GLOBAL INNOVATION FUND
RESEARCH APPLICATION

Please save all application materials as a single PDF and email to uwgif@uw.edu.
Application overview is available at uw.edu/globalaffairs/gif
Deadline for applications: November 1, 2019 at 5:00pm
Questions? Email uwgif@uw.edu.

PROJECT INFORMATION
Title:
Project location(s):

Applicants:

Name:	**Department:**
Title:	**Email:**

Name:	**Department:**
Title:	**Email:**

Name:	**Department:**
Title:	**Email:**

Name:	**Department:**
Title:	**Email:**

Name:	**Department:**
Title:	**Email:**

Non-UW Collaborators:

Name:	**Institution:**
Name:	**Institution:**
Name:	**Institution:**
Name:	**Institution:**
Name:	**Institution:**

APPLICATION

1. Provide an abstract of your project, outlining goals and timeline. (300 word max)

2. How does your proposal align with UW strategic initiatives? (Race & Equity initiative, UW Innovation Imperative, Population Health initiative, American Indian and Indigenous studies) (150 word max)

3. Will your project include work with any of the following areas?
a. Kenya: ☐ Yes ☐ No   **b. Asia:** ☐ Yes ☐ No

4. Describe any cross-college collaboration in your project. (250 word max)

5. Describe the international collaboration in your project. (250 word max)

6. How will award funds be used to reach your goals? (250 word max)

7. Will this project lead to any of the following? If so, please briefly describe. (250 word max)
- Development and submission of a collaborative proposal for external funding
- Development and submission of a collaborative scholarly publication
- Development of new collaborative curricular programs (degree programs, courses, faculty exchanges)
- Increased engagement in regions of the world where the UW already has academic partnerships and collaborative activities

8. Describe plans for managing this project after the award, or sustaining this effort after funding. (250 word max)

BIOSKETCHES

Provide a brief overview of research interests and applicable experience for applicants and collaborators. Please use no more than 70 words per individual.

BUDGET

EXPENSES
Provide a breakdown of expected costs. Please note: funds cannot be used toward the purchase of alcohol. For academic student employees or postdoc trainees, please include the fringe benefit load rate as part of the cost calculation.

Item/description	Amount
Total expenses:	

COST SHARE

Department	Amount
Total departmental cost share:	

TOTAL EXPENSES: $_____
TOTAL COST SHARE   Percentage: _____% $_____
TOTAL REQUESTED FROM GLOBAL INNOVATION FUND: $_____

BUDGET NOTES

DEPARTMENTAL ENDORSEMENT AND MATCHING FUNDING

Applicants must demonstrate the support of their department chair and dean. Electronic signatures, including PDF copies of email endorsements, are acceptable. Please attach these to your application.

Total cost share must equal at least 25% of the proposal cost. If the applicant's department is contributing funds, please include a department business administrator contact and attach an email PDF acknowledging their support.

Applicant: **Department:**
Dept. chair name: **Email:**
Dept. chair signature: _____
Dean name: **Email:**
Dean signature: _____
Business admin name: **Email:**
Business admin signature: _____
Departmental cost responsibility: $

Applicant: **Department:**
Dept. chair name: **Email:**
Dept. chair signature: _____
Dean name: **Email:**
Dean signature: _____
Business admin name: **Email:**
Business admin signature: _____
Departmental cost responsibility: $

Applicant: **Department:**
Dept. chair name: **Email:**
Dept. chair signature: _____
Dean name: **Email:**
Dean signature: _____
Business admin name: **Email:**
Business admin signature: _____
Departmental cost responsibility: $

Applicant: **Department:**
Dept. chair name: **Email:**
Dept. chair signature: _____
Dean name: **Email:**
Dean signature: _____
Business admin name: **Email:**
Business admin signature: _____
Departmental cost responsibility: $

Applicant: **Department:**
Dept. chair name: **Email:**
Dept. chair signature: _____
Dean name: **Email:**
Dean signature: _____
Business admin name: **Email:**
Business admin signature: _____
Departmental cost responsibility: $