

Well-Being Grants Application 2024

Start of Block: Contact Information

Project Author/Main Contact. Medical Students and Graduate Students, please have a non-student faculty, trainee, or staff member as the project main contact.

- Faculty (1)
 - Postdoc (2)
 - Staff (3)
 - Trainee (4)
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Main contact name



Main contact work email

Secondary contact name (optional)



Secondary contact email (optional)

End of Block: Contact Information

Start of Block: General Information

Entity

- Airlift Northwest (1)
 - Fred Hutchinson Cancer Center (2)
 - Harborview Medical Center (3)
 - Seattle Children's Hospital (4)
 - School of Medicine (5)
 - UWMC - Montlake (6)
 - UWMC - Northwest (7)
 - UW Medicine Primary Care (8)
 - UW Medicine Shared Services (9)
 - UW Physicians (10)
 - Valley Medical Center (11)
 - Other - not on the list above (12)
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Please select your School of Medicine Department

- Anesthesiology and Pain Medicine (1)
- Biochemistry (2)
- Bioethics and Humanities (3)
- Bioengineering (4)
- Biological Structure (5)
- Biomedical Informatics and Medical Education (6)
- Comparative Medicine (7)
- Dean of Medicine (8)
- Emergency Medicine (9)
- Family Medicine (10)
- Genome Sciences (11)
- Global Health (12)
- Health Metrics Sciences (13)
- Immunology (14)
- Laboratory Medicine and Pathology (15)
- Medicine (16)
- Microbiology (17)
- Neurological Surgery (18)
- Neurology (19)
- Obstetrics and Gynecology (20)
- Ophthalmology (21)

- Orthopaedics and Sports Medicine (22)
- Otolaryngology/Head and Neck Surgery (23)
- Pediatrics (24)
- Pharmacology (25)
- Physiology and Biophysics (26)
- Psychiatry and Behavioral Sciences (27)
- Radiation Oncology (28)
- Radiology (29)
- Rehabilitation Medicine (30)
- Surgery (31)
- Urology (32)
- Other (33)

If WWAMI location, please type city or site

Department/Unit

Do you have a leader who supports the implementation of this project? List their name below.

Did you receive a grant last year?

Yes (1)

No (2)

Are you applying for a continuation or expansion of your previous grant project?

Yes (1)

No (2)

What was the title of your previous grant project?

What is the title of your proposed grant project?

Who will benefit from this project (target audience)?



How many people will be impacted by this project?

End of Block: General Information

Start of Block: Project Proposal

The following questions will ask for a detailed outline of your project. Your responses will be limited by character count to help our review team efficiently manage and evaluate all proposals. We encourage you to draft up your proposal in a Word document for your own records and then copy and paste the content into the text boxes provided. Your project should align with at least one of the following themes of well-being:

Community Building – strengthening connection, collaboration, gratitude, and appreciation across UW Medicine, while also fostering a culture of diversity, equity, and inclusion

Enhanced Workflow – streamlining processes and communication channels to make the work easier for our teams.

Culture of well-being – fostering authentic leadership, supportive structures, personal and professional development, and ensuring physical and psychological safety, to integrate well-being into the core of who we are and how we operate

Which specific UW Medicine well-being goal(s) does this project align with most closely? Check all that apply.

- Community Building (1)
- Enhanced Workflow (4)
- Culture of Well-being (5)



Please provide a brief background describing the need your proposed project will address. (350 word limit / approx. 1750 - 2275 character range)



Provide a brief description of your proposed project, including clearly delineated goal(s) or aim(s). (350 word limit / approx. 1750 - 2275 character range)



Provide a brief description of how you will evaluate whether or not your project met its intended goals. (200 word limit / approx. 1000 - 1300 character range)



Explain how your project aligns with the well-being goals (system optimization, collaborative leadership, growth, resources, safety, and/or community) and how it will impact the UW Medicine/UW School of Medicine community. (200 word limit / approx. 1000 - 1300 character range)



Provide a detailed budget proposal of how the funds will be used. Please include a description of matching funds and/or any additional funds to support your project as applicable. (300 word limit / approx. 1500 - 1950 character range) As examples – please include venue costs, items to be purchased, food costs (please follow [UW per diem limits](#)).

End of Block: Project Proposal

Start of Block: Finance

To award funds for all grants, we will ultimately need the information below. As you apply, please fill out the information that you can. You will have the option to bypass questions if you are unsure, and will have a chance to complete this at a later date if needed. If you need further assistance please contact your manager or financial department.



What dollar amount are you requesting for this grant? Amounts can be between \$500 and \$5,000

Finance Contact Name



Finance Contact Email Address

Cost-Center ID. (A Cost-Center ID has 8 number of characters, with two letters followed by six numbers and is in this format: CC123456)

(UW Medicine Entity) Gift Worktag



When do you anticipate your project will need to receive funding to begin? Grant recipients will have until March 30th, 2026 to spend their well-being grant funds.

End of Block: Finance
