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**Call for Collaborative Research Projects for Improved Health**

*SAMPLE APPLICATION*

***AHW is pleased to provide this sample application for applicant planning purposes. Please use this sample application as a guide to prepare your responses for the official application form, found on the AHW website. When filling out the official online application, only one user (based upon device IP address) will be able to return to saved work.*** ***It is recommended to use the sample application with your collaborators, then have one individual enter the completed application information online.***

Sample Application

# Call for Collaborative Research Projects for Improved Health

# Letter of Intent Application

*A Letter of Intent Application (LOI) is required before an invitation to submit a full proposal can be made.* ***The deadline for submission of the LOI is August 19, 2019 at 5:00 pm CST.*** *AHW will confirm receipt via email to the Principal Investigator. Following review, selected applicants will be invited to submit a full proposal application.*

# Project Information

**Project Title** (maximum 100 characters, including spaces)

**Goal Statement** - In two to three sentences, describe the relevance of this research to health improvement. Use plain language that can be understood by a lay audience. (maximum 400 characters, including spaces)

**Type of Collaboration:** Successful research teams will be new or enhanced collaborations with the intent to pursue new paths of study, overcome barriers, or integrate new research perspectives. Teams must represent one of four collaboration categories. **Select which collaboration type your team represents. (select one)**

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| **Basic/clinical/population science collaboration**  involves two or more investigators from different stages of research across the T0-T5 spectrum to speed the translation of knowledge and health impact | **Interdisciplinary collaboration between two or more disciplines**  to cross-pollinate different expertise and produce knowledge, instruments, models, and approaches that may not occur if tackled separately | **Junior/established investigator collaboration,** excluding existing mentor relationships, to expand the capacity of junior investigators and leverage existing expertise and resources held by established investigators | **Academic/industry collaboration** to stimulate the production of usable innovations to speed discovery and health impacts |

**Principal Investigator** – Projects must designate one (1) eligible Principal Investigator (PI). PIs must be full-time or full-professional effort MCW faculty in the School of Medicine. See the RFA for PI eligibility requirements. Collaboration among partners is required, but compliance with fiduciary and reporting requirements are the responsibility of the PI. The PI is also responsible for ensuring all partners receive communications, notifications, and instructions from AHW.

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| --- | --- | --- | --- |
| PI Name (MD/PhD): | | PI Title/Position: | |
| MCW Department: | | MCW Division: | |
| Phone Number: | | Email: | |
| Please indicate one of the following: | |  | |
| Basic science investigator | Clinical science investigator | | Population science investigator |
| MCW Standing: | |  | |
| Full-time faculty | | Full-professional effort status | |
| Department Administrator: | | Admin. Phone Number: | |
| Department Chair: | |  | |

