Sample Letter of Intent

# Call for Applications: Collaborative Research for Improved Health

*Eligible collaborations are invited to submit the following Letter of Intent (LOI) application to apply for AHW’s Call for Applications: Collaborative Research for Improved Health. The application must be completed and submitted using the online form available via the AHW website at* [*ahwendowment.org*](https://ahwendowment.org/AHW.htm)*. The online application form only supports Plain Text. No text effects such as bold, italics, underlining, bulleting, numbering, etc. will be captured in the final submission. No paper or emailed applications will be considered.* ***The deadline for LOI submission is November 16, 2020 by 5:00 pm CST.*** *Late LOIs will not be accepted.*

# Project Information

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

Not for Submission

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

**Award Budget**

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| Total amount requested (**required;** in whole dollars): | $      |
| Additional funds, if applicable: | $      |
| Source of additional funds: |        |
| Start date: | July 1, 2021 |
| Duration of funding (**required;** in months): |        months |

# Project Team Information

**Type of Collaboration:** Successful research teams will be new, enhanced, or existing collaborations with the intent to pursue new paths of study, overcome barriers, or integrate new research perspectives to improve health in Wisconsin. Teams must represent one of four collaboration categories. **Select which collaboration type your team represents. (required; 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** to create new opportunities to increase knowledge, skills, networks, and resources by expanding capacity of junior investigators and leveraging expertise and resources held by established investigators | [ ]  **Academic/industry collaboration** to stimulate the production of usable innovations to speed discovery and health impacts |

**MCW Principal Investigator (required)** – Projects must designate one (1) eligible MCW Principal Investigator (PI). PIs must be full-time or full professional effort MCW faculty with the rank of Assistant Professor, Associate Professor, or Professor with a primary appointment in the School of Medicine. See the RFA for MCW PI eligibility requirements. Collaboration among partners is required, but compliance with fiduciary and reporting requirements are the responsibility of the PI.

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| --- |
| MCW PI Name (First Last, Suffix/Credentials):       |
| Title/Position:       |
| MCW Department:       | MCW Division:       |
| Work Phone:       | Email:       |
| Cell Phone:       |  |
| 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:       |
| Department Chair:       | Department Chair email:       |

Not for Submission

**MCW Co-Investigator (required, except for academic/industry)** – Project teams other than the academic/industry collaboration type must designate at least one (1) eligible MCW Co-Investigator (Co-I). The MCW Co-I must be full-time or full professional effort MCW faculty. See the RFA for MCW Co-I eligibility requirements.

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| --- |
| 1. MCW Co-I Name (First Last, Suffix/Credentials):       |
| Title/Position:       |
| MCW Department:       | MCW Division:       |
| Phone:       | 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:       |
| Department Chair:       | Department Chair email:       |
|  |  |
| **Additional Co-Investigator(s)** – Projects are encouraged to include additional Co-Is, as appropriate, who are not subject to the same eligibility requirements as the MCW Co-I. Additional Co-Is may be faculty at MCW or at institutions outside of MCW. See the RFA for Additional Co-I eligibility requirements. |
| 2. Co-I Name (First Last, Suffix/Credentials):       |
| Title/Position:       |
| Institution:       |
| Department:       | Division:       |
| Phone:       | Email:       |
| Please indicate one of the following: |  |
| [ ]  Basic science investigator | [ ]  Clinical science investigator | [ ]  Population science investigator |
| Department Administrator:       | Admin. Phone:       |
| Department Chair:       | Department Chair email:       |
|  |  |
| 3. Co-I Name (First Last, Suffix/Credentials):       |
| Title/Position:       |
| Institution:       |
| Department:       | Division:       |
| Phone:       | Email:       |
| Please indicate one of the following: |  |
| [ ]  Basic science investigator | [ ]  Clinical science investigator | [ ]  Population science investigator |
| Department Administrator:       | Admin. Phone:       |
| Department Chair:       | Department Chair email:       |
|  |  |
| 4. Co-I Name (First Last, Suffix/Credentials):       |
| Title/Position:       |
| Institution:       |
| Department:       | Division:       |
| Phone:       | Email:       |
| Please indicate one of the following: |  |
| [ ]  Basic science investigator | [ ]  Clinical science investigator | [ ]  Population science investigator |
| Department Administrator:      Not for Submission | Admin. Phone:       |
| Department Chair:       | Department Chair email:       |
|  |  |
| 5. Co-I Name (First Last, Suffix/Credentials):       |
| Title/Position:       |
| Institution:       |
| Department:       | Division:       |
| Phone:       | Email:       |
| Please indicate one of the following: |  |
| [ ]  Basic science investigator | [ ]  Clinical science investigator | [ ]  Population science investigator |
| Department Administrator:       | Admin. Phone:       |
| Department Chair:       | Department Chair email:       |
|  |  |
| 6. Co-I Name (First Last, Suffix/Credentials):       |
| Title/Position:       |
| Institution:       |
| Department:       | Division:       |
| Phone:       | Email:       |
| Please indicate one of the following: |  |
| [ ]  Basic science investigator | [ ]  Clinical science investigator | [ ]  Population science investigator |
| Department Administrator:       | Admin. Phone:       |
| Department Chair:       | Department Chair email:       |
|  |  |
| 7. Co-I Name (First Last, Suffix/Credentials):       |
| Title/Position:       |
| Institution:       |
| Department:       | Division:       |
| Phone:       | Email:       |
| Please indicate one of the following: |  |
| [ ]  Basic science investigator | [ ]  Clinical science investigator | [ ]  Population science investigator |
| Department Administrator:       | Admin. Phone:       |
| Department Chair:       | Department Chair email:       |
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| **Industry Partner(s) (Required for Academic/Industry Collaborations)** – Projects with the academic/industry collaboration must identify at least one collaborator from the industry partner. |
| 1. Industry Partner Name, Credentials:       |
| Title/Position:      Not for Submission |
| Institution/Organization:       |
| Phone:       | Email:       |
|  |
| 2. Industry Partner Name, Credentials:       |
| Title/Position:       |
| Institution/Organization:       |
| Phone:       | Email:       |
|  |
| 3. Industry Partner Name, Credentials:       |
| Title/Position:       |
| Institution/Organization:       |
| Phone:       | Email:       |

