



Wound Healing
Foundation

**Wound Healing Foundation Medline
Research Grant Innovation Award**

\$30,000

Application and Instructions

Deadline for Submission – February 28, 2019



Wound Healing Foundation

The Wound Healing Foundation (WHF), through the support of Medline Coriis Tissue Regeneration, is pleased to announce the call for applications for the 1st annual Wound Healing Foundation Medline Research Grant Innovation Award.

PURPOSE and TIMING

The purpose of this one-year, \$30,000 grant, is to stimulate innovative wound healing product development. This will be awarded to a young investigator doing wound healing research in the United States. In order to be considered for the Innovation Grant, all applications must be received by WHF no later than **11:59 p.m. on February 28, 2019**. Following a review by wound healing experts and then by the WHF Awards Committee, the successful applicant will be notified on or about **April 15, 2019**. The Innovation Award will be bestowed at the Wound Healing Society (WHS) Annual Meeting **May 2019** in San Antonio, Texas. The grant shall begin when the first of two payments (\$20,000) for the award is paid to the U.S. university or medical school accepting responsibility for the research environment (Sponsor), targeted for **July 1, 2019**. The second payment (\$10,000) for the award will be paid after the Foundation receives, reviews and approves a research milestone report describing the research and results thus far as well as subsequent experiments and actions that are planned. The milestone report is due after the first payment has been used or 9 months after first payment has been received, whichever comes first.

RESTRICTIONS, LIMITATIONS, AND APPLICANT / FELLOW RESPONSIBILITIES

The award is restricted because it is intended and designated solely for salary support or direct research costs. No part of the award may be used for indirect costs or the support of routine clinical duties. Further, the funds are to be exhausted by **June 30, 2020**, unless an exception to extend the term is granted by WHF in its sole discretion; if granted, the term of the extension will be based on the underlying facts and circumstances.

Applicants must satisfy the requirements set forth in **The Criteria**, complete the **Application form**, and provide all required **supporting documentation** as instructed and within the time limits stipulated.

The Innovation Award recipient is expected to both present the results at the WHS Annual Meeting occurring closest in time to the conclusion of the research and submit the completed research for publication in *Wound Repair and Regeneration*, *The International Journal of Tissue Repair and Regeneration*®. In addition, when publicly referencing the research, the Fellow is required to acknowledge the **Wound Healing Foundation Medline Research Grant Innovation Award** support by using of content to be provided by WHF.

WHF reserves the right to rescind the award at any time if the recipient fails to comply with the terms and conditions set forth herein and as provided in the submitted research application and supporting documentation.

The grant recipient and/or institution may commercialize the proposed innovation and may

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info@woundhealingfoundation.org

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entertain, accept or decline potential offers of licensing or purchase. There are no guarantees or promises of commercialization.

CRITERIA

1. Each applicant must be a U.S. citizen or have a green card as a permanent resident;
2. The applicant has a Ph.D., M.D. or equivalent degree and received it within the last 10 years;
3. The applicant must hold a full time tenured or non-tenured faculty appointment at a U.S. university or medical school and, at the time of the award, be within five (5) years of the initial faculty appointment.
4. The department chairperson must submit a letter** on letterhead describing the available research laboratory facilities and additional sources of salary support and research support, if any, protected time, significance of the research, and the applicant's qualifications. The letter must also state that Fellowship funds will be used for salary and direct costs only. Absence of this letter will exclude application from consideration.

** Letters of support can be included with the application materials or sent separately by e-mail to awards@woundhealingfoundation.org.

Letters must be emailed and received no later than **February 28, 2019**.

