**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 May 17, 2021. For additional information on the Health Equity Innovation Awards, please see the [OHE website](https://www.vumc.org/healthequity/health-equity-innovation-awards).

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Lead Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Lead Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**Project Goal(s):** Provide an overview of the proposed project goal(s). What is the intended health equity impact of the project? (150 words)

**Project Team:** Tell us about your team and plans for getting the work done. (150 words)

**Project Objectives and Activities**: Provide detail about the project’s objectives and activities and tie these 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 narrative broken down by goal, objective, activity.

|  |  |  |
| --- | --- | --- |
| **Goal** | **Objective(s)\*** | **Activities\*\*** |
| *Goal 1* | *Objective 1.1* | * *Action 1* * *Action 2* * *Etc.* |
|  | *Objective 1.2* | * *Action 1* * *Action 2* * *Etc.* |
| *Goal 2* | *Objective 2.1* | * *Action 1* * *Action 2* * *Etc.* |

\*Objective(s) – what steps will be taken to achieve your goal and/or goal(s)?

\*\*Activities – what actions are involved that lead to the intended impact?

**Timeline**: Provide a high-level timeline for completion of the project.

**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 in the budget. 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 |
| *Ex. Salary* |  |  |
| *Consultants* |  |  |
| *Supplies* |  |  |
| *Print/Copy* |  |  |
| *Postage* |  |  |
| *Etc.* |  |  |
|  |  |  |
| Total Amount: | | |

**Things To Keep In Mind:** In order 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 13th, 2022 and cannot be rolled over to the following fiscal year.