Sample Letter of Intent

# Call for Applications: Population and Community Health Studies

*Eligible collaborations are invited to submit the following Letter of Intent (LOI) application to apply for AHW’s Call for Applications: Population and Community Health Studies. 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 form only supports Plain Text. No text effects such as bold, italics, underlining, bulleting, numbering, etc. will be captured in the final online submission. No paper or emailed applications will be considered, and no attachments will be accepted.* ***The deadline for LOI submission is November 16, 2020 by 5:00 pm CST.*** *Late LOIs will not be accepted.*

# Project Information

**Project Title** (**required**; 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 (**required**; maximum 400 characters, including spaces):

Not for Submission

**Award Budget**

|  |  |
| --- | --- |
| Total Amount Requested (**required**; in whole dollars): | $ |
| Amount for MCW (**required**; in whole dollars): | $ |
| Amount for Community (**required**; in whole dollars): | $ |
| Start Date : | July 1, 2021 |
| Project Duration (**required**; in months): |  |
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# 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 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.

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| --- | --- |
| Organization Name: |  |
| Contact Name: | Title: |
| Email: | Organization Website: |
| Phone Number (XXX-XXX-XXXX): | Cell Phone Number (XXX-XXX-XXXX): |

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**  Not for Submission | Government organization (*check the applicable type below*)  state or local government  tribal organization  public university or school  other (specify): |

**Additional Community Collaborators (optional)** – 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.

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

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| Name: | Title: |
| MCW Department: | Email: |
| MCW Division (if applicable): | Phone Number (XXX-XXX-XXXX):  Cell 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 MCW collaborators (optional):**

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| **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 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 (required) 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: |

Not for Submission

**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 (required) If applicable, select **all** additional determinants(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 |

Not for Submission

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

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| --- |
| 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 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. Responses to all questions are **required**.

### 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?

1. **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?

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?

### Citations (optional)

Please use plain text to list citations (optional).

### 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, MCW staff (if applicable), and their respective MCW Department Chair or Center leadership
* Community partner organization primary contact and an individual authorized signer, if applicable

A close up of a sign

Description automatically generatedFollowing submission, 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 19, 2020 to complete the LOI submission and be eligible to advance to merit review.