challenge: What is the challenge related to health equity at VUMC that the proposed innovation addresses? (150 words max)

Rationale: Provide the justification for addressing your health equity challenge. Describe what the significance is and what potential gaps your proposed innovation intends to fill. (150 words max)

Proposed Innovation: Describe your proposed innovation, idea, or solution. How will the proposed innovation, idea, or solution address this challenge? (150 words max)

Collaborators, Strategies, and Tactics: Tell us about your internal team and external team (if applicable) and plans for getting the work done. (150 words max)

Measuring Impact: Provide an overview of what you feel your project can achieve. (150 words max)

Project Objectives and Activities: Provide details about the project's objectives and activities and tie them back to the project goals. Please use the table below as a model for sharing this information. You can share the information in the table format or as a narrative broken down by goal, [S.M.A.R.T. objective\(s\)](#), and activities.

Goal	S.M.A.R.T. Objective(s)*	Activities**
<i>Goal 1</i>	<i>Objective 1.1</i>	<i>Action 1</i> <i>Action 2</i> <i>Etc.</i>
	<i>Objective 1.2</i>	<i>Action 1</i> <i>Action 2</i> <i>Etc.</i>
<i>Goal 2</i>	<i>Objective 2.1</i>	<i>Action 1</i> <i>Action 2</i> <i>Etc.</i>

*S.M.A.R.T. Objective(s) – Specific, Measurable, Achievable, Relevant, Time-Bound

**Activities – what actions support achieving the objective(s)?

Proposed Budget and Budget Justification: Please use the budget template below and include a brief budget justification for each line item that explains the rationale for the funds requested. The maximum funding level is up to \$10,000. Project support will come directly from the OHE cost center for effort and/or non-personnel expenses. OHE will need to ensure costs are allowable per VUMC policies.

Proposed Budget		
Item Description	Cost	Justification
<i>Ex. Salary</i>		
<i>Consultants</i>		
<i>Supplies</i>		
<i>Print/Copy</i>		
<i>Postage</i>		
<i>Etc.</i>		
Total Amount:		

Things To Keep in Mind: To make the utilization of funds as seamless as possible and to ensure that grant funds are used appropriately, regular check-ins with the Office of Health Equity’s financial team will occur every three months from project launch through project completion. Funds are available to use immediately after your launch date but must be used prior to June 12th, 2023. Funds cannot be rolled over to the following fiscal year.