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Sample Application (not for submission)

# Call for Applications: Community-Led Seed Grants

*Eligible community-led collaborative teams are invited to submit the following application through the online form to apply for AHW’s Call for Applications: Community-Led Sed Grants funding opportunity. 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 form fields in the final submission. No paper or emailed applications will be considered.* ***The deadline for submissions is September 12, 2022 by 5:00 pm CST.*** *Late applications will not be accepted.*

*Please refer to the Community-led Seed Grants funding opportunity page on the* [*AHW website*](https://ahwendowment.org/AHW/Funding-Center.htm) *for additional instructions and requirements**, including the AHW form templates to download, complete and attach in the appropriate fields in this online form.*

**This template is not for submission and may only be used to draft the application. Only applications submitted through the** [**online application form**](https://ahwendowment.tfaforms.net/f/CommunityLedSeedGrantApplication) **will be considered for review.**

*For questions or to discuss your Community-led Seeds Grants idea, please contact Benjamin Martinez, AHW program manager, at* [*bemartinez@mcw.edu*](mailto:bemartinez@mcw.edu)*.*

*AHW does not discriminate against individuals on the basis of age, race, creed, religion, color, disability, marital status, sex, national origin, ancestry, sexual orientation, gender identity, arrest record, conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or the State of Wisconsin or use or nonuse of lawful products off MCW’s premises during nonworking hours.*

# 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 intended impact on health or health equity in Wisconsin. (**required;** maximum 400 characters, including spaces)

**Award Budget**

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| --- | --- |
| Total amount requested  (**calculate from amount for community and MCW;** in whole dollars and not to exceed $50,000 maximum): | $ |
| Amount for community (**required;** in whole dollars): |  |
| Amount for MCW (**required;** in whole dollars): |  |
| Additional funds, if applicable: | $ |
| Source of additional funds: |  |
| Start date: | January 1, 2023 |
| Duration of funding (**required;** in months and not to exceed 12 months maximum): |  |

Please provide 3-4 keywords or phrases that best describe your project and the type of expertise needed to support a quality review of your proposal. (**required;** maximum 400 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 MCW Principal Investigator (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 larger partnership. See the call for applications for eligibility requirements.

|  |  |  |
| --- | --- | --- |
| **Primary Community Partner Organization Information** | | |
| Organization Name (**required**): | | |
| Organization Website (**required**): | | |
| Does your organization have social media handles that you would like to share with AHW?  Yes  No  If yes, please provide:  Twitter Handle: Facebook Handle:  LinkedIn Handle: Instagram Handle: | | |
| Type of organization (**required**): | | |
| 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): |
| If nonprofit organization is selected, please attach a copy of your **IRS nonprofit verification** (PDF) here. (**required**) | | |
| **Primary Community Partner Organization Contact** | | |
| Name (First Last, Suffix/Credentials) (**required**): | | |
| Preferred Name (**required**): | | Pronouns: |
| Title (**required**): | | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | | Cell Phone Number (XXX-XXX-XXXX) (**required**): |
| Email (**required**): | | |
| Authorized Signer Name (if applicable): | | Authorized Signer Email: |

**Community Partner Non-Supplanting Attestation**

Attach completed Non-Supplanting Attestation (PDF) here (**required**)

**MCW School of Medicine Principal Investigator** (**required**)– Project teams must designate one (1) eligible MCW School of Medicine 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 call for applications for MCW PI eligibility requirements.

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| **MCW PI Contact Information** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name (**required**): | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Cell Phone Number (XXX-XXX-XXXX) (**required**): |
| Email (**required**): | |
| MCW Standing (**required**):  Full-time faculty | Full-professional effort status faculty |
| Department (**required**): | |
| Does your department/center/division have social media handles that you would like to share with AHW?  Yes  No  If yes, please provide:  Twitter Handle: Facebook Handle:  LinkedIn Handle: Instagram Handle: | |

**MCW PI Non-Supplanting Attestation**

Attach completed Non-Supplanting Attestation (PDF) here (**required**)

**Collaborator(s)** – 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 carry out the project. Any individual and/or organization listed as a collaborator should be committed to the proposed project and ready to engage in the project based on their specified role, if funded. Collaborators are not subject to primary community partner or MCW PI eligibility requirements. Please note that the online form is limited to ten collaborators.

