

# Letter of Intent Signature Form Call for Innovations to Advance Wisconsin’s Health Workforce

*Signatures are required from the primary community partner organization and the MCW PI, Co-Is and their respective department chair(s) based on the collaboration type selected in the LOI application. Electronic signatures (sign and scan) are acceptable. Multiple forms may be used.*

*This form must be completed and compiled with other required documents into a single PDF document and uploaded to the online application form to complete the LOI submission.*

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| **Primary community partner organization (if applicable):** |
| Organization Name: |
| Primary Community Partner Contact Name: |
| Primary Community Partner Contact Signature: |
| Authorized Signature (if difference from above): |
| Authorized Signature Name: |
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| **MCW Principal Investigator** |
| PI Name: |
| PI Signature: |
| Department Chair Name: |
| Department Chair Signature: |
|  |
| **CO-INVESTIGATOR #1 (if applicable)** |
| Co-I Name: |
| Co-I Signature: |
| Department Chair Name: |
| Department Chair Signature: |
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| **CO-INVESTIGATOR #2 (if applicable)** |
| CO-I Name: |
| Co-I Signature: |
| Department Chair Name: |
| Department Chair Signature: |
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| **CO-INVESTIGATOR #3 (if applicable)** |
| Co-I Name: |
| Co-I Signature: |
| Department Chair Name: |
| Department Chair Signature: |
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| **CO-INVESTIGATOR #4 (if applicable)** |
| Co-I Name: |
| Co-I Signature: |
| Department Chair Name: |
| Department Chair Signature: |
|  |
| **CO-INVESTIGATOR #5 (if applicable)** |
| Co-I Name: |
| Co-I Signature: |
| Department Chair Name: |
| Department Chair Signature: |