

U.S. Practice to Policy®

Health Awards Program Application

Eligibility Criteria

The Practice to Policy® Health Awards Program in primary biliary cholangitis (PBC) encourages the development of innovative projects, which are designed to improve the lives of people living with PBC. In 2019, we are focusing on local and national projects that pioneer collaborative care between healthcare professionals and people living with PBC.

Specifically, we are seeking programs that:

- Create tools or platforms that enable or encourage timely monitoring of patients
- Provide resources to improve the dialogue between people living with PBC and their providers
- Explore new ways to enhance local PBC communities or networks

Applicants

- Healthcare providers and organizations
- Academic institutions
- Policy organizations
- Patient organizations

The program is administered in a manner that ensures transparency in process and compliance to the PhRMA Code on Interactions with Healthcare Professionals and the PhRMA Principles on Interactions with Patient Organizations, while maximizing the benefit in learnings for the healthcare community. Intercept Pharmaceuticals is committed to compliance with the PhRMA Code at all times and will not provide funding for projects that would constitute a breach of the Code or Intercept's other legal obligations. Applicants will be required to ensure that their activities, in connection with any funding received from Intercept, comply with the requirements of the Code and other relevant legal requirements. Successful applicants will be required to enter into an agreement with Intercept; funding will be provided in 2020.

Please ensure you have read the 'Application Guide' before filling in your application form and completing all sections in detail. Should you have any questions about completing this form, email the U.S. Practice to Policy® Health Awards Program team at practicetopolicy@interceptpharma.com.

GET STARTED ►

Apply for a PBC Award



Contact name

Phone number

Job title

Mobile

Department

Email address

Please attach legal proof that you are a part of your organization, a signed and dated letter of recommendation from your organization/institution for this project, and any letters of recommendation from external stakeholders.

NEXT



Apply for a PBC Award



Organization name

Address line 1

Address line 2

City/State

Zip/Post code

Country

Organization overview

In fewer than 200 words, please provide an overview of your organization, including size, objectives and vision.

◀ PREVIOUS

NEXT ▶

Apply for a PBC Award



Project name

Project summary

Please describe your project in 50-80 words. If successful in your application, this will be posted on the Practice to Policy® Health Awards Program website to summarize your project.

Is this an ongoing project?

It is possible to apply for support for an ongoing project, however, the new component for which you are requesting funding must have distinct and measurable outcomes. The existence of ongoing projects must not compromise the ability to communicate best practices specific to the individual components of the project.

- YES
- NO

If yes, please explain why additional funding from Intercept is required.

Project description

Please describe your project clearly and in detail. Refer to the 'Application Guide' before completing this question.

PLEASE NOTE:

That budget details should not be included here, but rather entered in the budget section of this form.

◀ PREVIOUS

NEXT ▶

Apply for a PBC Award



Project objectives

In fewer than 200 words, summarize the objectives of your project.

Project metrics

Please outline the key measurements that will define success for your project. How would you measure these?

◀ PREVIOUS

NEXT ▶

Apply for a PBC Award



PLEASE NOTE THAT INTERCEPT IS UNABLE TO OFFER FUNDING FOR:

- Activities that are not fundamental to the delivery of the project

- Entertainment

- Costs associated with capital expenditure

ADDITIONALLY, FUNDING WILL ONLY COVER STAFF-TIME SPECIFICALLY DEDICATED TO THIS PROJECT AND NOT DUPLICATIVE OF EXISTING STAFF TIME:

If temporary staff is hired and 100% of their time is resourced to the project, it can be included in the budget.

If part-time staff is contributing to the project, only their hours dedicated to this project that are above and beyond their regular working hours will be covered (i.e., they normally work 4 days/week but planning to work an additional day every week to specifically manage this project).

If full-time permanent staff will be contributing to the project, it must be clearly documented that time dedicated to this project will be outside of regular working hours (i.e., evenings, weekends).

It is a requirement that any unused funds are returned to Intercept. The total amount requested for this award cannot be more than 40% of an organization's total funding.

