

Apply for the Incyte Ingenuity Awards in Hidradenitis Suppurativa™

Applications are due March 31, 2027.

Thank you for your interest in the Incyte Ingenuity Awards (IIA) in Hidradenitis Suppurativa™ (HS). You can apply by filling out the below letter of intent and submitting it via email to IIAinHS@realchemistry.com or by filling out the online form [here](#). For a selected few, invited applicants will be asked to fill out a round two application form and respond to specific questions from the judging panel.

Before you begin to fill out your letter of intent, please ensure you review the:

- [Eligibility requirements and disqualification guidelines](#)
- [Judging criteria](#)



For any additional questions you may have, please review the [FAQs](#) or email IIAinHS@realchemistry.com.

01: Eligibility Check

Please select one of the below options to confirm how you and your organization are eligible for IIA in HS:

- ☐ I am applying on behalf of a non-profit 501(c)(3), patient, policy and caregiver organization
- ☐ I am a healthcare provider and/or junior faculty member of a healthcare organization and am applying on behalf of my institution
- ☐ I and/or my company is partnering with either a non-profit organization or a healthcare facility (i.e., hospitals, academic research centers, etc.) to apply for this award



In order to be eligible for the Incyte Ingenuity Awards in HS, you must fall within the above categories. If you have any questions, please email IIAinHS@realchemistry.com.

Is this an ongoing/existing established program/project?

- ☐ Yes ☐ No



Proposed programs or projects must be distinct from any established ones within the community. When completing the letter of intent, ensure your proposed initiative demonstrates a distinct function, format or approach from any similar programs in the community. If the focus of an initiative is to significantly expand on an existing program to meet unmet needs, include details on the proposed enhancements.

Does this application feature any program/project elements that would provide financial support, gifts or other items of monetary value to patients or HCPs?

- ☐ Yes ☐ No



Proposed programs/projects may not provide financial support, gifts, incentives, or other items of monetary value to patients or HCPs, either directly or indirectly. A stipend or similar financial support may not be provided to patients or HCPs to cover personal costs (e.g., travel, housing, etc.). If the program proposes to provide a stipend to patients or HCPs for services in connection with the project, the stipend amount and other relevant details must be detailed in the proposal.

02: Contact & Organization Information

Name of Organization

Contact Name

Job Title

Email Address

Phone Number

Address Line 1

Address Line 2 (optional)

City

State

ZIP

Organization Overview

Please use this space to provide an overview of your organization, team description, credentials/capabilities and list any partnering/colaborating organizations who will assist in executing this project. (100 words maximum)

Connection to the HS Community

Please explain your organization's involvement and relationship with the HS community. (100 words maximum)

03: Program/Project Overview

Program/Project Name

Program/Project Summary

Please provide a brief description of your proposed program or project, including the dissemination plan (if applicable). Where relevant, include sample or reference materials (e.g., prior work or draft concepts) to support the judges' review. (250 words maximum)

Program/Project Objectives & Measurable Outcomes

Please describe the objectives of your proposed program/project, anticipated outcomes/measures of success (short-term and long-term) and impact of the proposal. (250 words maximum)

Patient Impact

Please describe how your proposed program/project will impact patients and their experience with HS. (250 words maximum)

Award Selection

Please indicate which award you are applying for:

☐ up to \$35,000

- Applicants who are submitting for less than \$35,000 apply here and note scaling below.

☐ up to \$100,000

- Applicants who are submitting for less than \$100,000 but more than \$35,000 apply here and note scaling below. Projects must not exceed \$100,000.

Budget Breakdown

Please provide a brief, high-level breakdown of how the anticipated funding would be allocated across major budget categories (e.g., personnel, supplies, equipment, other direct costs), with a short justification for each. (250 words maximum)

Could your proposed program/project be scaled for a lesser or larger award amount? If yes, you will be asked to provide additional details on how this amount would impact your program/project scope, intended deliverables, and other specific factors.

- ☐ Yes, my award can be scaled for a lesser or larger award amount (not to exceed \$100,000) and I would be willing to confirm how the different award amount will impact the proposed program/project.
- ☐ No, I am only interested in being considered for the award amount selected above.

Please describe how you heard about IIA in HS. (e.g., social media, a community member, etc.) (100 words maximum)



04: Acknowledgements

- ☐ I have read and agree to all terms of eligibility criteria, confirm that I am applying on behalf of, or in collaboration with, a non-profit 501(c)(3), patient, policy, and/or caregiver organization or a healthcare organization/facility (i.e., hospitals, academic research centers, etc.), and have secured the necessary approvals to apply on behalf of said organization.

Additionally, if you are the selected award recipient, you must:

- Accept recognition by signing an agreement with Incyte.
- Comply with Incyte policies and any federal, state, or local requirements regarding transparency, sponsorships, and/or charitable donations.
- Confirm that the total amount requested in funding does not exceed 25% of an organization's overall annual budget and does not include indirect costs.
- Be willing to have your likeness shared in an effort to raise awareness of the program and winners.
- Report on the progress of the initiative to the community (e.g., through webinar, virtual advocacy day at Incyte) at milestones previously agreed upon with Incyte.
- Conduct an interim and final review of the program/project with Incyte, including allocation of funding and results of the program/project.
- Assume sole responsibility for the payment of all federal, state, and local taxes and contributions imposed or required on income, unemployment insurance, social security, and any other law or regulation.
- Acknowledge that compensation and remuneration received pursuant to this program will be publicly reported by Incyte pursuant to any applicable transparency and aggregate spend laws or regulations as required.
- Acknowledge that if deadlines are unlikely to be met, Incyte must be informed within a predetermined timeframe, along with an explanation of the roadblock, proposed solution, and an updated execution timeline.
- Acknowledge that in subsequent years of the awards program, the award recipient may be asked to serve as a resource to future award recipients to share key learnings and insights.

- ☐ I have read and agree to all terms as outlined above.

