

# Letter of Intent Signature FormCall 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:       |
|  |
| **MCW Principal Investigator**  |
| PI Name:       |
| PI Signature:  |
| Department Chair Name:       |
| Department Chair Signature:  |
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| **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:  |