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| **Name:** | **Organization/Department:** | **Project Role** (maximum 50 characters, including spaces) |
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Do you have any additional project partners labeled as PI/Co-I, or similarly, within the proposal materials (including the list of collaborators, budget workbook, budget justification, etc.)? (**required**)

Yes No

If yes, please attach a completed non-supplanting attestation form for each additional individual as a combined PDF here

**Nepotism Attestation**

MCW’s Corporate Policies and Procedures for Human Resources – Nepotism ([MCW Policy HR.EE.110](https://infoscope.mcw.edu/Corporate-Policies/Nepotism.htm)) states that no MCW employee shall assume, maintain or make Employment or Evaluative Decisions, or conduct Advocacy Activities, with respect to a Relative or Significant Other (“Relationship”) without proper notifications, approvals and development of a management plan as specified in this policy. This policy applies to all MCW employees and students, and all Medical College of Wisconsin Affiliated Hospitals (MCWAH) residents and fellows.

Are there any related individuals involved in the project? (**required**)

Yes No

If yes, please describe the nature of the relationship and provide a written justification for how the relative’s scientific or technical expertise is required to complete the project’s aims.

# AHW Emphasis Areas

AHW Pathway Alignment – AHW supports projects across numerous areas to impact health and health equity. Please see the [AHW website](https://ahwendowment.org/AHW/What-We-Do/How-We-Work.htm) to learn more about AHW’s pathways for partners.

Please select one primary area of emphasis for this project. (**required**)

Systems change

Population or community health study

Workforce development for community health, public health, and/or healthcare providers

Other, please describe:

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. Please see the [AHW website](https://ahwendowment.org/AHW/What-We-Do/Our-Focus.htm) to learn more about the three focus areas.

Please select one primary area of emphasis for this project. (**required**)

Improving Heart Health

Supporting Healthy Minds

Dismantling Cancer

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. While there are many different definitions of determinants of health, AHW is guided by three broad categories of determinants.

Please select one primary area of emphasis for this project. (**required**)

Biological and genetic factors

Health behaviors and health care 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>).

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

Please find the narrative prompts and instructions in the *Call for Applications: Community-led Seed Grants*.

Attach completed Narrative (PDF) here (**required**)

# Implementation Plan

Attach completed Implementation Plan (PDF) here (**required**)

# Budget Workbook

Attach completed Budget Workbook (PDF) here (**required**)

# Budget Justification

Attach completed Budget Justification (PDF) here (**required**)

# Peer Review

Peer reviews will be conducted for all applications that pass technical review by a review body consisting of other applicants who applied to this funding mechanism. Reviewers for Community-led Seed Grant proposals can be MCW faculty or staff and community partners involved in the proposed project. The identified peer reviewer for this application should be available and committed to engaging in the peer review process and must complete their assigned reviews for this application to be eligible for funding consideration.

Please identify a member of the applicant team to serve as a peer reviewer.

Primary community partner contact

MCW PI

Collaborator or other applicant team member – if selected, please provide the following information:

|  |  |
| --- | --- |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name (**required**): | Pronouns: |
| Organization (**required**): | |
| Title: | |
| Work Phone Number (**required**; XXX-XXX-XXXX): | Email (**required**): |

# Demographic Information

**Primary Community Partner Organization Diversity and Inclusion Information** – To help AHW better understand our community applicants, we’d like to learn more about your organization. Please answer the following optional questions about the primary community partner organization. This information is for AHW’s awareness only and will only be used in aggregate across AHW’s applicants and funded partners.

|  |
| --- |
| Is your organization’s primary focus or mission on supporting or working with the underserved, historically marginalized or minority populations?  Yes  No  If yes, please describe and identify the primary population(s) that your organization serves or aims to directly impact. (maximum 1,000 characters, including spaces) |
| Is your organization led in management and/or board representation by individuals from minoritized or marginalized backgrounds?  Yes  No  If yes, please describe. (maximum 1,000 characters, including spaces) |

