

KidneyX Prize Competition Details

The KidneyX Prize: **Nourishing Kidney Health — Preventing Chronic Kidney Disease (CKD) Progression Through interventions that impact Cardio-Kidney-Metabolic (CKM) Syndrome, Nutrition and Lifestyle Innovation.**

Transform CKM syndrome care and nutrition and lifestyle from generalized health advice into measurable, personalized, scalable interventions that help preserve kidney function and prevent CKD progression.

KidneyX seeks scalable, evidence-driven solutions addressing drivers of CKD progression, with a focus on CKM Syndrome needs, poor nutrition and unhealthy lifestyle behaviors as modifiable drivers of CKD progression. The competition would mobilize innovators across healthcare, food systems, technology, behavioral science, and community organizations to make kidney-protective nutrition and healthy behaviors more personalized, accessible, affordable, measurable, and sustainable as well as accessible to the Americans who need them most, many of whom may be unaware. The intended impact is to slow CKD progression, improve health and quality of life, reduce disparities and downstream healthcare burden, and help more people preserve kidney function and avoid kidney failure.

This is a single-phase challenge. Two tracks are proposed: **Track 1 – Risk identification and management of Cardio-Kidney Metabolic Syndrome** and **Track 2 – Incorporating nutrition and healthy lifestyle behavior into kidney disease prevention and care.** Participants may include patients and care partners, researchers, clinicians, healthcare systems, startups, community organizations, food-system innovators, and technology developers. For both tracks, expected outputs include validated concepts, prototypes, service models, digital technologies, or co-designed interventions demonstrating potential to improve outcomes related to chronic kidney disease. Solutions may address personalized CKM risk identification, care and/or nutrition, Food Is Medicine, behavioral incentives, digital coaching, physical activity, food access, and underserved populations. **Both tracks** support pilot programs, interventions with demonstrated feasibility or preliminary effectiveness that are ready for broader implementation, and solutions already in practice ready to be scaled.

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Submission period begins: May , 3 2027 05:00 PM EST

Submission period ends: July 23, 2027, 5:00 PM ET

Judging and Review Period: July 26–August 20, 2027

Anticipated Winner Notification: On or about August 25, 2027

Anticipated Public Announcement of Winners: On or about August 31, 2027

Deadline to Submit Questions: June 11, 2027, 5:00 PM ET

Webinar: June 25, 2027, 3:00 PM - 4:00 PM EST

Total Cash Prizes

\$4,670,000

Track 1: CKM track

Track 1 KidneyX Innovator Prize of \$335,000 (Up to 4 Potential Prizes)

Track 1 KidneyX Grand Prize of \$1,000,000

Track 2: Nutrition and Lifestyle track

Track 2 KidneyX Innovator Prize of \$335,000 (Up to 4 Potential Prizes)

Track 2 KidneyX Grand Prize of \$1,000,000

HHS may award up to a total cash prize pool of \$4,670,000 to the Challenge winner(s) .

A total of \$4.670 million in PHS Evaluation Funds will support one-time monetary prize awards under the FY27 Kidney X Prize Competition. These prize awards are not grants, cooperative agreements, or procurement contracts; rather, they are monetary payments made to eligible competition winners whose solutions demonstrate achievement against established competition criteria. The competition will serve as an evidence-building and evaluation mechanism to assess innovative interventions designed to prevent or slow the progression of chronic kidney disease (CKD).

HHS may select up to 8 winners to each receive up to \$335,000; there will be up to four KidneyX Innovator Prizes per track. HHS may select up to 2 winners to each receive up to \$1,000,000; there will be one KidneyX Grand Prize per track. If any additional money remains in the total HHS cash prize pool, HHS may increase each prize by an equal share of up to the remaining HHS cash prize pool.

Cash prizes (not grants or contracts) may be awarded under this Challenge announcement. HHS does not limit how winners may use prize money awarded to them.

