

# Letter of Intent Signature Form Call for Population and Community Health Studies

*Signatures are required from the primary community partner organization, MCW Academic Partner (Community-led applications) or MCW PI (MCW-led applications), and respective MCW department chair based on the collaboration type selected in the LOI application. Electronic signatures (sign and scan) are acceptable. Multiple forms may be used.*

*This form must be completed and compiled with other required documents into a single PDF document and uploaded to the online application form to complete the LOI submission.*

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| **Primary community partner organization (if applicable):** |
| Organization Name: |
| Primary Community Partner Contact Name: |
| Primary Community Partner Contact Signature: |
| Authorized Signature (if difference from above): |
| Authorized Signature Name: |
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| **MCW Academic Partner (Community-lEd) or Principal Investigator (MCW-Led)** |
| MCW Faculty Name: |
| MCW Faculty Signature: |
| Department Chair Name: |
| Department Chair Signature: |