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

**2022 Call for Applications: MCW-Led Collaborative Research for Improved Health**

Eligible MCW-led collaborative teams are invited to submit a Letter of Intent (LOI) application to apply for AHW’s *Call for Applications: MCW-Led Collaborative Research 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 MCW Principal Investigator.

*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 research project and its relevance 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 and not to exceed $200,000 maximum): | $ |
| Additional funds, if applicable: | $ |
| Source of additional funds: |  |
| Start date: | July 1, 2022 |
| Duration of funding (**required;** in months and not to exceed 24 months maximum): |  |

# Project Team Information

**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.

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| **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**): | |
| Please indicate one of the following (**required**):  Basic science investigator  Clinical science investigator  Population science investigator | |
| 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 |

**MCW Co-Investigator (required)** – 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. The MCW Co-I must be full-time or full-professional effort MCW faculty. See full RFA for eligibility requirements. Please note that the online form is limited to five Co-Is total.

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| **MCW Co-I Contact Information** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name: | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Email (**required**): |
| Please indicate one of the following (**required**):  Basic science investigator  Clinical science investigator  Population science investigator | |
| MCW Standing (**required**):  Full-time faculty | Full-professional effort status faculty |
| MCW Department (**required**): | MCW Division: |
| Department Administrator Name (**required**): | |
| Administrator Phone Number (XXX-XXX-XXXX) (**required**): | Administrator Email (**required**): |
| Department Chair Name (**required**): | Department Chair Email (**required**): |
|  | |
| **Co-I Contact Information (if applicable)** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name: | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Email (**required**): |
| Please indicate one of the following (**required**):  Basic science investigator  Clinical science investigator  Population science investigator | |
| Institution (**required**): | |
| Department (**required**): | Division: |
| Department Administrator Name: | |
| Administrator Phone Number (XXX-XXX-XXXX): | Administrator Email: |
| Department Chair Name: | Department Chair Email: |
|  | |
| **Co-I Contact Information (if applicable)** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name: | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Email (**required**): |
| Please indicate one of the following (**required**):  Basic science investigator  Clinical science investigator  Population science investigator | |
| Institution (**required**): | |
| Department (**required**): | Division: |
| Department Administrator Name: | |
| Administrator Phone Number (XXX-XXX-XXXX): | Administrator Email: |
| Department Chair Name: | Department Chair Email: |
|  | |
| **Co-I Contact Information (if applicable)** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name: | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Email (**required**): |
| Please indicate one of the following (**required**):  Basic science investigator  Clinical science investigator  Population science investigator | |
| Institution (**required**): | |
| Department (**required**): | Division: |
| Department Administrator Name: | |
| Administrator Phone Number (XXX-XXX-XXXX): | Administrator Email: |
| Department Chair Name: | Department Chair Email: |
|  | |
| **Co-I Contact Information (if applicable)** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name: | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Email (**required**): |
| Please indicate one of the following (**required**):  Basic science investigator  Clinical science investigator  Population science investigator | |
| Institution (**required**): | |
| Department (**required**): | Division: |
| Department Administrator Name: | |
| Administrator Phone Number (XXX-XXX-XXXX): | Administrator Email: |
| Department Chair Name: | Department Chair Email: |

**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 MCW faculty eligibility requirements. Please note that the online form is limited to ten collaborators.

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| **Name:** | **Institution/Organization:** | **Department:** | **Investigator Type** (dropdown: Basic science investigator, Clinical science investigator, Population science investigator) |
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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>).

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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: |
| This project is not designed to impact equity |

# 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)

# 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 basic science experts and another comprised of clinical/population 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 (non-MCW) experts 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

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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: | |

# Attachments

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

Attach combined PDF of NIH Biosketches for the MCW PI, MCW Co-I, and each additional Co-I (if applicable) (**required**)

Attach one-page of applicable data (PDF)

# 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
* MCW Co-I
* Any additional Co-Is

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.