Connors Center IGNITE Awards

**2024 RESEARCH PROPOSAL COVER SHEET**

*Please submit this form via email to Patricia Gallegos at* *ConnorsCenter@bwh.harvard.edu*

*by 12pm on* ***November 10, 2023***

|  |  |
| --- | --- |
| **1-2 SENTENCE NARRATIVE IN LAY LANGUAGE** |  |
| **NEW OR OLD COLLABORATION** | [ ]  New Collaboration[ ]  Old Collaboration | **PLEASE INDICATE 3-5 KEYWORDS TO DESCRIBE THE DISEASE AREA, METHODOLOGY, AND PROJECT** |   |

|  |  |
| --- | --- |
| **PROJECT TITLE** |  |

***For BWH Investigator:***

|  |  |  |
| --- | --- | --- |
| **BWH INVESTIGATOR****BACKGROUND & CREDENTIALS** | Name, Degree; Email |  |
| BWH Department, Division |  |
| Academic Rank, Number of years  |  |
| Date PhD and/or MD awarded |  |
| **DIVISION CHIEF, DEPT. CHAIR, LAB. PI, OR MENTOR** | Name; Email |  |
| I have reviewed and approved this application (signature & date) |  |
| **DEPT. ADMINISTRATOR** | Name, Email |  |
| I have reviewed and approved this application (signature & date) |  |

***For MGB Investigator:***

|  |  |  |
| --- | --- | --- |
| **MGB INVESTIGATOR****BACKGROUND & CREDENTIALS** | Name, Degree; Email |  |
| MGB Institution, Department |  |
| Academic Rank, Number of years  |  |
| Date PhD and/or MD awarded |  |
| **DIVISION CHIEF, DEPT. CHAIR, LAB. PI, OR MENTOR** | Name; Email |  |
| I have reviewed and approved this application (signature & date) |  |
| **DEPT. ADMINISTRATOR** | Name; Email |  |
| I have reviewed and approved this application (signature & date) |  |

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**DEMOGRAPHICS FORM FOR APPLICANTS**

This form is ***optional***.  It will be separated from the rest of your application and will not be distributed to reviewers.  We are asking these questions to track the effectiveness of our advertising efforts with the intent to solicit a diverse pool of applicants.  Both investigators are welcome to fill out separate versions of this form.

1. **With which gender do you most closely identify?**

\_\_\_ Female

\_\_\_ Male

\_\_\_ Non-binary/Genderqueer

\_\_\_ I use another term \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Don’t Know

\_\_\_ Prefer not to say

1. **Are you someone with trans experience (meaning your gender identify does not align with your sex assigned at birth)?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Prefer not to say

1. **With which ethnic group do you most closely identify?**

\_\_\_ Hispanic/Latino

\_\_\_ Not Hispanic/ Not Latino

\_\_\_ Unknown

\_\_\_ Prefer not to say

1. **With which racial groups do you most closely identify?**

\_\_\_ American Indian or Alaska Native

\_\_\_ Asian

\_\_\_ Black or African American

\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_ White

\_\_\_ Unknown

\_\_\_ Prefer not to say

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**2024 LETTER OF INTENT (LOI) FORM**

(1-page maximum)

*Please address the following three questions as they relate to your proposed research:*

1. What is the major problem in medicine that you plan to study, and how does your proposal address either a female-specific or sex-differentiated question?
2. How do you plan on using this IGNITE Award to support your work to advance our understanding of novel diagnostics or therapeutics in women?
3. How do your previous experiences and accomplishments inform the current project?
4. Briefly describe the nature of the proposed collaboration and distribution of work and expertise.