

**CALL FOR POPULATION AND**

**COMMUNITY HEALTH STUDIES**

*SAMPLE APPLICATION*

***AHW is pleased to provide this sample application for applicant planning purposes. Please use this sample application as a guide to prepare your responses for the official application form, found on the AHW website. When filling out the online application, you will not be able to save your submission and return at a later date to finish.***

Sample Letter of Intent

# Call for Population and Community Health Studies

*The following Stage 1 Letter of Intent (LOI) is required before an invitation to submit a full proposal can be made. The application must be completed and submitted using the online form available via the AHW website at* [*ahwendowment.org*](https://ahwendowment.org/AHW.htm)*. No paper or emailed applications will be considered.* ***The deadline for LOI submission is January 29, 2020 by 5:00 pm CST.*** *Late LOIs will not be accepted.*

*AHW will confirm receipt via email to the primary community and academic partners. Following review, select applicants will be invited to move to Stage 2 of the application process.*

# Project Information

**Award Title** (maximum 100 characters, including spaces):

**Goal Statement** - brief statement describing the goal of the proposed population and community health study, the community and need, how new knowledge will be applied to inform policy and practice, and the desired outcome for the population (maximum 400 characters, including spaces):

SAMPLE – not for submission

**Award Budget**

|  |  |
| --- | --- |
| Total Amount Requested: | $ |
| Amount for MCW: | $ |
| Amount for Community: | $ |
| Start Date: | October 1, 2020 |
| Duration of Funding (in months, up to 36 months): |  |
|  |  |
|  |  |

Provide a brief description of how the proposed award budget will be used (i.e. personnel, fringe, meeting expenses, travel, etc.). A full and detailed budget will be submitted by those projects invited to Stage 2. *(maximum 1,000 characters, including spaces)*:

# Project Team Information

**Primary Team Type -** Please select (one) the type of project team that will engage in the project, based on the following descriptions:

|  |  |  |
| --- | --- | --- |
| **Community-Led Collaboration** | **or** | **MCW-Led Collaboration** |

**Community-Led Applications –** 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 academic partner for 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.

|  |  |
| --- | --- |
| Organization Name: |  |
| Contact Name: | Title: |
| Email: | Organization Website: |
| Phone Number: |  |

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**  SAMPLE – not for submission | Government organization (*check the applicable type below*)  state or local government  tribal organization  public university or school  other (specify): |

Additional Collaborators – Additional community or key players from the targeted population, as well as those impacted by the interrelated conditions and factors that influence the health of the population, must work collaboratively, sharing power, responsibility, and engagement. By bringing these partners together evidence gaps will be identified, policy and practice will be informed, and health equity will be advanced. Please identify project collaborators.

|  |  |  |
| --- | --- | --- |
| **Name:** | **Institution/Organization:** | **Project Team Role:** |
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**MCW School of Medicine Principal Investigator (MCW-PI)**– All projects must designate one (1) eligible primary MCW School of Medicine PI who is responsible for the fiduciary and reporting requirements of the project, project budget, and for transferring all communications, notifications, and instructions from AHW to all members of the project team.

|  |  |
| --- | --- |
| Name: | Title: |
| MCW Department: | Email: |
| MCW Division (if applicable): | Phone Number (XXX-XXX-XXXX): |
| MCW Standing:  Full-time faculty | Full-professional effort status faculty |
| Full-time staff (faculty oversight required) |  |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: | |

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:

Additional Co-Investigators and Collaborators – Key players from the targeted population, as well as those impacted by the interrelated conditions and factors that influence the health of the population, must work collaboratively, sharing power, responsibility, and engagement. By bringing these partners together evidence gaps will be identified, policy and practice will be informed, and health equity will be advanced. Please identify project collaborators.