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Chronic Kidney Disease (CKD) is a major public health challenge that often progresses silently for years before symptoms emerge. Although medical therapies are critical to slowing CKD progression, kidney health is also profoundly influenced by the conditions in which people eat, move, sleep, work, and manage their health every day. Poor nutrition, excess sodium intake, metabolic dysfunction, obesity, physical inactivity, and other modifiable lifestyle factors can contribute to hypertension, type 2 diabetes, cardiovascular disease, and worsening kidney function. Moreover, the majority of Americans with or at risk for kidney disease are unaware they are affected, underscoring the imperative of improving earlier detection to empower people to take charge of their kidney health.

CKD also rarely occurs in isolation. Diabetes, hypertension, obesity, and cardiovascular disease frequently coexist with kidney disease and can reinforce one another across the Cardiovascular-Kidney-Metabolic (CKM) continuum. Addressing upstream interventions such as specific early stages of the cardio-kidney-metabolic syndrome, nutritional needs, and lifestyle drivers therefore presents an opportunity both to preserve kidney function and to improve metabolic and cardiovascular health.

Despite this opportunity, sustained upstream CKM care, nutritional interventions and lifestyle change can be difficult. People with kidney diseases may not know they have them; may not have access to providers well-versed in the newest innovations in CKM care; nutrition services may be difficult to access; recommendations may be generic or difficult to translate into daily life; healthy foods may be inaccessible or unaffordable; and patients may receive conflicting advice. Work and family responsibilities, financial constraints, food environments, cultural preferences, and chronic illness can create additional barriers to sustained healthier behaviors.

The KidneyX Prize: **Nourishing Kidney Health — Preventing Chronic Kidney Disease (CKD) Progression Through interventions that impact Cardio-Kidney-Metabolic (CKM) Syndrome, Nutrition and Lifestyle Innovation.**

seeks to catalyze multidisciplinary, human-centered solutions that address the need for improved CKM health, lack of widespread early detection, poor nutrition, and unhealthy lifestyle patterns as modifiable drivers of CKD progression. The Challenge seeks scalable, evidence-driven approaches that make kidney-protective nutrition and healthy lifestyle behaviors practical, personalized, measurable, accessible, affordable, and sustainable as well as identify Americans who need these and other CKM care interventions to sustain their kidney health.

Solutions should address meaningful gaps that existing healthcare, public health, information technology, or commercial systems have not adequately solved and demonstrate a credible pathway toward adoption and scale. Potential innovators span healthcare, food systems, behavioral science, technology, community organizations, academia, entrepreneurship, and other sectors.

Ultimately, the Challenge seeks to build a new pipeline of kidney innovation focused on preserving kidney function before kidney failure occurs by improving CKM risk identification and care, particularly

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transforming nutrition and lifestyle from generalized health advice into measurable, personalized, scalable interventions capable of changing the trajectory of CKD.

This Challenge is authorized by the America Creating Opportunities to Meaningfully Promote Excellence in Technology, Education, and Science (COMPETES) Reauthorization Act of 2010, as amended (15 U.S.C. § 3719), and is carried out in furtherance of the applicable authorities under Section 301 of the Public Health Service Act (42 U.S.C. § 241). The HHS KidneyX: The Kidney Innovation Accelerator partnership with the American Society of Nephrology (ASN) and this Challenge advance OASH's public health mission by using a targeted prize competition to focus American ingenuity on a clearly defined national priority—preventing and slowing the progression of chronic kidney disease—that demands cross-sector collaboration and interdisciplinary solutions. By supporting the development, testing, and evaluation of innovative approaches to CKM risk identification and care, nutrition, and lifestyle interventions, the Challenge advances HHS's public health and evidence-building objectives and helps identify scalable approaches to preserving kidney function and preventing CKD progression.

Eligibility Rules

- (1) To be eligible to win a prize under this Challenge, a Participant (whether an individual, team, or entity) —
- a. Shall have registered to participate in the Challenge as an individual, team, or entity under the rules and instructions promulgated by HHS as published in this announcement, including but not limited to, the “Prize Payment Rules” and the “How to Enter” section of this announcement.
 - b. Shall have complied with all the requirements set forth in this announcement;
 - c. In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group (team), shall be a citizen or permanent resident of the United States; However, non-U.S. citizens and non-permanent residents can participate as a member of a team if the Team Leader is a citizen or permanent resident of the United States and the team otherwise satisfies the Eligibility Rules. Non-U.S. citizens and non-permanent residents are not eligible to win a

