Sample Letter of Intent

# Call for Applications: Innovations to Advance Wisconsin’s Health Workforce

*Eligible collaborations are invited to submit the following Letter of Intent (LOI) application to apply for AHW’s Call for Applications: Innovations to Advance Wisconsin’s Health Workforce. 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 form only supports Plain Text. No text effects such as bold, italics, underlining, bulleting, numbering, etc. will be captured in the final online 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.*

Not for Submission

# Project Information

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

**Goal Statement** – Please provide a brief statement describing the goal of the proposed project, including the health workforce development resource to be created, the health workforce field(s) that the resource targets, and the resulting intended health impact. (**required;** maximum 400 characters, including spaces)

**Award Budget** **–** The Total Amount Requested field is set to auto-calculate in the online form. Community-led collaborations should complete both the Amount for MCW and Amount for Community fields to equal the Total Amount Requested for the proposed project. MCW-led collaborations should fill in 0 (zero) for the Amount for Community field and put the total budget request for the proposed project in the Amount for MCW field.

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| --- | --- |
| Total Amount Requested (field will auto-calculate): | $ |
| Amount for MCW (**required;** in whole dollars): | $ |
| Amount for Community (**required;** in whole dollars): | $ |
|  |  |
| Additional Funds (if applicable): | $ |
| Source of Additional Funds (if applicable): | $ |
|  |  |
| Project Start Date: | July 1, 2021 |
| Duration (**required;** in months): |  |

# Project Team Information

**Project Team** **Type** – Please select the type of project team that will engage in the project, based on the following descriptions **(required)**:

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| --- | --- | --- | --- |
|  | **Community-Led Collaboration**   * Target workforce(s) or workforce field(s) to immediately use and be impacted by the resource resulting from the project are employed or trained outside of MCW and its affiliates * Project partner committing to institutionalizing and sustaining the resource resulting from the project is a Wisconsin-based entity outside of MCW and its affiliates |  | **MCW-Led Collaboration**   * Target workforce(s) or workforce field(s) to immediately use and be impacted by the resource resulting from the project are employed or trained by MCW and its affiliates * Project partner committing to institutionalizing and sustaining the resource resulting from the project is MCW and/or its affiliates (at a minimum) |

## Project Team Members

Not for Submission

**Primary Community Partner (required – community-led collaborations only)** – Project team 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 MCW PI for transferring all communications, notifications, and instructions from AHW to all members of the project team and will be responsible for the fiduciary and reporting requirements on behalf of the community portion of the project team. See full RFA for eligibility requirements.

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| Community Partner Organization: | | |
| Contact Name (First Last, Suffix/Credentials): | | |
| Title: | | |
| Work Phone Number (XXX-XXX-XXXX): | Cell Phone Number (XXX-XXX-XXXX): | |
| Email: | | |
| Authorized Signature Name (if different from contact): | | |
| Authorized Signature Email: | | |
| Organization Website: | | |
| Type of Organization:  Nonprofit 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): |

**MCW School of Medicine Principal Investigator (required – community-led collaborations and MCW-led collaborations)** – Project team must designate one (1) eligible primary MCW School of Medicine PI. For community-led collaborations, the MCW PI is responsible for the fiduciary and reporting requirements of the MCW portion of the project and project budget and shares the responsibility for transferring all communications, notifications, and instructions from AHW to all members of the project team. For MCW-led collaborations, the MCW PI is solely responsible for these tasks. See full RFA for eligibility requirements.

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| --- | --- |
| Name (First Last, Suffix/Credentials): | |
| Title: | |
| MCW Department: | MCW Division: |
| Work Phone Number (XXX-XXX-XXXX): | Cell Phone Number (XXX-XXX-XXXX): |
| Email: | |
| MCW Standing:  Full-time faculty | Full-professional effort status faculty |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: | Department Chair Email: |

**MCW Co-Investigators (required – MCW-led collaborations only)** – Project team must designate at least one (1) eligible MCW Co-Investigator (Co-I) and are encouraged to designate additional Co-Is, as appropriate to ensure the necessary skill sets and expertise are engaged in the project team. Co-Is must be full-time or full-professional effort MCW faculty. See full RFA for eligibility requirements.

