



APPLICATION FORM – ROUND 1

The 2022 'Precision Oncology Patient Innovation Awards', supported by Bayer, include three grants – each for up to \$30,000. Grants will be awarded to innovative and collaborative programs designed to address one or more barriers to precision oncology care. Programs may be relevant to lung cancer, thyroid cancer, and/or genomic biomarker testing.

Proposed initiatives should aim to address specific inequalities and barriers, which can impact patient outcomes.

Interventional clinical trials and translational research studies are not included in the Awards. For information on how Bayer supports other forms of scientific partnership, please visit their corporate website.

Please read the Program Criteria carefully before completing the form below. One form should be completed per program.

All applications must be received by midnight EST on June 10th, 2022. Applications received after this date will be deemed invalid. Please email completed application forms to: PrecisionOncologyAwards@VozAdvisors.com

Applicant Contact Information: (All fields must be completed)

PART A

Organization Name:

Organization criteria (please tick)

- Non-profit patient group
- Non-profit educational
- Institution/Hospital/clinic
- Research center
- Other: Please list

Project Lead Contact

Name: Title:

Email:

Phone:

Address of Organization:

Non-profit Designation of Lead Organization:

Yes [List designation e.g., 501(c)(3) status]

No – not applicable

Collaborative partner(s)
(Name, Organization): if applicable

Non-profit designation of Collaborative Partners: if applicable

Yes [List designation e.g., 501(c)(3) status]

No – not applicable

Proposed Initiative Name:

PART B

1. Please provide a brief summary of the proposed program, explaining its purpose and the defined unmet need/challenge you hope to address. [Please mention any future work you hope the completed program can lead to.] (Max 400 words)

2. Please list 2-4 planned objectives of this program: [Explain how the initiative is expected to impact patients/caregivers and/or healthcare behavior]

3. Briefly describe relevant experience of the primary members of the team who will execute this initiative, along with their credentials. [If you are collaborating with another individual/organization, how will roles/responsibilities be delegated?]

4. Will the project be additionally resourced outside of the grant amount? If so, please explain.

5. Please provide a short description of proposed metrics for evaluating the program

6. Please include a brief timeline that displays how your organization will conduct the initiative within one year of receiving funds and report on the program's progress and impact.

I confirm that this application meets the Program's eligibility criteria for consideration. By signing below, I attest that the responses entered in this form are true and accurate to the best of my knowledge:

Signature

Date