

General Information


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Title of Project


{{ submission.title }}

Executive Summary

State the application's broad, long-term objectives and specific aims with relevance to and how the project meets Jump ARCHES goals. Provide a succinct and accurate description of the proposed work that should be able to stand on its own (separate from the application). This section should be informative to other persons working in the same or related fields and understandable to a scientifically literate reader. Avoid both descriptions of past accomplishments and the use of the first person. Please be concise.

 The Jump ARCHES Applications are now divided into 2 tracks (Innovation or Translation). Based on the linked information select which tack aligns with your application.

- Innovation RFP Call
- Translational Research Call

 Select the type of award you are applying for

- Phase 1
- Phase 2

 Note*

Discussions on funding amount and performance timeline with Jump ARCHES program leadership is mandatory to apply for a Phase 2 Award.

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PI Information

Proposals may be submitted by faculty or senior investigator affiliated with any University of Illinois at Urbana-Champaign Colleges or Institutes, health care providers of the University of Illinois College of Medicine at Peoria, and/or OSF HealthCare clinicians. All proposals must identify two Co-Principal Investigators: One from the UIUC Grainger College of Engineering (GCOE) Faculty or Research Staff and one from among the healthcare providers within OSF Healthcare System or University of Illinois College of Medicine-Peoria (UICOMP). A maximum of 3 total Co-PI's is allowed.

UIUC Principal Investigator

Title	<ul style="list-style-type: none">• None• Mr.• Ms.• Mrs.• Miss• Dr.• Prof.• Fr.• Sr.
Name of UIUC Principal Investigator	_____
Credentials	_____
Phone Number	_____
Email	_____
College if applicable	_____
Department or Unit if applicable	_____

Grainger College of Engineering

Is one of the Principal Investigators a faculty member or senior investigator affiliated with an University of Illinois at Urbana-Champaign College or Institute that is not the Grainger College of Engineering (GCOE)?

Yes

No

*Please Note

Please ensure that at least one member of the team is a faculty member or senior investigator affiliated with the University of Illinois at Urbana-Champaign Grainger College of Engineering

OSF Principal Investigator

Title	<ul style="list-style-type: none">• None• Mr.• Ms.• Mrs.• Miss• Dr.• Prof.• Fr.• Sr.
Name of OSF Principal Investigator	_____
Credentials	_____
Phone Number	_____

Email _____

Overarching Institution OSF HealthCare
 UICOMP

College if applicable _____

Department or Unit if applicable _____

Department Head Name _____

Department Head Email _____


 **Please Note***

Please ensure your department head is informed and you have been granted permission for the time commitment required for this project.

 **Additional named Co-PI or Project Team Members**

Add another named Co-Principal Investigator or Project Team Members?

- Yes
 No

 **Additional named Co-Principal Investigator?**

- Yes
 No

 **How many named Project Team Members do you have?**

- 1
- 2
- 3
- 4
- 5

 **Co-Principal Investigator**

(if applicable) - does not include graduate students or post-doctoral fellows

Title None
 Mr.
 Ms.
 Mrs.
 Miss
 Dr.
 Prof.
 Fr.
 Sr.

Name of Co-Principal Investigator _____

Credentials of Co-Principal Investigator _____

Phone Number _____

Email _____

Overarching Institution OSF HealthCare
 UIUC
 Other

College if applicable _____

Department or Unit if applicable _____

 **Co-Investigator**

Title

- None
- Mr.
- Ms.
- Mrs.
- Miss
- Dr.
- Prof.
- Fr.
- Sr.

Name of Project Team Member _____

Credentials of Project Team Member _____

Phone Number _____

Email _____

Overarching Institution

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- UIUC
- Other

College if applicable _____

Department or Unit if applicable _____

 **Project Team Member**

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Research Plan

Specific Aims

List the specific aims of the proposed project as actions to be taken. A list of bullet points is acceptable. If they are sequential, place them in a temporal order. If non-sequential, place them in priority.

Relevance and Significance

Does this project address an important problem? If the aims of the application are achieved, how will scientific knowledge or clinical practice be advanced? What will be the effect of these studies on the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

Impact/Innovation

Is the project original and innovative? For example, does the project challenge existing paradigms or clinical practice; address an innovative hypothesis or critical barrier to progress in the field? Does the project develop or employ novel concepts, approaches or methodologies, tools, or technologies for this area?

Approach

Are the conceptual or clinical framework, design, methods, and analyses adequately developed, well-integrated, well-reasoned, and appropriate to the aims of the project? Does the applicant acknowledge potential problem areas and consider alternative tactics?

 **Expand upon your project concept and explain your approach to the reviewers. The following content is therefore required:**

Introduction/Background

State what is currently known in the specific field. This part should not be very long (3-5 sentences), but it should ground the reader in the subject of your research. Provide the reviewer with only the necessary details to understand why you are proposing the work. Remember to be concise and focused on only the key points.

The problem

he gap in knowledge is the piece of information that is not known. State, clearly, the gap in knowledge that needs to be addressed. Convey that your project will fill this gap using the funding that you are requesting.

The critical need

This need is important to increase medically relevant knowledge or improve health care. The critical need is the reason your proposal should be funded. Emphasize the significance of the problem you are trying to address. Additionally, it should be clear in this

paragraph that your research proposes the next logical step to advance the field.

