Sample Proposal

Eligible applicants are invited to submit an application to prevent the spread of COVID-19 in Wisconsin communities through AHW’s Call for Applications: Urgent Response to COVID-19. **The deadline for application submission is March 30, 2020 by 5:00 pm CST.** Late applications will not be accepted and no attachments beyond those listed in the Request for Applications or application instructions will be accepted.

**This template is not for submission and may only be used to draft the application. Application materials for final submission and review must be** [**submitted via AHW’s grants management system**](https://ahwendowment.tfaforms.net/18) **by the deadline.** No paper or emailed applications will be considered; only applications submitted through AHW’s grants management system will be considered for review.

# Award Information

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

**Award Budget**

|  |  |
| --- | --- |
| Amount Requested: | $ |
| Additional Funds: | $ |
| Source of Additional Funds: |  |
| Start Date: |  |
| Duration of Funding (up to 6 months): |  |

**Goal Statement** – Provide a brief statement, using lay-friendly language, describing the goal of the proposed approach to prevent the spread of COVID-19 in Wisconsin communities. Please use the following format to form a concise, specific goal statement: Verb. Outcome. Target Population. For example, the purpose of AHW’s RFA is: Prevent (Verb.) the spread of COVID-19 (outcome) across Wisconsin communities (Target Population).

# Applicant Information

**Applicant Organization –** Who is the lead organization submitting the application? Please refer to the eligibility criteria in the Call for Applications.

[ ] Medical College of Wisconsin

[ ] Wisconsin-based, non-profit, IRS tax-exempt 501(c)3 or government organization

**Medical College of Wisconsin –** Applications submitted by MCW must designate one (1) eligible Principal Investigator (PI). Eligible PIs must be full-time or full-professional effort status MCW faculty members with a primary appointment in the MCW School of Medicine. Additional collaborators are encouraged, but fiduciary and reporting requirements are the responsibility of the MVW PI. The MCW PI also has the responsibility of ensuring all partners receive communications, notifications, and instruction from AHW.

|  |  |
| --- | --- |
| PI Name:  | MCW Department:  |
| Title/Position:   | MCW Standing:[ ] Full-time faculty[ ] Full professional effort status faculty  |
| Email:  | Phone Number (XXX-XXX-XXXX):  |
| Department Administrator:  |
| Department Administrator Email:  | Department Administrator Phone Number (XXX-XXX-XXXX):  |
| Department Chair:  |
| Department Chair Email:  | Department Chair Phone Number (XXX-XXX-XXXX):  |

**Community Partner** – Applications submitted by Wisconsin-based non-profit or government organizations 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 accept responsibility for transferring all communications, notifications, and instructions from AHW to any additional collaborators on the project and will be responsible for the fiduciary and reporting requirements for the project. Additional collaborators are encouraged. See full Call for Applications for eligibility requirements.

|  |
| --- |
| Community Partner Organization: |
| Contact Name: | Title: |
| Email:  | Phone Number (XXX-XXX-XXXX): |
| Organization website: |
| Type of Organization: |  |
| [ ]  Nonprofit organization (check the applicable type below; **IRS non-profit verification must be submitted with application to be eligible**): [ ]  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):  |

**Collaborator(s)** – Please list additional partners who will engage in the project to effectively carry out the proposed approach to prevent the spread of COVID-19. Collaborators are encouraged as appropriate and are not subject to community partner organization or MCW faculty eligibility requirements.

|  |
| --- |
| **Collaborator (s):**  |
| Name: | Organization/Department: | Role: |
|  |  |  |

# Narrative

1. Describe the project’s approach to prevent the spread of COVID-19. (maximum 3,000 characters, including spaces)
2. Why is the proposed approach a priority in order to prevent the spread of COVID-19? (maximum 3,000 characters, including spaces)
3. What specific Wisconsin populations will the proposed approach protect? (maximum 3,000 characters, including spaces)
4. What are the proposed project activities in order to implement the approach and monitor its success? (maximum 3,000 characters, including spaces)

# Budget

**Budget** – Please use the AHW Budget Workbook to develop your budget table. [The Budget Workbook is available for download on the AHW website](https://ahwendowment.org/AHW/Funding-Center/Award-Opportunities/Urgent-Response-to-COVID-19.htm). Use the Budget Instructions (Tab 1) in the Budget Workbook and the [AHW Allowable and Unallowable Costs](https://ahwendowment.org/AHW1/HWPPDocumentsForms/HWPPDirectIndirectandUnallowableExpenses_4.2.19.pdf) to guide the development of the project budget.

* MCW Applicants: Please complete the Total Project Budget (Tab 2) to detail MCW expenses, including personnel and direct expenses. If needed, please complete the Community/Subcontract Budget (Tab 3) for any project expenses to be incurred by non-MCW collaborators.
* Community Applicants: Please use the Community/Subcontract Budget (Tab 3) to detail project expenses to be incurred by the community organization. The total Community/Subcontract Budget (Tab 3) amount must be included in the Total Project Budget (Tab 2) in the Community/Subcontract line. The other line items in the Total Project Budget (Tab 2) can remain blank, unless there is an MCW partner and therefore MCW expenses to include in the budget.