**Co-Investigator(s)** – Project teams other than the academic/industry collaboration type must designate at least one (1) eligible Co-Investigator (Co-I). Co-Is must be full-time or full-professional effort MCW faculty in the School of Medicine. See the RFA for Co-I eligibility requirements. Projects are encouraged to designate additional Co-Is, as appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Co-I Name (MD/PhD): | | Co-I Title/Position: | |
| MCW Department: | | MCW Division: | |
| Phone Number: | | Email: | |
| Please indicate one of the following: | |  | |
| Basic science investigator | Clinical science investigator | | Population science investigator |
| MCW Standing: | |  | |
| Full-time faculty | | Full-professional effort status | |
| Department Administrator: | | Admin. Phone Number: | |
| Department Chair: | |  | |
|  | |  | |
| 2. Co-I Name (MD/PhD): | | Co-I Title/Position: | |
| MCW Department: | | MCW Division: | |
| Phone Number: | | Email: | |
| Please indicate one of the following: | |  | |
| Basic science investigator | Clinical science investigator | | Population science investigator |
| MCW Standing: | |  | |
| Full-time faculty | | Full-professional effort status | |
| Department Administrator: | | Admin. Phone Number: | |
| Department Chair: | |  | |
|  | |  | |
| 3. Co-I Name (MD/PhD): | | Co-I Title/Position: | |
| MCW Department: | | MCW Division: | |
| Phone Number: | | Email: | |
| Please indicate one of the following: | |  | |
| Basic science investigator | Clinical science investigator | | Population science investigator |
| MCW Standing: | |  | |
| Full-time faculty | | Full-professional effort status | |
| Department Administrator: | | Admin. Phone Number: | |
| Department Chair: | |  | |
|  | |  | |
| 4. Co-I Name (MD/PhD): | | Co-I Title/Position: | |
| MCW Department: | | MCW Division: | |
| Phone Number: | | Email: | |
| Please indicate one of the following: | |  | |
| Basic science investigator | Clinical science investigator | | Population science investigator |
| MCW Standing: | |  | |
| Full-time faculty | | Full-professional effort status | |
| Department Administrator: | | Admin. Phone Number: | |
| Department Chair: | |  | |
|  | |  | |
| 5. Co-I Name (MD/PhD): | | Co-I Title/Position: | |
| MCW Department: | | MCW Division: | |
| Phone Number: | | Email: | |
| Please indicate one of the following: | |  | |
| Basic science investigator | Clinical science investigator | | Population science investigator |
| MCW Standing: | |  | |
| Full-time faculty | | Full-professional effort status | |
| Department Administrator: | | Admin. Phone Number: | |
| Department Chair: | |  | |
|  | |  | |
| 6. Co-I Name (MD/PhD): | | Co-I Title/Position: | |
| MCW Department: | | MCW Division: | |
| Phone Number: | | Email: | |
| Please indicate one of the following: | |  | |
| Basic science investigator | Clinical science investigator | | Population science investigator |
| MCW Standing: | |  | |
| Full-time faculty | | Full-professional effort status | |
| Department Administrator: | | Admin. Phone Number: | |
| Department Chair: | |  | |
|  | |  | |
| 7. Co-I Name (MD/PhD): | | Co-I Title/Position: | |
| MCW Department: | | MCW Division: | |
| Phone Number: | | Email: | |
| Please indicate one of the following: | |  | |
| Basic science investigator | Clinical science investigator | | Population science investigator |
| MCW Standing: | |  | |
| Full-time faculty | | Full-professional effort status | |
| Department Administrator: | | Admin. Phone Number: | |
| Department Chair: | |  | |

**Collaborators(s):** Projects with the academic/industry collaboration must identify at least one collaborator from the industry partner. Projects other than the academic/industry collaboration may designate collaborators as appropriate, who are not subject to MCW faculty eligibility requirements. Collaborators typically have a smaller role in the project than a Co-I (e.g., technical expertise, provide clinical samples), and may or may not receive salary support.

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| --- | --- | --- | --- |
| Name (MD/PhD): | Institution/Organization: | Department: | Investigator Type: |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |
|  |  |  | Choose an item. |

**Project Budget**

|  |  |
| --- | --- |
| Total amount requested: | $ |
| Additional funds, if applicable: | $ |
| Source of additional funds: |  |
| Start date: | July 1, 2020 |
| Duration of funding: | 2 years |

# AHW Five-Year Plan Emphasis Areas

**Focus Areas:** AHW recognizes that the health issues threatening Wisconsin’s communities are complex, interrelated, and multi-faceted. While AHW will continue to support partners in responding to emerging health needs and opportunities, the bulk of its portfolio will be focused around three signature health areas. Approximately six awards will be granted through this funding cycle, with four awards reserved for projects aligning with AHW’s focus areas. Up to two awards will be granted for work in other areas. **Select the primary area of emphasis for this project. (select one)**

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| --- | --- | --- | --- |
| **Improving Heart Health**  Advancing cardiovascular health by seeking solutions across genetic and biologic factors, health behaviors and the socioeconomic conditions that lead to poor heart health outcomes | **Supporting Healthy Minds**  Advancing brain and behavioral health by seeking solutions across brain conditions, diseases and injuries, as well as the emotions, behaviors and biology of mental wellness and substance use | **Dismantling Cancer**  Advancing improvements in cancer by seeking solutions that improve understanding, prevention, and survival in the fight against cancer and its causes | **Other** |

If applicable, select additional focus areas(s). (select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| **Improving Heart Health** | **Supporting Healthy Minds** | **Dismantling Cancer** | **Other** |

Please describe how the proposed work addresses each of the selected AHW focus areas. If other, describe how the proposed work aligns with MCW School of Medicine research priorities. (up to 2,000 characters, including spaces)