**Primary Community Partner Organization Contact Demographic Information** – To help AHW better understand our applicant pool, we’d like to learn more about our primary applicants. Please answer the following optional questions about the primary community partner organization contact. This information is for AHW’s awareness only and will only be used in aggregate across AHW’s applicants and funded partners.

|  |  |
| --- | --- |
| Gender Identity – How do you publicly self-identify?   1. Female 2. Male 3. Gender nonbinary/Genderqueer/Gender non-conforming 4. Other, please describe: 5. Decline to state | Gender Identity – How do you publicly self-identify?   1. Transgender 2. Not transgender (cisgender) 3. Decline to state |
| Race – How do you publicly self-identify? Please select all that apply.   1. Asian American/Pacific Islander/Asian 2. Black/African American/African 3. Latino/Latina/Latinx 4. Native American/American Indian/Indigenous 5. White/Caucasian/European 6. Multi-racial/Multi-ethnic (two or more races or ethnicities) 7. Different identity, please specify: 8. Decline to state | Ethnicity – How do you publicly self-identify?   1. Hispanic or Latino/Latina/Latinx 2. Not Hispanic or Latino/Latina/Latinx 3. Decline to state |
| Sexual Orientation – How do you publicly self-identify?   1. Heterosexual or straight 2. Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA+ community) 3. Different identity, please specify: 4. Decline to state | Disability Status – How to you publicly self-identify?   * 1. I identify as a person with disability   2. I do not identify as a person with a disability   3. Decline to state |
| Do you consider yourself to be a member of any of the following groups? Please select all that apply.   1. A member of the LGBTQIA+ community 2. A military veteran 3. Active military 4. A person with a disability or impairment | Are you early in your career? Early career is defined as completing terminal degree or end of post-graduate training within the past 10 years.   1. Yes 2. No 3. Decline to state |

**MCW PI Demographic Information –** To help AHW better understand our applicant pool, we’d like to learn more about our primary applicants. Please answer the following optional questions about the MCW PI. This information is for AHW’s awareness only and will only be used in aggregate across AHW’s applicants and funded partners.

|  |  |
| --- | --- |
| Gender Identity – How do you publicly self-identify?   * 1. Female   2. Male   3. Gender nonbinary/Genderqueer/Gender non-conforming   4. Other, please describe:   5. Decline to state | Gender Identity – How do you publicly self-identify?   1. Transgender 2. Not transgender (cisgender) 3. Decline to state |
| Race – How do you publicly self-identify? Please select all that apply.   1. Asian American/Pacific Islander/Asian 2. Black/African American/African 3. Latino/Latina/Latinx 4. Native American/American Indian/Indigenous 5. White/Caucasian/European 6. Multi-racial/Multi-ethnic (two or more races or ethnicities) 7. Different identity, please specify: 8. Decline to state | Ethnicity – How do you publicly self-identify?   1. Hispanic or Latino/Latina/Latinx 2. Not Hispanic or Latino/Latina/Latinx 3. Decline to state |
| Sexual Orientation – How do you publicly self-identify?   1. Heterosexual or straight 2. Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA+ community) 3. Different identity, please specify: 4. Decline to state | Disability Status – How to you publicly self-identify?   * 1. I identify as a person with disability   2. I do not identify as a person with a disability   3. Decline to state |
| Do you consider yourself to be a member of any of the following groups? Please select all that apply.   1. A member of the LGBTQIA+ community 2. A military veteran 3. Active military 4. A person with a disability or impairment | Are you early in your career? Early career is defined as completing terminal degree or end of post-graduate training within the past 10 years.   1. Yes 2. No 3. Decline to state |

# Signatures

Following successful submission of the completed online form and technical review, signatures will be required via an AHW-initiated DocuSign process from the following individuals to indicate their awareness and support of the submitted application:

* Primary community partner organization contact and an individual authorized signer, if applicable
* MCW PI and their respective MCW Department Chair or Center leadership
* Any additional project partners labeled as investigator within the application and completing a non-supplanting attestation

Following submission and technical review, each of the individuals above will receive an email with instructions to complete and submit their signature. Required signatures must be submitted by **5:00 pm within three business days of receiving the signature request**, to complete the submission and advance for peer review.