WHF MEDLINE INNOVATION RESEARCH GRANT APPLICATION INSTRUCTIONS

The completed application must be submitted along with the following supporting documentation:

1. Applicant's curriculum vitae and bibliography (Two page limit in NIH format style <http://grants.nih.gov/grants/funding/phs398/biosketchsample.pdf>).
2. Description of patent prior art search used (this can include key words) and how the proposed innovation differs from similar inventions. Include up to three patent filings or intellectual property (IP) descriptions/abstracts that are available for proposed innovation. (Description limit 1 page not counting filings or abstracts).
It is the responsibility of the submitter to ensure all documentation of the innovation/invention/IP has been filed with appropriate authorities.
It is also the responsibility of the submitter to obtain all required permissions to disclose this information to the Wound Healing Foundation.
3. Description of how the proposed innovation could be used as a unique wound therapy, device or treatment and what benefit it could bring to the wound community from patient and/or clinical perspective. (750 word limit)
4. Description of the research proposal: Use Arial 11 or Times New Roman 12 font. Proposal is limited to six (6) single-spaced pages (including any figures or tables) with margins at least 3/4 inch. The proposal should include *title of the research project, abstract (300 word limit), background and significance of this research, preliminary data, experimental approach (which should include experimental design, methodology, and expected results, alternative approaches in case problems are encountered) and a time line for the proposed work.*
5. Literature cited (2 page limit).
6. Plans for appropriate institutional approvals (e.g. IRB, IACUC or Animal Studies Committee). No funds will be distributed until the Wound Healing Foundation receives a copy of the appropriate institutional approval.
7. Letter of support from either the Department Chair or the applicant's Sponsor (see **Criteria**).
8. A current copy of applicant's and if appropriate, the Chair/Sponsor's Institutional Conflict of Interest Statement. If applicant does not have an Institutional Conflict of Interest Statement, a written statement about potential Conflict of Interest may be provided to the Wound Healing Foundation in relationship of scientific proposal and WHF Fellowship monies.
9. The application and all supporting documentation are **only** accepted by email as a single pdf file attachment. Submit applications to: awards@woundhealingfoundation.org
10. Submissions must be received before 11:59 PM, **February 28, 2019**. A received receipt email will be sent. If you do not receive an email receipt for the application, please resend to ensure submission. A letter of support can be sent to Awards Committee of the Wound Healing Foundation with the application or separately to: awards@woundhealingfoundation.org.

Only typed applications will be accepted

WHF Medline Research Grant Innovation Application

Title of Proposed Research: _____

Research Area _____

Applicant Name: _____ Current Position _____

Institution: _____

Mailing Address: _____

WHS Member Name: _____ Membership Number: _____

E-Mail: _____ Telephone: _____ Fax: _____

Date of Birth: _____ Nationality: _____

Undergraduate Education

Institution(s) Degree Date Received: _____

Medical or Graduate Education

Institution(s) Degree Date Received: _____

Other Graduate Education:

Institution(s) Degree Date Received: _____

Residency or Postdoctoral Training:

Institution(s) Degree Date Received: _____

Previous Research Experience (include institution, project, sponsor, and inclusive years), Special Honors or Awards:

References (Name and contact information)

1) _____

2) _____

3) _____

Have you applied for other sources of funding for this research? Yes _____ No _____

If yes, Name of organization: _____ Date: _____

If yes, what is the status of the application? _____

Applicant Signature: _____ Date: _____

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WHF Medline Research Grant Innovation Application

Applicant Name: _____

Department Chair Information: (See Criteria, (3)(a))

Name: _____

Institution: _____

Mailing Address: _____

E-Mail: _____ Telephone: _____ Fax: _____

Sponsor Information (See Criteria (3)(b))

Name: _____

WHS Member? _____ Membership Number: _____

Institution: _____

Mailing Address: _____

E-Mail: _____ Telephone: _____ Fax: _____

Sponsor's or Departmental Chair's Signature: _____ Date: _____

By signing below, we agree to indemnify, defend and hold harmless the Wound Healing Foundation and its sponsors and directors from any cause of action, complaint, or claim that arises in connection with our proposal.

Applicant's Signature: _____ Date: _____

Sponsor's or Departmental Chair's Signature: _____ Date: _____

By signing below, I understand that if awarded, I and/or institution may commercialize the proposed innovation and may entertain, accept or decline potential offers of licensing or purchase. I also understand that there are no guarantees or promises of commercialization.

Applicant's Signature: _____ Date: _____

By signing below I certify that the information provided is accurate, that I agree to be bound by the terms and conditions of the Grant if selected, and that I am in compliance with my Institution's Conflict of Interest Disclosure policies and procedures:

Applicant's Signature: _____ Date: _____

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