Introduce solution(s)

In this paragraph, your goal should be to introduce the solution that fills the gap in knowledge. It is critical to convince your reviewers that you (and your colleagues) have the solution to address the current knowledge gap and the expertise to accomplish this solution. Keep your wording simple, relevant, and to the point. You will want to address specific aims both short and longer term (as applicable).

Hypothesis and Proposal Objectives

Your proposal should contain both of these components, depending on the goal. State your central hypothesis clearly, specifically, and with simple language. You want to demonstrate to the reviewers that you have a hypothesis-driven proposal that is testable. Describe how your project addresses the critical need, and clearly state the proposed solution. In general, avoid vague hypotheses because it will be unclear to the reviewers what you expect to determine with the proposed research.

Rationale

Explain how you arrived at your central hypothesis (for example, using past studies and published literature). Briefly, state what your project's completion would make possible (e.g., new simulators), and tie it to the funding entity's mission.

Qualifications

Briefly state why your experimental design and your team are the best to accomplish the project goals. You can mention factors such as your preliminary data, personnel qualifications, laboratory equipment, etc., but it is important to keep it concise

Innovation

Plainly state what is innovative about your project. What would completion of this proposal bring to the field that is not present currently?

Expected Outcomes

Specifically state your expected outcomes for this project. What do you expect to see at the completion of each aim? Include this information only if you have not placed it in the Aims. In addition, you may either embed or attach supplemental imaging or other diagrams to support your statements.

Impact

State how your project would help those who need it. Include a broad impact statement about how your proposal will benefit the people or other subjects that you mentioned in the opening paragraph.

 **Special consideration proposals** (optional)

For proposals requesting consideration under social and behavioral sciences, neurological sciences, or autism research topics briefly address how your proposal impacts these areas. Without this section, your proposal will be reviewed as a regular Jump ARCHES proposal. For social and behavioral sciences proposals, it is strongly recommended to include the participation of a social and behavioral faculty from either UIUC or UICOMP.

 **Project Timeline**

Describe the study timeline in detail? Please take into account start-up activities, the anticipated rate of enrollment, and planned follow-up assessment to ensure the projected timeline is feasible and well justified. Please describe efficiencies and utilized existing resources of participant enrollment and data collection, as appropriate? Are potential challenges and corresponding solutions discussed (e.g., strategies that can be implemented in the event of enrollment shortfalls)?

 **Structure of the Collaboration**

Discuss the leadership and collaborative structure of the partnership. Who are the specific members of the collaborative team? Describe strategies used to keep both UIUC and OSF HealthCare participants informed and involved. Where will the work be completed? When work is completed offsite, how will the other key personnel remain engaged?

Additional Information

 **Facilities/Equipment** (optional)

If facilities or equipment are required that are not available in your laboratory or institution (e.g., use of a Simulation Center, simulation equipment, 3D printers, or VR/AR laboratories), please contact Academic Collaborations Staff at IAI@osfhealthcare.org

 **Future Funding and Intellectual Property Statement** (optional)

Since Jump ARCHES awards are seed grants, discuss opportunities for future or matching funding from beyond UIUC, UICOMP, or OSF, such as federal, state, county, or other governmental or non-governmental organizations (e.g. private foundations, industry). Identify specific programs and submission deadlines. Discuss plans for submitting invention disclosures of intellectual property ideas to **UIUC Office of Technology Management** and **OSF Office of Innovation Management (OIM)**.

Financial and Phase 2 Information

Budget and Budget Justification Guidelines

A detailed budget and budget justification should be included in the proposal. Budget justification should match and complement the detailed budget spreadsheet. Indicate when to start funding (Summer or Fall) if the proposal is awarded. You are advised to budget conferences registration, and travel, as well as journal publication fees. Please download the spreadsheet [here](#) **Note: No Overhead and No Tuition remission allowed.**

Budget Amounts

Amount Allotted to Each Institution

OSF HealthCare	_____
UIUC	_____
UICOMP	_____
Other	_____

Are you submitting a Phase 1 or Phase 2 application?

Phase 1 awards are up to 24 months of seed money support up to \$100,000. These awards are expected to generate proof-of-concept ideas or generate pilot data. These projects should allow new teams to develop effective working relationships and project concepts that will lead to highly competitive external funding source applications or commercially viable technologies/services. Phase 2 awards are up to 24 months of continuing funding of Phase 1 awards and the funding support is up to \$200,000. **Discussions with Jump ARCHES program leadership is mandatory to apply for this award to discuss funding amount and performance timeline.** Investigators may request Phase 2 funding if Phase 1 projects have met specified goals. Furthermore, the PI must have demonstrated at least one of the following outcomes from Phase 1: submission of invention disclosure with UIUC OTM – OSF OIM, evidence of application for external funding beyond UIUC, OSF, or UICOMP, or technology license or successful implementation of Phase 1 results at OSF or a related health care organization. Phase 1 and 2 proposals need to identify future or matching funding from federal, state, county, or other governmental or non-governmental organizations.

- Phase 1
- Phase 2

What were the goals of the first phase of your project?


Provide an update on the status of each of the initial project objectives.

Results of previous phase

Have you shared the results of the first phase of your project at conferences or events? Have you published the results?


Goals and Outcomes

Have there been any changes in the goals or anticipated outcomes of your project?

 **Have the outcomes of the first phase of your project led to additional funding?**

Yes


No

 If yes, please list the additional funding below

 **Have you submitted a technology disclosure or filed a patent application?**

Yes

No

 If yes, please list patents or technology disclosure below

 **Are there any other accomplishments you would like to highlight?** (optional)
