



Understanding Psoriatic Disease Leveraging Insights for Treatment (UPLIFT) Innovation Program Application Form

NOTE: All fields must be completed unless marked "Optional".
Incomplete applications will be ineligible.

Applications will be accepted in any language, but English is preferred. If submitted in a language other than English, the UPLIFT Committee will use Google Translate or a similar tool to translate your application so it can be reviewed. No points will be deducted for grammar.

APPLICATION ORGANIZATION DETAILS

Organization Name

(recognition and donation or grant will be issued in this name)

Primary Contact Name

(must be authorized to apply and sign for donation or grant, if selected as the successful applicant)

Title

Email

Telephone

(please include country code)

Address

Country

Alternate Contact Name

Title

I affirm that my organization is a not-for-profit/non-governmental organization.

I understand that, should my organization win the challenge, I am bound by the local and regional laws in my country.

I affirm my organization can legally receive a donation or grant from Amgen, if selected as the challenge successful applicant.¹

I agree to all Terms & Conditions.

¹ Amgen exercises diligence in ensuring compliance with local law and policy. All patient organizations are strongly encouraged to consult country specific law and compliance guidance before applying as certain countries are unable to receive these types of donations and grants based on local law or policy. Your submission could be impacted by these laws at any time throughout the application process. We appreciate your understanding and support.

INITIATIVE INFORMATION

Initiative Name

Proposed Start Date of Initiative

(Format: MM/YYYY)

Proposed End Date of Initiative*

(Format: MM/YYYY)

*Optional



1. HOW does your organization intend to address the unmet needs of those living with psoriatic disease and/or healthcare providers? Describe your solution in detail, particularly how it addresses the UPLIFT Innovation Challenge question – how can we boost collaboration between people living with psoriatic disease and their healthcare providers to establish and achieve shared treatment goals?

Maximum Characters: 2,500 including spaces

2. WHO will your solution impact? Describe your intended audience.

Maximum Characters: 1,000 including spaces

3. WHAT impact will your solution have on the intended audience? Describe your projected outcome(s).

Maximum Characters: 1,000 including spaces

4. HOW will you know you have been successful? Describe the quantitative and qualitative metrics you will use to evaluate and monitor your solution.

Maximum Characters: 1,000 including spaces

Once your application is complete, please be sure to save your answers and send this document as an attachment to UPLIFTInnovationProgram@ifpa-pso.com.