

How to fill out the application form

STANFORD CANCER CENTER Clinical Innovation Fund – Application Form

Project Title

Principal Investigator Name & Degree

PI Email

PI Title

PI Phone

PI Department / Division / Org

Financial Contact information
(Name, Email, Phone Number)
Application reviewed and approved by finance contact prior to submission

These fields are all required and must be filled out with the PI's information.

The Financial Contact for the PI may be the Department DFA or CCBO Team Member. Proposal must be approved by finance.

CCP

BMT Breast Cutaneous GI Gyn
 Hematology Head & Neck Lymphoma Neuro Rad Onc
 Sarcoma Thoracic Urology Endocrine Network Site:

CCP: Select your CCP or the CSL Member/Affiliate's CCP.

Checklist

Application form
 Abstract
 Benchmarks
 Deliverables
 Key Personnel
 Budget Justification
 Budget

Topic (Choose one)

Promoting Clinical Outreach/Volume
 Improving the Patient Experience
 Quality Improvement
 Survivorship Program
 Cost Reduction
 Cancer Care Seminar
 Patient Education
 Promoting Equity & Addressing Health Disparities

Submission Deadline

January 31, 20__
 July 31, 20__

Select the appropriate response under each h heading.

Are other resource departments involved in the project? Resource departments must be consulted prior to submission of application. Proposals may be returned if you have not reached out to the appropriate resource departments prior to submission of your application. If you have questions about your project's resource needs, please email cif@stanfordhealthcare.org.

Resource Dept.	N/A	Consulted Prior to Application Submission?		Contact Person	Notes
		Y	N		
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SHC IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Epic IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clinic Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

RESOURCE DEPTS: If your project is associated with other departments or require the assistance of other resource departments, please inform whether you have/have not consulted with the dept prior to submitting your application.

Please email completed application to CIF@stanfordhealthcare.org

Abstract

ABSTRACT: Provide a brief (no more than 250 words overview of your proposal.

Benchmarks

BENCHMARKS: What measures will you use to measure the success of your proposal?

Deliverables

DELIVERABLES: What do you intend to achieve through the completion of your proposal?

Key Personnel (Names and Titles)

KEY PERSONNEL: List all individuals who will be involved in the project here.

Project Timeline (Provide a general schedule to complete project tasks and deliverables.)

1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PROJECT TIMELINE: Provide a general schedule to complete project tasks and deliverables.

Please email completed application to CIF@stanfordhealthcare.org



PROPOSAL: Provide a detailed explanation of your proposal. Additional pages can be added if needed.

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						From	Through	
List PERSONNEL (Applicant organization only) Use Cal, Acad, or Summer to Enter Months Devoted to Project Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits								
NAME	ROLE ON PROJECT	Cal Months	Acad. Months	Summer Months	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
SUBTOTALS →								
CONSULTANT COSTS								
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by category)								
TRAVEL								
INPATIENT CARE COSTS								
OUTPATIENT CARE COSTS								
ALTERATIONS AND RENOVATIONS (Itemize by category)								
OTHER EXPENSES (Itemize by category)								
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD								



BUDGET: A budget proposal should be submitted with each proposal. Salary and fringe benefit information must be provided for all project team members.

Budget Justification If requesting salary support for a position, will the employment of the position end once the funding from CIF is over? If not, who will be responsible for the continuation of salary?



BUDGET JUSTIFICATION: Provide details regarding your requested budget here.