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| --- | --- |
| Co-I Name (First Last, Suffix/Credentials): | |
| Title: | |
| MCW Department: | MCW Division: |
| Phone Number (XXX-XXX-XXXX): | Email: |
| MCW Standing:  Full-time faculty | Full-professional effort status faculty |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: | Department Chair Email: |
|  | |
| Co-I Name (First Last, Suffix/Credentials): | |
| Title: | |
| MCW Department: | MCW Division: |
| Phone Number (XXX-XXX-XXXX): | Email: |
| MCW Standing:  Full-time faculty | Full-professional effort status faculty |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: | Department Chair Email: |
|  | |
| Co-I Name (First Last, Suffix/Credentials): | |
| Title: | |
| MCW Department: | MCW Division: |
| Phone Number (XXX-XXX-XXXX): | Email: |
| MCW Standing:  Full-time faculty | Full-professional effort status faculty |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: | Department Chair Email: |
|  | |
| Co-I Name (First Last, Suffix/Credentials): | |
| Title: | |
| MCW Department: | MCW Division: |
| Phone Number (XXX-XXX-XXXX): | Email: |
| MCW Standing:  Full-time faculty | Full-professional effort status faculty |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: | Department Chair Email: |
|  | |
| Co-I Name (First Last, Suffix/Credentials): | |
| Title: | |
| MCW Department: | MCW Division: |
| Phone Number (XXX-XXX-XXXX): | Email: |
| MCW Standing:  Full-time faculty | Full-professional effort status faculty |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: | Department Chair Email: |

**Collaborator(s)** **(highly encouraged – community-led collaborations and MCW-led collaborations)** – Please list additional key members of the project team to demonstrate that the project team brings together individuals with the necessary skill sets, experience, influence, and expertise to inform, develop, test, institutionalize, and evaluate the proposed health workforce development resource. Project teams are encouraged to be multi-sector and must include individual(s) with authority from organizations or institutions with the ability and commitment to sustain the workforce development resource beyond the project period. Collaborators are not subject to primary community partner organization or MCW faculty eligibility requirements. Collaborator slots in the online form are limited to a maximum of 10.

Not for Submission

Not for Submission

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| **Name:** | **Institution/Organization:** | **Project Team Role:** |
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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: | Secondary If 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: | Secondary If applicable, select **all** additional determinant(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>).

Not for Submission

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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

|  |
| --- |
| 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

1. Describe the proposed health workforce development resource that will be created by the project team, including a brief description of the anticipated resource purpose, content, and format. (**required;** maximum 1,000 characters, including spaces)

1. Describe the health workforce field(s) that is the intended audience to use and be impacted by the proposed workforce development resource. (**required;** maximum 1,000 characters, including spaces)

1. Describe the need for the proposed workforce development resource, including applicable data relevant to Wisconsin’s health workforce, populations, or communities and Wisconsin’s leading health challenges that demonstrate why this is a priority to advance Wisconsin’s health workforce and Wisconsin’s health. (**required;** maximum 3,000 characters, including spaces)

1. Describe how the proposed workforce development resource and/or intended impact on the target health workforce(s) will contribute to advancing health equity. (**required;** maximum 3,000 characters, including spaces)

1. Briefly describe the proposed project methods, including specific strategies and activities, to develop, test, institutionalize, and evaluate the proposed workforce development resource. Applicants are encouraged to clearly label the project phases in their response. Please see page 4 of the RFA for details on the required project phases. (**required;** maximum 3,000 characters, including spaces)

1. Describe the project team, including specific roles, expertise, and perspectives for all team members that will support the project team to carry out the proposed strategies and activities. For collaborators, please indicate if these partners are committed to the project and engaging in the planning process or, if not already engaged, how the partners will be brought into the project. (**required;** maximum 3,000 characters, including spaces)

# 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 an AHW-initiated DocuSign process 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
* Primary community partner organization contact and an individual authorized signer, if applicable (community-led collaborations only)
* Each MCW Co-I (MCW-led 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.

Not for Submission