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Well-Being Grant Application Form

Demographic / General Info Section

Name of Project Author (this will be the main contact for future communications) (required)

First Name (required)

Last Name (required)

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

Role of Project Author (required)

- ☐ Faculty
- ☐ Postdoc
- ☐ Staff
- ☐ Trainee

Main contact work email (required)

Entity (required)

- ☐ Airlift Northwest
- ☐ Fred Hutchinson Cancer Center
- ☐ Harborview Medical Center
- ☐ Seattle Children's Hospital
- ☐ School of Medicine
- ☐ UWMC - Montlake
- ☐ UWMC - Northwest
- ☐ UW Medicine Primary Care
- ☐ UW Medicine Shared Services
- ☐ Other
- ☐ UW Physicians

If WWAMI location, please type city or site

Department or Unit (required)

If you have a leader who supports the implementation of this project, please list them here (required)

Has your department or unit received a well-being grant in a previous cycle? (required)

- ☐ Yes
- ☐ No

Title of your new grant project (required)

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

☐ Connection, Community, and Belonging

☐ Professional Development and Growth

Who will benefit from this project (target audience)? (required)

How many people will be impacted by this project? (required)

Project Proposal Section

Please provide a brief background describing the need your proposed project will address (350 word limit) (required)

Limit: 350 words

Provide a brief description of your proposed project, including clearly delineated goal(s) or aim(s) (350 word limit) (required)

Limit: 350 words

Explain how your project aligns with the well-being strategic priorities and how it will impact the UW Medicine / UW School of Medicine community (200 word limit) (required)

Limit: 200 words

Provide a brief description of any anticipated barriers you might face with executing this project and how you plan to address them. (200 word limit) (required)

Limit: 200 words

Finance Section

To award funds for all grants, we will ultimately need the information below. As you apply, please fill out the information that you can, but you will have a chance to complete this at a later date if needed.

What dollar amount are you requesting for this grant? Amounts can be between \$500 and \$2,000 (required)

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. As examples – please include venue costs, items to be purchased, food costs (please follow UW per diem limits). (300 word limit) (required)

Limit: 300 words

UW per diem guidelines: <https://finance.uw.edu/travel/perdiem>

Name of Cost Center Manager (leave this question blank if you are unsure)

Cost Center Manager's Email (leave this question blank if you are unsure)

Cost Center ID (leave this question blank if you are unsure)

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

Cost Center Name (leave this question blank if you are unsure)

Drafts may be visible to the administrators of this program.