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monetary prize (in whole or in part). Their participation as part of a winning team, if applicable, may be recognized when the results are announced;]

- d. Shall not be a Federal entity or Federal employee acting within the scope of their employment;
- e. Shall not be an employee of the Department of Health and Human Services (HHS, or any other component of HHS) acting in their personal capacity;
- f. Who is employed by a Federal agency or entity other than HHS (or any component of HHS), shall consult with an agency Ethics Official to determine whether the Federal ethics rules will limit or prohibit the acceptance of a prize under this Challenge;
- g. Shall not be a judge of the Challenge, or any other party involved with the design, production, execution, or distribution of the Challenge or the immediate family of such a party (i.e., spouse, parent, step-parent, child, or step-child).
- h. Shall be 18 years of age or older at the time of submission.

(2) A Participant (whether an individual, team, or entity) shall not be deemed ineligible because the Participant used Federal facilities or consulted with Federal employees during the Challenge if the facilities and employees are made available to all Participants participating in the Challenge on an equitable basis.

Participation Rules

(1) Participants (whether individuals, teams, or entities) may not use Federal funds from a grant award or cooperative agreement to develop their Challenge submissions or to fund efforts in support of their Challenge submissions unless use of such funds is consistent with the purpose, terms, and conditions of the grant award or cooperative agreement. Participants intending to use Federal grant or cooperative agreement funds must register for and participate in the Challenge on behalf of the entity that is the awardee or recipient of the grant or cooperative agreement. If a Participant uses Federal grant or cooperative agreement funds and wins the Challenge, the prize must be treated as program income for purposes of the original grant or cooperative agreement in accordance with applicable Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR part 200).]

(2) Federal contractors may not use Federal funds from a contract to develop Challenge submissions or to fund efforts in support of Challenge submissions. Costs associated with such activities are

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unallowable and are not allocable to Government contracts.

(3) By participating in this Challenge, each Participant (whether an individual, team, or entity) agrees to assume any and all risks and waive claims against the Federal government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from participation in this Challenge, whether the injury, death, damage, or loss arises through negligence or otherwise.

(4) Based on the subject matter of the Challenge, the type of activities that it will possibly involve, as well as an analysis of the likelihood of any claims for death, bodily injury, property damage, or loss potentially resulting from Challenge participation, no Participant (whether an individual, team, or entity) participating in the Challenge is required to obtain liability insurance, or demonstrate financial responsibility, or agree to indemnify the Federal government against third party claims for damages arising from or related to Challenge activities in order to participate in this Challenge.

(5) By participating in this Challenge, each Participant (whether an individual, team, or entity) warrants that they are the sole author or owner of, or has the right to use, any copyrightable works that the submission comprises, that the works are wholly original with the Participant (or is an improved version of an existing work that the Participant has sufficient rights to use and improve), and that the submission does not infringe any copyright or any other rights of any third party of which the Participant is aware.

(6) By participating in this Challenge, each Participant (whether an individual, team, or entity) grants to HHS an irrevocable, paid-up, royalty-free nonexclusive worldwide license to reproduce, publish, post, link to, share, and display publicly the submission on the web or elsewhere, and a nonexclusive, nontransferable, irrevocable, paid-up license to practice, or have practiced for or on its behalf, the solution throughout the world. Each Participant will retain all other intellectual property rights in their submissions, as applicable. By participating in this Challenge, each Participant warrants that there are no legal obstacles to providing the above-referenced nonexclusive licenses of the Participant's rights to the Federal government. To receive an award, Participants will *not* be required to transfer their intellectual property rights to HHS, but Participants must grant to the Federal government the *nonexclusive licenses* recited herein.

(7) Each Participant (whether an individual, team, or entity) agrees to follow all applicable Federal, state, and local laws, regulations, and policies.

(8) Each Participant (whether an individual, team, or entity) participating in this Challenge must comply

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with all rules and requirements included in this announcement, and participation in this Challenge constitutes each Participant's full and unconditional agreement to abide by the rules and requirements. Winning is contingent upon fulfilling all requirements herein.