SAMPLE – not for submission

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| --- | --- |
| Co-I Name: | Title: |
| MCW Department: | Email: |
| MCW Division (if applicable): | Phone Number (XXX-XXX-XXXX): |
| MCW Standing:  Full-time faculty | Full-professional effort status |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: | |
|  | |
| Co-I Name: | Title: |
| MCW Department: | Email: |
| MCW Division (if applicable): | Phone Number (XXX-XXX-XXXX): |
| MCW Standing:  Full-time faculty | Full-professional effort status |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: |  |
|  | |
| Co-I Name: | Title: |
| MCW Department: | Email: |
| MCW Division (if applicable): | Phone Number (XXX-XXX-XXXX): |
| MCW Standing:  Full-time faculty | Full-professional effort status |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: |  |
|  | |
| Co-I Name: | Title: |
| MCW Department: | Email: |
| MCW Division (if applicable): | Phone Number (XXX-XXX-XXXX): |
| MCW Standing:  Full-time faculty | Full-professional effort status |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: |  |
|  | |
| Co-I Name: | Title: |
| MCW Department: | Email: |
| MCW Division (if applicable): | Phone Number (XXX-XXX-XXXX):  SAMPLE – not for submission |
| MCW Standing:  Full-time faculty | Full-professional effort status |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: |  |

Additional collaborators:

|  |  |  |
| --- | --- | --- |
| **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 communities are complex, interrelated, and multi-faceted. While AHW will continue to support partners in responding to emerging health needs and opportunities, the bulk of its portfolio will be focused around three signature health areas.

### Primary

Please select one (1) primary area of emphasis for this project:

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

Other, please describe:

### Secondary

If applicable, select all additional focus area(s):

Improving Heart Health

Supporting Healthy Minds

Dismantling Cancer

Other, please describe:

Please describe how the proposed work addresses each of the selected focus areas. (2,000 characters, including spaces):

**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.

SAMPLE – not for submission

### Primary

Please select one (1) primary area of emphasis for this project:

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

### Secondary

|  |
| --- |
| If applicable, select all additional area(s) of emphasis for this project:  Biological and genetic factors  Health behaviors and health care factors  Social, economic and environmental factors |

Please describe how the proposed work addresses each of the selected determinant of health areas. (2,000 characters, including spaces):

**Geographic Area Impacted** – *choose the area that best reflects the project’s primary geographic activity area:*

Statewide  
 Rural – list the **primary** counties:

Urban – list the **primary** counties:

# Narrative Questions

The questions below are designed to allow collaborations to describe their proposed project idea and how it aligns with AHW’s principles and criteria outlined in the call. Please limit responses to a maximum 3,000 characters per question, including spaces.

### Discovery

1. **Target Population:** Describe the target population. What is known and what is not known about the health of the target population? What are the specific conditions and factors that influence the health of this population? How will a focus on this population advance health equity?
2. **Gap in Knowledge:** Describe the evidence gap(s) that the project will address. What is the gap or problem this project is trying to solve? How is this issue relevant to current Wisconsin population health priorities and population health policy and practice? How will closing this gap contribute to improved health outcomes?

1. **Project Design**: Describe the methods for the proposed project, including scale, scope, and sustainability.

### Engagement

1. **Project Team:** Describe the experience, influence, and expertise of project partners. How does this partnership represent the necessary sectors and players to improve the targeted health outcomes?

SAMPLE – not for submission

1. **People**: How is the affected population represented in the project? How will this project include the appropriate influencers and decision-makers that are necessary to lead to future action?
2. **Power**: How will decision-makers be involved in the development of policy and practice? What is the plan to transfer end products or new knowledge into the hands of decision-makers?

### Action

1. **Policy and Practice:** How will this project inform policy and practice? How will the knowledge gained increase the use of evidence in population health policies and practice? How will the health of the affected population be impacted by this knowledge?
2. **Dissemination:** What are the traditional and non-traditional dissemination outlets for the project? What end product(s) (e.g. white papers, policy briefs, tool kits, etc.) will be created to summarize project findings? How will these dissemination efforts impact the issue, the affected population, and lead to healthier communities across Wisconsin?
3. **Next Steps:** If successful, what are the logical next-steps for this project? How will the knowledge gained, evidence supported, or gaps addressed influence other work?

### Attachments

The following items should be completed and compiled in the order below as a single PDF document and uploaded to the online application form before submission:

1. Signature Form (required)   
2. Citations, one-page maximum (optional)

