

# Apply for an Incyte Ingenuity Award in Vitiligo

Applications are due **October 31, 2022**.

Before you begin your application, please ensure you meet the [eligibility requirements](#) and have reviewed the [judging criteria](#).

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

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 Vitiligo?

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

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

## 02: Contact & Organization Information

Name of Organization

Contact Name

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Job Title

Email Address

Phone Number

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Address Line 1

Address Line 2 (optional)

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City

State

ZIP

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### Organization Overview

Please use this space to provide an overview of your organization and/or collaborator's organization, team description and credentials/capabilities.

### Connection to the Vitiligo Community

Please explain your organization's involvement and relationship to the vitiligo community.

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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### Award Selection

Please indicate which award you are applying for:

 In 2022, two Incyte Ingenuity Awards are being offered that will fund two innovative ideas of different scales to support the vitiligo community. When applying, please note that applicants can ask for less than the total award amount – meaning proposals can be less than \$35,000 and/or \$100,000 and are still eligible.

**Up to \$35,000** Incyte Ingenuity Award in Vitiligo

**Up to \$100,000** Incyte Ingenuity Award in Vitiligo

Are you interested in being considered for either of the vitiligo 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.

# 03: Project Proposal

Project Name


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Project Summary

*Please share a short description of your project (100 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.*

Project Description

*Please describe in detail your project and how it exhibits an innovative approach to addressing a specific need in the US vitiligo community (1000 words maximum).*

### Project Objectives

Please describe the objective of your project and what success would look like for the US vitiligo community (500 words maximum).

### Project Funding

Total award amount requested

\$ \_\_\_\_\_

 Total amount requested in funding **cannot** exceed either award maximum amount or 25% of an applying organization's overall funding. Additionally, proposed program budgets **cannot** include indirect costs.

Total award amount requested can be less than the selected award amount – meaning proposals can be less than \$35,000 and/or \$100,000 per award and are still eligible.

### Budget Breakdown

Please provide a top-line budget breakdown of the proposed project, including all items and resources with budget allotments and appropriate justifications (500 words maximum).

### Timeline

Please provide a realistic high-level timeline of milestones to execute the initiative within one year of selection and how the project funding will be used throughout the calendar year.

**Measuring Success**

*Please detail how the success of this proposed project will be measured as it addresses a specific need facing the US vitiligo community (500 words maximum).*

**Potential Barriers**

*Please identify any potential organizational barriers or challenges in execution as well as any capacity-building needs to launch initiative (500 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 (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, 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.

 Before submitting your application via email to [IncyteIngenuity@VOZAdvisors.com](mailto:IncyteIngenuity@VOZAdvisors.com), please ensure all information is accurate and correct, as you will not be able to edit or revisit your application after submitting.

You will receive a confirmation once your application has been received by our review team.

- I have read and agree to all terms as outlined above. By checking the box, I agree that the information contained in this application is accurate and correct. I understand that I will not be able to edit or revisit my application after submitting it via email to [IncyteIngenuity@VOZAdvisors.com](mailto:IncyteIngenuity@VOZAdvisors.com).