


Apply for an Incyte Ingenuity Award in Vitiligo

Applications are due **October 31, 2023**.

Thank you for your interest in the Incyte Ingenuity Award in vitiligo. You can apply by filling out the below letter of intent and submitting it via email to incyteingenuityawards@realchemistry.com. Based on a review of the letter of intent, applicants will be invited to submit a detailed second round application form with questions from the judging panel.

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

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

 Before submitting your letter of intent, please ensure that all information is accurate and correct, as you will not be able to edit the letter of intent after submitting it. For questions, please review the [FAQs](#) or email us at incyteingenuityawards@realchemistry.com.

Letter of Intent

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 in vitiligo:

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 (i.e., hospitals, academic research centers, etc.) to apply for this award

 In order to be eligible for an Incyte Ingenuity Award in vitiligo, you must fall within the above categories. If you have any questions, please email incyteingenuityawards@realchemistry.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 collaboration organization, team description, credentials/capabilities, and any anticipated outcomes. (100 words maximum)

Connection to the Vitiligo Community

Please explain your organization’s involvement and relationship with the vitiligo 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.

03: Project Overview

Project Name

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:

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 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.

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

Yes No

 Proposed programs/projects may not provide financial support, gifts, or other items of monetary value to patients, either directly or indirectly.

Did you previously apply for an Incyte Ingenuity Award in vitiligo in 2022?

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 (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 percent 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

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

