



IEA Innovation Fund Pitch Sheet

First Name _____

Last Name _____

Email _____

Position Title _____

Department Select one: WAI / ADRC / Department of Geriatrics

Area of funding requested:

- Pilot funding
- Start-up funding
- Bridge funding
- Clinical Research Funding
- Equipment funding
- Recruitment and retention funding
- Educational program funding
- Other: _____

Amount requested _____

Short project description _____

Short budget justification _____