Sample Letter of Intent

# Call for Applications: Policy and Systems Changes for Improved Health

*The following Letter of Intent (LOI) application is required before an invitation to submit a full proposal can be made. The application must be completed and submitted using this online form. This 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, and no attachments will be accepted.****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):

**Goal/Change Statement** - brief statement describing the goal of the proposed systems and policy change, the community and need, and desired outcome for population (**required;** maximum 400 characters, including spaces)

Award Budget

|  |  |
| --- | --- |
| Total Amount Requested (**required**, in whole dollars: | $      |
| Amount for Academic partner: |        |
| Amount for Community partner: |        |

 Start Date: July 1, 2021

 Duration of Funding (**required**; in months):

**System Declaration:** A system is any type of entity that is made up of parts that interact. Together these parts and their interconnections create a whole and produce their own pattern of behavior over time, which in turn produces a result. A system is typically a social system such as education, housing, or health care.

What system(s) will be changed? (**required**; max 110 characters including spaces)

# Project Team Information

**Primary Community Partner –** **required -** Projects must designate one (1) eligible primary community partner organization to serve as the fiscal agent for the project. Identify one (1) contact person at the primary community partner organization who will share responsibility with the primary MCW School of Medicine academic partner of transferring all communications, notifications and instructions from AHW to all members of the partnership and will be responsible for the fiduciary and reporting requirements on behalf of the larger partnership. See full RFA for eligibility requirements.

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| --- | --- |
| Organization Name:       |  |
| Contact Name:       | Title:       |
| Email:       |  |
| Work Phone Number (XXX-XXX-XXXX):       | Cell Phone Number (XXX-XXX-XXXX):      |
| Authorized Signature Name (if different from contact):       |
| Authorized Signature Email:       |
| Organization Website:       |

Type of organization:

|  |  |  |
| --- | --- | --- |
| [ ]  Non-profit organization (*check the applicable type below*):[ ]  health, social service or other community-based organization[ ]  faith-based organization[ ]  private university or school[ ]  other (specify):   | **or** | [ ] Government organization (*check the applicable type below*)[ ]  state or local government[ ]  Tribal organization[ ]  public university or school[ ]  other (specify):       |

**Primary MCW School of Medicine Academic Partner** – **required-** Projects must designate one (1) eligible primary MCW School of Medicine academic partner. Collaboration among partners is expected, but responsibility for reporting the administrative and budgetary aspects of the project to AHW lies with the primary partners. The primary partners share the responsibility of transferring all communications, notifications and instructions from AHW to all members of the partnership.

|  |  |
| --- | --- |
| Name:       | Title:       |
| MCW Department:       | MCW Division (if applicable):       |
| Work Phone Number (XXX-XXX-XXXX):       | Cell phone Number (XXX-XXX-XXXX):      Email:       |
| MCW Standing:  | Cell Phone:       |
| [ ] Full-time faculty | [ ] Full-professional effort status faculty |
| [ ]  MCW Staff (with eligible MCW faculty oversight) |  |

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| --- |
| Department Administrator Name:       |
| Administrator Phone (XXX-XXX-XXXX):       |
|  |
| Department Chair Name:      Department Chair Email:       |

For academic staff, an eligible MCW faculty must approve the staff person’s participation on this project and provide oversight throughout the award period. Indicate the MCW faculty member:

Name:

MCW Department:       Email:

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| **Collaborators(s):** Key players from the sectors driving the system, as well as those impacted by the system, must work collaboratively, sharing power, responsibility, and engagement. By bringing these partners together the various sectors, levers and pieces of a system can be truly understood and mapped to identify what is moveable. Please identify project collaborators.  |
| Name: | Organization: | Role (leader, facilitator, partner) |
|       |       |       |
|       |       |       |
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# 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:

* 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

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| --- | --- |
| 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

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| --- | --- |
| 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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| --- |
| Please select **all** applicable 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:      **Geographic Area Impacted** –*choose the area that best reflects the project’s primary geographic activity area:* Please select the area that best reflects the project’s **primary** geographic activity area **(required)**:[ ]  Statewide[ ]  Rural – list the **primary** counties: [ ]  Urban – list the **primary** counties:  |

# Narrative Questions

The questions below are designed to allow partnerships to describe their proposed policy and systems change and how it aligns with AHW’s principles, the Community-Academic Partnership Model, and criteria outlined in the call. Please limit responses to a maximum 3,000 characters per question, including spaces.

1. Describe the need for change by explaining the targeted system intended to be changed. What is the gap or problem this partnership is trying to solve? Identify the change to status quo that will occur (i.e. the regulations, rules, priorities, protocols or practices within and/or across the organizations and communities that will be changed).

1. Describe the sector players that interact with the system. Describe the quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints. Describe the power dynamics, or the distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations involved. Describe additional partners needed, but not yet engaged.

1. What are the specific strategies and activities that will be used to achieve the change? What resources are needed? How will resource flows be altered to sustain the proposed change? What barriers are anticipated? How will the collaborative know it has succeeded in implementing the change?

1. How will the proposed change to the system improve health equity? How will it address a disparity? How are those most adversely impacted by the current system going to be engaged in the process of change? What will be the resulting population-level health impact?

1. How will the change be maintained? What is the mental model/narratives that will be changed across the system (i.e. habits of thought, deeply held beliefs and assumptions, and taken-for-granted ways of operating that influence how we think, what we do, and how we talk)?

# Citations

Please use plain text to list citations (optional).

# Signatures

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

* MCW PI and their respective MCW Department Chair or Center Leadership
* Community partner organization primary contact and an individual authorized signer, if different than primary contact

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.