(9) As a condition for receiving a cash prize in this Challenge, each Participant (whether an individual, team, or entity) that has been selected as a winner must complete and submit all required winner verification and payment documents to HHS. Failure to return all required verification and payment documents by the date specified in the formal winner notification may be a basis for disqualification of a cash prize winning submission.

(10) By participating in this Challenge, each Participant (whether an individual, team, or entity) agrees that HHS may disqualify its submission if, in HHS' judgment, the submission is inconsistent with HHS' public health mission, may be ineffective or harmful, or any other reason deemed necessary.

Prize Payment Rules

(1) For each eligible Participant under the "Eligibility Rules," HHS will use that Participant's registration as an individual, team, or entity on the "HHS Challenge Participant Registration Form" to determine who receives payment of any HHS prize money.

(a) For an eligible winning Participant registered as an individual, HHS will pay the individual.

(b) For a winning Participant registered as a team with an eligible Team Leader, HHS will pay the entire prize for that team to the Team Leader, and division of the prize money is at the discretion of the Team Leader. HHS will not arbitrate, intervene, advise on, or resolve any matters among team members.

(c) For an eligible winning Participant registered as an entity, HHS will pay the entity.

(2) Prizes awarded under this Challenge by HHS will be paid by electronic funds transfer and may be subject to Federal income taxes. HHS will comply with the Internal Revenue Service withholding and reporting requirements, where applicable.

(3) Entities participating in this Challenge are encouraged, but not required, to request and obtain a free Unique Entity ID (UEI), if they have not already done so, via SAM.gov as this may expedite prize payment. Additional information can be found at <https://sam.gov/content/entity-registration>.

HHS reserves the right, in its sole discretion, to (a) cancel, suspend, or modify the Challenge, or any part of it, for any reason, and/or (b) not award any prizes if no submissions are deemed worthy.

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The HHS Award Approving Official will be ADM Brian Christine, MD, HHS Assistant Secretary for Health .

Judging Criteria: Submissions will be evaluated based on the extent to which proposed solutions integrate **human-centered and patient-driven design; risk identification and/or treatment of chronic-kidney-metabolic syndrome; personalized, actionable nutrition; whole-person lifestyle support; health equity; healthcare and community integration; sustained behavior change; measurement and learning; and scalability and sustainability**. Competitive solutions should meaningfully engage people living with kidney disease and care partners; translate evidence-based guidance into practical, individualized actions; address relevant lifestyle and access barriers; integrate healthcare and community resources; support durable behavior change; generate credible evidence of impact; and demonstrate a realistic pathway to adoption and sustainability. Submissions would be expected to demonstrate the potential for feasibility or preliminary effectiveness, empirical evidence of measurable impact, operational feasibility, health equity, scalability, and a credible pathway toward financial sustainability.

Judging Criteria Rationale:

- **Track 1: CKM Risk Identification & Care** — Judges will primarily evaluate whether the solution improves identification, stratification, clinical management, treatment, or care coordination for people with or at risk for chronic kidney–cardiovascular–metabolic conditions.
- **Track 2: Nutrition & Lifestyle Management** — Judges will primarily evaluate whether the solution translates evidence into personalized nutrition/lifestyle actions and produces sustained behavior change and meaningful kidney-related outcomes.

Prize level rationale:

In order to win the **Innovator Prize**, a **submission** should place greater weight on innovation, feasibility, early evidence, participant fit, and potential. The **Grand Prize** should raise the bar substantially for demonstrated impact, implementation maturity, scale, integration, and financial sustainability.

Track 1 Judging Criteria — CKM Risk Identification & Care

Framing: Judges will assess the extent to which the Challenge Participant’s submission demonstrates a feasible, evidence-informed approach to identifying and/or addressing CKM Syndrome risk and improving kidney-related care, with credible potential for measurable impact, equitable implementation, integration into care delivery, and sustainable scale.

