

## Clinical Transformation Program: Research Grant Application, 2025

In 2025 the Clinical Transformation Program will fund projects that focus on the application of clinical research methodology. Our goal is to discover breakthroughs, new treatments, tools, and processes that will improve health care. This program supports the concepts of clinical research with specific attention to emerging and cutting-edge discoveries that align with current movements in healthcare.

Applications are due by **11:59 p.m.** on **Sunday, March 16, 2025**. Submissions will not be accepted or edited after this date.

### To save and edit this Form:

1. Complete all sections of the application, making sure that all mandatory fields are populated.
2. After question #21, select "Send me an email receipt of my response."
3. Click "Submit."
4. Click "Save my response to edit."
5. Access your Form through the email receipt or via <https://forms.office.com/> under "Filled" Forms.

Please visit the [BeckwithInstitute.org](https://www.beckwithinstitute.org) for additional details and requirements pertaining to the application and selection process.

\* This form will record your name, please fill your name.

1. Applicant's first and last name if different from the submitter of the form

2. Applicant's professional title \*

3. Applicant's business unit/facility (Example: Corporate Services/McKeesport) \*

4. Applicant's preferred phone number \*

5. Applicant's email address if different from the submitter of the form

6. List of additional investigators (if applicable)

7. Name of person endorsing this project \*

**Please note:** This person may be contacted by The Beckwith Institute throughout the review process. This person must be a direct supervisor, manager, UPMC chair, senior physician or leader that is in the position to approve, support or advocate for the project.

8. Email address of person endorsing this project \*

9. Project Title \*

10. Amount of this request \*

(\$50,000 - \$200,000)

11. Select the item(s) that best support(s) your research. \*

- Promotes research with new approaches and innovations in care.
- Incorporates the concept of comparative effectiveness and/or embedded and adaptive designs, rapid translation of science to care, and/or novel applications of digital medicine.
- Supports a current UPMC focused initiative, including (but not limited to) those with aggressive approaches to cancer, heart disease and neuroscience.
- Other

12. Project summary: Including background and purpose of your research \*

*\*High level overview - Not to exceed 500 words - Think about this section as an "elevator pitch" describing your project*

13. Problem statement: What is the current problem, challenge, or need that is unaddressed or insufficiently met in health care, and is driving you to pursue this research? \*

*\*Not to exceed 500 words*

14. Explain your project's research methodology. \*

*\*Not to exceed 500 words*

15. Is this project new or ongoing? \*

*(If it is ongoing, please describe past and/or current progress)*

16. Does this project have matching funds, in-kind support, or funds secured from any other source(s)?

*(If yes, list the type, sources and amount)*

17. Will funds for this project be used to pay employee salary?

*(If yes, please explain who will be paid, what their role is for the project, and how much money will be requested for each case of employee salary support)*

18. Budget: Describe how project funds will be spent

*(Include: Items/services to be purchased and estimated cost) \**

*\*This can be line item in form - Not to exceed 300 words*

19. Reference List

*\*Not to exceed 300 words*

20. Please use this opportunity to upload 1 file that contains additional information that supports your project. The upload should be a PDF that contains no more than 3 continuous pages. The document can contain images, graphs, or text. This upload is not mandatory.

 Upload file

File number limit: 1 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

21. Please enter your name in the box below to indicate your intent to sign this application and attest that all information provided herein is true and correct. \*

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