**Determinants of Health:** AHW recognizes that determinants of health are the contributing and risk factors that lead to increased risk for disease, disability, and death within each focus area. While there are many different definitions of determinants of health, AHW is guided by three broad categories of determinants. **Select the primary area of emphasis for this project (select one).**

|  |  |  |
| --- | --- | --- |
| Biological and Genetic  Factors  Including areas such as:   * Genetic makeup (chromosomal, single-gene) * Physical body structure (age, weight) * Bodily function (blood pressure, biochemical function) | Health Behaviors and Health Care Factors  Including areas such as:   * Diet, physical activity, alcohol / tobacco and other drug use, sexual activity * Policies that impact individual and population health * Health services, such as access to and quality of care | Social, Economic and Environmental Factors  Including areas such as:   * Availability of resources to meet daily needs, such as living wage and healthy foods * Social supports and interactions * Public safety * Exposure to toxic substances and physical hazards * Social norms and attitudes, such as discrimination * Exposure to crime, violence and social disorder * Quality schools * Housing, homes and neighborhoods |

If applicable, select additional areas(s) of emphasis for this project. (select all that apply)

|  |  |  |
| --- | --- | --- |
| Biological and Genetic  Factors | Health Behaviors and Health Care Factors | Social, Economic and Environmental Factors |

Please describe how the proposed work addresses each of the determinant of health areas. (up to 2,000 characters, including spaces)

# Narrative Questions

The questions below are designed to allow research teams to describe their collaboration and proposed research, as well as the project’s impacts on the health of Wisconsin communities.

1. Describe the overall problem to be addressed, the impact it will have on the health of Wisconsin communities, and the specific aims you are proposing to address the problem. (up to 6,750 characters, including spaces)

1. Briefly describe the research methodology. Please include: the rationale for your research, including any preliminary data, if available; the experiments you will do to accomplish each aim; and how you will demonstrate statistical significance given your research resources and/or patient population available for recruitment, if applicable. (Up to 4,500 characters, including spaces. A citations page and one page of data may be included as an attachment, if needed.)

     

1. Describe your research collaboration and how it aligns with the collaboration category selected above. Describe how the collaboration will enable your team to pursue new paths of study, overcome barriers, and/or integrate new research perspectives to address your research question. If your team is an enhancement of an already established research collaboration, explain how it has been enhanced. (up to 4,500 characters, including spaces)

# Review Information

The questions below will be used to guide the merit review of your proposal at the LOI and, if applicable, full proposal stages.

1. Merit reviews at both the LOI and full proposal stages will be completed by a review body consisting of two panels: one comprised of clinical/population science experts and another comprised of basic science experts. Please identify which panel you would prefer to review your submission. Preference for a particular panel does not guarantee review by that panel.
2. At the full proposal stage, each application will also receive review by an external expert as recommended by the applicant. In anticipation of the full proposal review, please provide four recommendations of external experts (non-MCW) to serve as external reviewers for your full proposal application. Should you be invited to the full proposal stage, one of your recommendations may be selected to serve as a reviewer. **Please follow the criteria below when making reviewer recommendations:**
3. External reviewers should be more senior in appointment
4. External reviewers may not have been employed at MCW within the last five years
5. External reviewers may not have been a collaborator or had any other professional relationships with the applicant PI or Co-I(s) within the last three years

|  |  |
| --- | --- |
| **A. Reviewer Name, (MD/PhD):** | |
| Title/Position: | |
| Institution: | Phone Number: |
| Department: | Email Address: |
| Area of Expertise: | |

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| --- | --- |
| **B. Reviewer Name, (MD/PhD):** | |
| Title/Position: | |
| Institution: | Phone Number: |
| Department: | Email Address: |
| Area of Expertise: | |

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| --- | --- |
| **C. Reviewer Name, (MD/PhD):** | |
| Title/Position: | |
| Institution: | Phone Number: |
| Department: | Email Address: |
| Area of Expertise: | |

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| --- | --- |
| **D. Reviewer Name, (MD/PhD):** | |
| Title/Position: | |
| Institution: | Phone Number: |
| Department: | Email Address: |
| Area of Expertise: | |

# Attachments

The following items should be completed and compiled in the order below as a single PDF document, which will be uploaded to the online application form. Name the PDF packet as “PI Last Name - LOI Attachment” and upload it to the online application form before submitting.

1. Optional: 1-page of data may be included, as applicable.
2. Optional: 1-page of citations may be included, as applicable.
3. Required: NIH Biosketches for the PI and each Co-I and industry partners in the academic/industry collaboration type. Biosketches for additional key personnel may be included, as appropriate.
4. Required for academic/industry collaborations only: include a letter of support from the industry partner to demonstrate commitment to the project and appropriateness of the collaboration.
5. Required: Completed signature page, including signatures of the PI, all Co-Is, and PI/Co-I Department Chairs, and industry partner (for academic/industry collaborations). Signature page can be downloaded from the AHW website.