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Criterion	Innovator Prize (\$335K)	Grand Prize (\$1M)	What judges should evaluate
1. CKM Risk Identification and/or Care Impact	25%	25%	Does the solution meaningfully improve identification, risk stratification, prevention, treatment, monitoring, referral, or management of kidney disease within the broader CKM context? Innovator: Is the proposed mechanism credible and supported by preliminary evidence? Grand: Is there compelling evidence that the solution produces meaningful CKM-related clinical, behavioral, or care-delivery impact?
2. Evidence, Measurement, and Effectiveness	20%	25%	Are outcome measures appropriate, credible, and relevant to CKM and kidney health? Innovator: Is feasibility or preliminary effectiveness supported by empirical evidence? Grand: Is effectiveness supported by stronger empirical evidence demonstrating measurable impact, with an appropriate evaluation design and credible interpretation of results?
3. Human-Centered Design and Engagement	20%	10%	Does the solution reflect the priorities, preferences, burdens, and lived experiences of people with or at risk for kidney disease and care partners? Innovator: Have intended users meaningfully informed design and testing? Grand: Is meaningful engagement embedded in implementation, evaluation, and continuous improvement, with evidence of participant uptake or engagement?
4. Operational Feasibility and Healthcare/Community Integration	15%	15%	Can the solution function within relevant clinical and/or community settings? Does it fit workflows, workforce capacity, data systems, referral pathways, and stakeholder roles? Innovator: Has operational feasibility been demonstrated

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			or credibly established? Grand: Has the model demonstrated implementation readiness and effective integration across relevant organizations, systems, or settings?
5. Health Equity	10%	10%	Does the solution address disparities and barriers involving affordability, access, language, culture, transportation, digital access, food environments, or healthcare access? Innovator: Is equity intentionally incorporated into design and implementation? Grand: Is there evidence that the model can achieve equitable reach, participation, and outcomes and avoid widening disparities as it scales?
6. Scalability and Financial Sustainability	10%	15%	Is there a realistic pathway to adoption and continued operation? Innovator: Is there a credible initial scaling strategy addressing financing, workforce, partnerships, infrastructure, and adoption? Grand: Is there a well-supported pathway to broader adoption, including viable financing/reimbursement or other sustainability mechanisms and evidence that the model can scale while maintaining effectiveness and equity?
TOTAL	100%	100%	

Track 2 Judging Criteria — Nutrition & Lifestyle Management

Framing: Judges will assess the extent to which the Challenge Participant’s submission demonstrates a feasible, evidence-informed approach to translating kidney-relevant nutrition and lifestyle guidance into personalized, practical actions that produce sustained behavior change and measurable impact, particularly for populations facing barriers to healthy living.

Criterion	Innovator Prize (\$335K)	Grand Prize (\$1M)	What judges should evaluate
1. Personalized, Actionable Nutrition and	25%	20%	Does the solution translate evidence-based kidney-relevant nutrition and clinical information into practical, individualized actions and appropriately integrate other

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Lifestyle Support			lifestyle factors? Innovator: Is the approach meaningfully personalized, actionable, and responsive to real-world circumstances? Grand: Is there evidence that personalization can be delivered consistently and effectively across participants, populations, or settings?
2. Sustained Behavior Change and Participant Engagement	25%	20%	Does the solution use credible mechanisms to initiate and sustain behavior change, including behavioral science, coaching, incentives, social support, convenience, personalization, feedback, or goal setting? Innovator: Is there evidence acceptance, engagement, adherence, or early behavior change? Grand: Is there evidence that meaningful behavior change and engagement are sustained over time?
3. Evidence, Measurement, and Effectiveness	20%	25%	Are behavioral and health outcomes meaningful, measurable, and relevant to kidney health? Innovator: Is feasibility or preliminary effectiveness supported by empirical evidence? Grand: Is there stronger empirical evidence demonstrating meaningful and sustained behavioral and/or health impact, supported by an appropriate evaluation design?
4. Human-Centered Design and Health Equity	15%	10%	Is the intervention grounded in priorities and lived experiences and responsive to affordability, culture, language, health literacy, transportation, technology access, food availability, and time burden? Innovator: Are these considerations substantively incorporated into design? Grand: Is there evidence that the solution achieves equitable engagement and outcomes across relevant populations and settings?
5. Healthcare, Community, and Food-	10%	10%	Does the solution connect participants, such as patients participating in the program, to clinicians, dietitians, community organizations, food providers, retailers,