**Collaborators(s):** Projects 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).

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| --- | --- | --- | --- |
| Name, Credentials: | 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. |

# AHW Five-Year Plan Emphasis Areas

AHW Focus Areas – AHW recognizes that the health issues threatening Wisconsin’s residents and communities are complex, interrelated, and multi-faceted. While AHW supports partners in responding to emerging health needs and opportunities, we aim to focus in three signature health areas:

Not for Submission

* 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

|  |  |
| --- | --- |
| Primary (required)Please select **one (1)** primary area of emphasis for this project: | SecondaryIf applicable, select **all** additional focus area(s): |
| [ ]  Improving Heart Health | [ ]  Improving Heart Health |
| [ ]  Supporting Healthy Minds | [ ]  Supporting Healthy Minds |
| [ ]  Dismantling Cancer | [ ]  Dismantling Cancer |
| [ ]  Other, please describe:       | [ ]  Other, please describe:       |

AHW 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:

* Biological and genetic factors – Including areas such as: genetic makeup (chromosomal, single-gene); physical body structure (age, weight); and 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; and 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; and housing, homes and neighborhoods

|  |  |
| --- | --- |
| Primary (required)Please select **one (1)** primary area of emphasis for this project: | SecondaryIf applicable, select **all** additional determinants(s): |
| [ ]  Biological and genetic factors | [ ]  Biological and genetic factors |
| [ ]  Health behaviors and health care factors | [ ]  Health behaviors and health care factors |
| [ ]  Social, economic and environmental factors | [ ]  Social, economic and environmental factors |

Health Equity – AHW is committed to advancing health equity across Wisconsin. Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” (<https://www.cdc.gov/chronicdisease/healthequity/index.htm>)

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| --- |
| If applicable, please select **all** ways that your project aims to impact equity **(required)**: |
| [ ]  Project aims, objectives, strategy or approach |
| [ ]  Project team participation |
| [ ]  Population the project aims to serve or directly impact |
| [ ]  Health issue, disease, or condition the project is focused on |
| [ ]  Other, please describe:       |
| [ ]  This project is not designed to impact equity  |

# Narrative Questions

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

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

Not for Submission

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. (**required**; maximum 4,500 characters, including spaces. Citations may be included below, 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. 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. (**required**; maximum 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 review your submission. Preference for a particular panel does not guarantee review by that panel. (**required**)

[ ]  Basic science review panel

[ ]  Clinical/population science review panel

1. 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 an external reviewer. **Please follow the criteria below when making reviewer recommendations:**
2. External reviewers should be more senior in appointment
3. External reviewers may not have been employed at MCW within the last three years
4. 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

Not for Submission

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| --- |
| **A. Reviewer Name, Credentials (required):**       |
| Title/Position:       |
| Institution:        | Phone:       |
| Department:       | Email:       |
| Area of Expertise:       |

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| --- |
| **B. Reviewer Name, Credentials (required):**       |
| Title/Position:       |
| Institution:        | Phone:       |
| Department:       | Email:       |
| Area of Expertise:       |

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| **C. Reviewer Name, Credentials (required):**       |
| Title/Position:       |
| Institution:        | Phone:       |
| Department:       | Email:       |
| Area of Expertise:       |

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| **D. Reviewer Name, Credentials (required):**       |
| Title/Position:       |
| Institution:        | Phone:       |
| Department:       | Email:       |
| Area of Expertise:       |

# Citations

Please use plain text to list citations (optional).

# Attachments (required)

The following items should be completed and uploaded individually to the online application form before submitting.

1. Required: NIH Biosketches for the PI, each Co-I, and industry partner(s) in the academic/industry collaboration type.
2. Optional: 1-page of data may be included, as applicable.

# Signatures (required)

Following successful submission of the completed LOI through the online form, signatures will be required via DocuSign from the following in individuals to indicate their awareness and support of the submitted application:

Not for Submission

* MCW PI and their respective MCW Department Chair
* MCW Co-I
* Additional Co-I(s)
* Industry partner collaborator, if applicable (academic/industry collaborations only)

Following submission, each of the individuals above will receive an email with instructions to complete and submit their signature. Please note that required signatures must be submitted by 5:00 pm on November 19, 2020 to complete the LOI submission and be eligible to advance to merit review.

