****Sample Letter of Intent (not for submission)

# 2022 Call for Applications: Community-led Systems Change for Improved Health

Eligible community-led collaborative teams are invited to submit a Letter of Intent (LOI) application to apply for *AHW’s Call for Applications: Community-led Systems Change for Improved Health*.

**This template is not for submission and may only be used to draft the LOI application.** The application must be completed and submitted using the online form available on AHW’s website and no paper or emailed applications will be considered. The application form only supports Plain Text and no text effects such as bold, italics, underlining, bulleting, numbering, etc. will be captured in the form fields in the final submission. **Only LOI applications submitted through the online form will be considered for review.**

Refer to the Request for Applications (RFA) accessible via the [Funding Opportunities section of the AHW website](https://ahwendowment.org/AHW/Funding-Center/Award-Opportunities.htm) for additional instructions and requirements.

**The deadline for LOI submission is November 1, 2021 by 5:00 pm CST.** Late LOIs will not be accepted. AHW will confirm receipt of the submission via email to the primary partners.

*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 systems change, the community and need to be impacted, and the desired long-term outcome for the population. (**required;** maximum 400 characters, including spaces)

**Award Budget**

|  |  |
| --- | --- |
| Total amount requested (**required;** in whole dollars and not to exceed $200,000 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: | July 1, 2022 |
| Duration of funding (**required;** in months and not to exceed 18 months maximum): |  |

# 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 full RFA 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): |
| **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** | | | |
| Name (First Last, Suffix/Credentials) (**required**): | | | |
| Preferred Name: | | 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: | |
| **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 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 RFA for MCW PI eligibility requirements. Collaboration among partners is required, but compliance with fiduciary and reporting requirements are the responsibility of the PI.

|  |  |
| --- | --- |
| **MCW PI Contact Information** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name: | 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 |
| MCW Department (**required**): | MCW Division: |
| Does your department 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: | |
| Department Administrator Name (**required**): | |
| Administrator Phone Number (XXX-XXX-XXXX) (**required**): | Administrator Email (**required**): |
| Department Chair Name (**required**): | Department Chair Email (**required**): |
| **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 |

**Collaborator(s)** **(highly encouraged)** – 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.

|  |  |  |
| --- | --- | --- |
| **Name:** | **Organization/Department:** | **Project Role** (maximum 50 characters, including spaces) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# 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

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 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>).

|  |
| --- |
| 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

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

*For narrative instructions, please refer to the Request for Applications (RFA) accessible via the* [*Funding Opportunities section of the AHW website*](https://ahwendowment.org/AHW/Funding-Center/Award-Opportunities.htm)

# Signatures

Following successful submission of the completed LOI through this 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:

* Primary community partner organization contact and an individual authorized signer, if applicable
* MCW PI and their respective MCW Department Chair or Center leadership

Following submission and technical review, 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 4, 2021** to complete the LOI submission and be eligible to advance to merit review.