

# Apply for an Incyte Ingenuity Award in GVHD

Applications are due June 24, 2023.

You can apply for an Incyte Ingenuity Award in GVHD by filling out the below letter of intent and submitting it via email to [IncyteIngenuity@VOZAdvisors.com](mailto:IncyteIngenuity@VOZAdvisors.com).

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 us at [IncyteIngenuity@VOZAdvisors.com](mailto:IncyteIngenuity@VOZAdvisors.com).

## 01: Eligibility Check

### Are you eligible for an Incyte Ingenuity Award in GVHD?

Please select one of the below options to confirm how you and your organization are eligible for an Incyte Ingenuity Award in GVHD:

I am applying on behalf of a non-profit 501(c)(3), patient, policy, and caregiver organization

I am a healthcare provider and/or mid-level/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 (ie, hospitals, academic research centers, etc) to apply for this award

Other

 In order to be eligible for an Incyte Ingenuity Award in GVHD, you must fall within the above categories. If you have any questions, please email [IncyteIngenuity@VOZAdvisors.com](mailto:IncyteIngenuity@VOZAdvisors.com).

## 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 and/or collaborations organization, team description, and credentials/capabilities. (100 words maximum)*

**Connection to the GVHD Community**

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

Does your proposed project involve collaboration with another organization or cross-functional team from another department?

Yes    No

If yes, please provide the name of the partnering organization or cross-functional team.

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# 03: Project Overview

Project Name

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## Project Summary


Please share a short description of your project. (100 words maximum)

## Project Objectives

Please describe the objectives of your project. (250 words maximum)

Is this an ongoing/existing established program/project?

Yes    No

 Proposed programs/projects must be separate from any existing established/ongoing activities, with the exception of considerably expanding an existing program.

## Award Selection

Please indicate which award you are applying for:

\$35,000 Incyte Ingenuity Award in GVHD     \$100,000 Incyte Ingenuity Award in GVHD

Are you interested in being considered for the either of the award amounts? If yes and you are selected for a different amount than initially selected, you will be asked to confirm how the new amount will impact your project scope, intended deliverables, and other project-specific factors.

Yes, I am interested in being considered for either award and will be willing to confirm how the different award amount will impact the proposed project.

No, I am only interested in being considered for the award amount selected above.

Did you previously apply for an Incyte Ingenuity Award in GVHD?

Yes    No

## 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 (ie, 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 funding and does not include indirect costs.
- Report on the progress of the initiative to the community (eg, through webinar, virtual advocacy day at Incyte) at milestones previously agreed upon with Incyte.
- Conduct an interim and final review of the project with Incyte, including allocation of funding and results of the 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.