Save the Total Project Budget and Community/Subcontract Budget as a combined PDF document and attach to the proposal.

# Budget Justification

# Total Project Budget Justification

Provide detailed descriptions for all requested budget expenses in the Total Project Budget (Tab 2) using the descriptions of line items in the Budget Instructions (Tab 1). The total for each section below must equal the line item totals in the Total Project Budget (Tab 2).

* MCW applicants: Use the following fields to detail all MCW project expenses.
* Community applicants: If collaborating with an MCW partner, use the following to detail any MCW project expenses based on the completed Total Project Budget (Tab 2). The community budget total from the Community/Subcontract Budget (Tab 3) must be included in the Community / Subcontract section below.

**MCW Personnel** – Personnel salary support must be justified. The specific role for faculty and staff in the project should be identified. If partial salary is requested, indicate the percentage and source of remaining support (i.e., departmental, grant funds). Salaries cannot exceed the capped NIH amount.

Total MCW Personnel:

**MCW Supplies/Services** – Itemize by categories. Include expenses such as user fees and per diem.

Total MCW Supplies/Services:

**MCW Equipment** – Itemize and justify.

Total MCW Equipment:

**Community / Subcontract** – List any subcontracts and detailed descriptions of subcontract expenses, including roles and responsibilities and methodology. For community organization applicants, all expenses that the community organization or any non-MCW collaborators will incur, should be listed in this line item and detailed in the Community/Subcontract Budget Justification below.

Total Project Budget Community / Subcontract:

**MCW Travel** – Specify by travel destination and purpose. Please note that out-of-state travel is unallowable.

Total MCW Travel:

**Total Project Budget:**

# Community / Subcontract Budget Justification

Provide detailed descriptions for all requested budget expenses in the Community / Subcontract Budget (Tab 3) using the descriptions of line items in the Budget Instructions (Tab 1). The total for each section below must equal the line item totals in the Community / Subcontract Budget (Tab 3).

* MCW applicants: If a subcontract is included in the Total Project Budget (Tab 2), please provide detailed descriptions of subcontract expenses in the sections below based on the completed Community / Subcontract Budget (Tab 3).
* Community applicants: Use the following fields to detail all community project expenses aligned with the Community / Subcontract Budget (Tab 3).

**Community / Subcontract Personnel** – Personnel salary support must be justified. The specific role for personnel in the project should be identified. If partial salary is requested, indicate the percentage and source of remaining support (i.e., departmental, grant funds). Salaries cannot exceed the capped NIH amount.

Total Community / Subcontract Personnel:

**Community / Subcontract Supplies/Services** – Itemize by categories. Include expenses such as user fees and per diem.

Total Community / Subcontract Supplies/Services:

**Community / Subcontract Equipment** – Itemize and justify.

Total Community / Subcontract Equipment:

**Community Subcontracts** – List any subcontracts and detailed descriptions of subcontract expenses, including roles and responsibilities and methodology.

Total Community / Subcontract Subcontracts:

**Community / Subcontract Travel** – Specify by travel destination and purpose. Please note that out-of-state travel is unallowable.

Total Community / Subcontract Travel:

**Total Community / Subcontract Budget:**

# Non-Supplanting Attestation

Applicants must identify existing or available funding for the proposed project in order to determine if AHW funding would replace or supplant existing or available funding.

1. Would funding from AHW supplant or replace other funding that you/your organization already has for project purposes and/or personnel as described in the full proposal?

[ ]  NO [ ]  YES

If YES, please describe (i.e. brief description, time period, funding, etc.):

1. Would the proposed use of funds from AHW leverage or complement funds you previously or currently receive?

[ ]  NO [ ]  YES

If YES, please describe the source of other funds and why AHW funding is needed:

1. Have you already applied to another funding source for the same or a similar project?

[ ]  NO [ ]  YES

If YES, please describe the project and the date and result of that application or when you expect to receive notification:

1. Please provide any other information relevant to the non-supplanting requirement:

*By signing this form, you agree to perform responsibilities as described within this submission. Additionally, by signing this form, your organization attests to its eligibility and represents that the information provided in this submission is accurate, complete and current and the individual signing affirms that s/he has authority to execute this form on behalf of the organization. By signing, you acknowledge that AHW and its oversight bodies are subject to Wisconsin Public Records laws and its records may be subject to release as required by law*. *The organization represents that the funding from the Advancing a Healthier Wisconsin Endowment will not supplant, and acknowledges that this information shall be relied upon by the Medical College of Wisconsin to discharge its legal and regulatory obligations with respect to the subject matter of this form.*

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant Signature (MCW Principal Investigator or Community Partner Contact) | Date |

By signing below, the MCW Department Chair or authorized signature for the community partner organization (if applicable) verifies their knowledge and approval of the application submission. Please note, MCW Department Chair signature is required for MCW applicants.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorized Signature* MCW Applicants: Must be signed by the MCW Department Chair
* Community Applicants: Only required if different from Applicant Signature above
 | Date |