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System Integration			benefits, public-health resources, or other supports? Innovator: Are partnerships and integration mechanisms credible and feasible? Grand: Are they sufficiently established and operational to support broader implementation and sustained impact?
6. Scalability and Financial Sustainability	5%	15%	Is there a credible model for continued delivery and expansion? Innovator: Is there a plausible initial pathway addressing workforce, technology, food/service delivery, partnerships, financing, and adoption? Grand: Is there a demonstrated or well-supported model for financing and expansion that can reach substantially more participants while maintaining personalization, effectiveness, and equity?
TOTAL	100%	100%	

How to Enter

To enter this Challenge, participants must:

- (1) **Register** by emailing one signed PDF KidneyX Registration form available below and submit to kidneyXprize@hhs.gov and
- (2) **email your Challenge submission** to kidneyXprize@hhs.gov.

Registration is required to be eligible to win a cash prize. When you register using the “HHS Challenge Participant Registration Form,” you will need to decide whether you are registering as:

- (1) an individual (on behalf of yourself);
- (2) a team (on behalf of a group of individuals competing together, but not on behalf of an established organization, institution, or corporation). If registering as a team, each participating Team is required to designate an eligible Team Leader who will register and submit on behalf of the Team members. The Team Leader is responsible for all communications with HHS; or
- (3) an entity (on behalf of a legally established organization, institution, or corporation).

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Your decision to register as an individual, team, or entity on the “HHS Challenge Participant Registration Form” will determine who HHS pays any winning prize money from this Challenge. Please see “Prize Payment Rules” in the “Rules” section. Before registering, you may wish to consider any potential tax consequences of registering as an individual, team, or entity.

The “HHS Challenge Participant Registration Form” is available under the “Resources” section for this Challenge.

HHS reserves the right, in its sole discretion, to grant or deny any request to update registration information on the KidneyX Registration Form after submission.

Participants must submit sufficient information for HHS to evaluate the submission against the applicable judging criteria. Submissions must describe the proposed solution, target population, approach, risk of CKM syndrome, improving kidney-related care, and anticipated impact on kidney health and relevant nutrition, lifestyle, behavioral, or health outcomes.

Submission Requirements — All Tracks

Solution Description: Submissions must include an executive summary describing the problem, proposed solution, target population, how the solution works, and anticipated impact. (150 words max)

Human-Centered and Patient-Driven Design: Describe how people living with kidney disease and/or care partners have been or will be meaningfully engaged and how the solution addresses real-world priorities, preferences, burdens, and cultural contexts. (125 words max)

Personalized, Actionable Nutrition: As applicable, describe how the solution translates evidence-based nutrition guidance and relevant clinical information into practical, individualized actions. (100 words max)

Whole-Person Lifestyle Support: As applicable, describe how nutrition is integrated with physical activity, metabolic health, sleep, stress, social support, or other relevant behaviors. (100 words max)

Health Equity by Design: Describe how the solution addresses barriers related to affordability, access, language, culture, transportation, technology, and local food environments. (125 words max)

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Healthcare and Community Integration: Describe relevant integration or partnerships across clinical, community, food-system, public-health, technology, payer, or other stakeholders. (100 words max)

Sustained Behavior Change: Describe mechanisms for promoting long-term adherence, including behavioral science, incentives, social support, personalization, convenience, feedback, or other appropriate approaches. (100 words max)

Measurement and Learning: Identify proposed outcome measures and describe how the solution will generate credible evidence of behavioral and/or relevant health impact. (100 words max)

Scalability and Sustainability: Describe a realistic pathway to adoption and continued operation, including relevant financing, workforce, partnerships, infrastructure, and dissemination. (100 words max)

Track-Specific Requirements

Track 1 — Submissions must demonstrate feasibility or preliminary effectiveness and provide an implementation and scaling plan supported by empirical evidence with reference to CKM Syndrome risk identification or care. Submissions must address participant engagement such as patients or those of the public who participate in the proposed solution created by challenge participant, measurable behavioral and/or clinical impact, operational feasibility, equity, scalability, and a credible pathway toward financial sustainability. (150 words max)

Track 2 — Submissions must demonstrate feasibility or preliminary effectiveness and provide an implementation and scaling plan supported by empirical evidence with reference to nutrition and lifestyle management. Submissions must address participant engagement such as patients or those of the public who participate in the proposed solution created by challenge participant, measurable behavioral and/or clinical impact, operational feasibility, equity, scalability, and a credible pathway toward financial sustainability. (150 words max)

Technical Requirements

Submissions must:

- Be submitted electronically in PDF format.
- Not exceed 2 pages, excluding the exclusions listed below. Section word limit above is designed to fit within the page limit at the required formatting.