◀ **PREVIOUS**

NEXT ▶

Apply for a PBC Award



Amount requested - USD (\$)

Using the budget planner tool below, please provide a comprehensive budget. Be as specific as possible and provide any explanatory notes that you consider to be relevant in the appropriate field. Please provide a justification for every budget item. The program may provide financial support of up to \$30,000 (USD), for short-term initiatives that are funded for up to 1 year.

PROJECT/ RESOURCE TYPE	TOTAL COST OF RESOURCE WITHIN PROJECT (USD, \$)	AMOUNT REQUESTED FROM INTERCEPT (USD, \$)	JUSTIFICATION FOR INTERCEPT FUNDING REQUESTED
Staffing (describe roles, grades and full time equivalent)			
Production (e.g., of materials)			
Equipment*			
Expenses and travel			
OTHER (SPECIFY IF APPLICABLE)			
TOTALS			

*Only leasing of equipment will be covered. Please note capital expenditure for equipment that could be used after the project is not permitted.

◀ PREVIOUS

NEXT ▶

Apply for a PBC Award



Do you have additional sources of funding for your project?

YES

NO

If yes, please specify the source and the funding amount you are due to receive. If there is more than one source of additional funding, please provide a breakdown and specify which source each amount of funding comes from.

◀ PREVIOUS

NEXT ▶

Apply for a PBC Award



Will ethics committee or IRB approval be required for your project?

- YES
- NO
- UNSURE

If yes, please indicate how long you anticipate it will take to gain approval.

Will you require institutional approval from external stakeholders for your project?

- YES
- NO
- UNSURE

If you have already obtained such approval, please attach proof of approval with application. If you have not yet obtained approval, but need to, please indicate how long you anticipate it will take to gain this approval.

◀ PREVIOUS

NEXT ▶

Apply for a PBC Award



Project objectives

How did you hear of the Intercept Practice to Policy® Health Awards Program? Please select all that apply:

- INTERCEPT PERSONNEL
- WORD OF MOUTH
- ONLINE OR VIA SOCIAL MEDIA
- EMAIL
- PREVIOUS APPLICANT

If other, please specify:

For all specific application queries, please email the U.S. Practice to Policy® Health Awards Program team at: practicetopolicy@interceptpharma.com.

◀ PREVIOUS

NEXT ▶

Apply for a PBC Award



Acknowledgements

Please check all before submitting:

- If successful, we will commit to ensure that all activity in connection with the project/funding is compliant with both PhRMA Code and local Codes of Practice, in addition to any further applicable laws and regulations. In particular, we understand that the provision of an award is not intended to and shall impose no obligation upon the awardee to promote or otherwise encourage the prescription, recommendation, purchase, supply, sale, or administration of the products of Intercept or its affiliates.
- If successful, we understand that funding is contingent on a formal awards agreement being signed by the applicant. The agreement must be signed by an appropriately authorized individual within the organization who may or may not be the applicant.
- If successful, we agree that payment will be made upon completion of agreed funding milestones.
- If successful, we agree to the return of funds unused for the purposes stipulated within the budget.
- If successful, we understand that we are required to attend interviews with Intercept and affiliated Practice to Policy® Health Awards Program judges to discuss the results of our project.
- If successful, we understand that we are required to conduct both an interim and final review of the project, including allocation of funding and project results. Identifiable, confidential patient information will not be included in the interim or final report and we understand that Intercept is in no way requesting return of this information.
- If successful, we understand that in accordance with Intercept’s policy, we need to disclose the financial support from Intercept in any external materials produced as part of the project.
- If successful, we understand that Intercept reserves the right to utilize project materials, project summaries, organizations’ logos and presentations for the purpose of sharing best practices externally.
- Within the Applicant Information section of this form, I enclosed legal proof that I am a part of my organization/ institution and a letter of recommendation from my organization/institution, quoting my name, email address, and the project title and stating that they endorse the proposed project.
- I agree to the [Terms of Use](#) and [Privacy Policy](#) statements on the Practice to Policy website.
- I confirm that I am 18 years or older and consent to the processing of my personal data per the terms outlined in the policy.

Email completed applications and supporting documents to:
practicetopolicy@interceptpharma.com

SUBMIT ▶