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- The submission may include one table or figure not exceeding one-quarter page in total, used to illustrate outcome measures, a logic model, or supporting data. This table or figure counts toward the 2-page limit but is not counted against individual section word limits.
- Use a font size of at least 11 points and margins of at least 1 inch.
- Clearly identify an intended Track: Track 1 or Track 2.
- Directly address each applicable judging criterion, respecting the word limit in each section.
- For both tracks, provide appropriate support for claims of feasibility, preliminary effectiveness, and empirical results.
- Comply with all other registration, eligibility, and submission requirements in this Challenge announcement.

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KidneyX Challenge Participant / Solver Registration Form

Section 1 — Registration Type

I am registering for this Challenge as a(n):

- ☐ INDIVIDUAL (i.e., on behalf of myself). If you checked this box, you must complete Section 2.
- ☐ TEAM (i.e., on behalf of a group of individuals). If you checked this box, you must complete Section 3.
- ☐ ENTITY (i.e., on behalf of a legally established organization, institution, or corporation). If you checked this box, you must complete Section 4.

When choosing between TEAM and ENTITY, the difference is how the prize is paid: for a TEAM, payment goes to the TEAM LEADER, who then distributes it to other TEAM members; for an ENTITY, payment goes to the ENTITY itself.

Section 2 — Individual Registration

Complete this section if you are registering as an INDIVIDUAL, on your own behalf and not on behalf of a TEAM or ENTITY.

Last Name	First Name	Middle Name
Phone Number	Email	
City	State	

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the Announcement of Requirements and Registration for KidneyX Innovation Accelerator. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements, and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

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Signature

Print Name

Date

Section 3 — Team Registration

Complete this section if you are registering on behalf of a TEAM — you and all members are participating on your own behalf and not on behalf of an ENTITY.

Team Leader

Last Name

First Name

Middle Name

Phone Number

Email

City

State

Team Members

Name

Email

Name

Email

Name

Email

Name

Email

Add more rows as necessary.

☐ The Team Leader and each Team Member must certify: I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the Announcement of Requirements and Registration for KidneyX Innovation Accelerator. I agree that to participate in the Challenge, I must comply with the

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official eligibility criteria, rules, and requirements, and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

Add more rows as necessary.

Section 4 — Entity Registration

Complete this section if you (alone or with others) are registering on behalf of an ENTITY rather than on your own behalf.

Entity Name	City, State

Point of Contact

The Point of Contact is the individual participating on behalf of the Entity. If multiple individuals are participating together on behalf of an Entity, the Point of Contact is the lead for the group.

Last Name	First Name	Middle Name

Phone Number	Email

Additional Individuals (if applicable)

Name	Email

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Name	Email
Name	Email
Name	Email

Add more rows as necessary.

☐ I certify that I have the authority to register for this Challenge on behalf of the Entity listed above; that the Entity meets the eligibility criteria stated in the Announcement of Requirements and Registration for KidneyX Innovation Accelerator; and that the Entity agrees to comply with the official rules and requirements of the Challenge, and that participation in this Challenge constitutes full and unconditional agreement to abide by them.

Signature	Print Name	Date
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If multiple individuals are participating together on behalf of an Entity, all individuals must complete the following certification:

☐ I certify that I am participating in this Challenge on behalf of the Entity named above and agree to comply with the official eligibility criteria, rules, and requirements of the Challenge as stated in the Announcement of Requirements and Registration for KidneyX Innovation Accelerator.

Signature	Print Name	Date
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Signature	Print Name	Date
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Signature	Print Name	Date
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Add more rows as necessary.

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