

# Sample Letter of Intent Call for Innovations to Advance Wisconsin’s Health Workforce

*Eligible collaborations are invited to use the following Letter of Intent (LOI) sample application to collaboratively draft their application for AHW’s Call for Innovations to Advance Wisconsin’s Health Workforce. The formal 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 November 22, 2019 by 5:00 pm CST.*** *Late LOIs will not be accepted.*

# Project Information

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

**Goal Statement** – Please provide a brief statement describing the goal of the proposed project, including the health workforce development resource to be created, the health workforce field(s) that the resource targets, and the resulting intended health impact. (maximum 400 characters, including space

**Award Budget**

|  |  |
| --- | --- |
| Total Amount Requested: | $ |
| Amount for MCW (community-led collaborations only): | $ |
| Amount for Community (community-led collaborations only): | $ |
|  |  |
| Additional Funds (if applicable): | $ |
| Source of Additional Funds: | $ |
|  |  |
| Project Start Date: | July 1, 2020 |
| Duration (in years, up to 4 years): |  |

# Project Team Information

**Project Team** **Type** – Please select the type of project team that will engage in the project, based on the following descriptions:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Community-Led Collaboration**   * Target workforce(s) or workforce field(s) to immediately use the resource resulting from the project are employed or trained outside of MCW and its affiliates * Project partner committing to institutionalizing and sustaining the resource resulting from the project is a Wisconsin-based entity outside of MCW and its affiliates |  | **MCW-Led Collaboration**   * Target workforce(s) or workforce field(s) to immediately use the resource resulting from the project are employed or trained by MCW and its affiliates * Project partner committing to institutionalizing and sustaining the resource resulting from the project is MCW and its affiliates (at a minimum) |

## **Project Team Members**

**Primary Community Partner (required – community-led collaborations only)** – Project team 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 MCW PI for transferring all communications, notifications, and instructions from AHW to all members of the project team and will be responsible for the fiduciary and reporting requirements on behalf of the community portion of the project team. See full RFA for eligibility requirements.

|  |  |  |
| --- | --- | --- |
| Community Partner Organization: | | |
| Contact Name: | Email: | |
| Title: | Phone Number (XXX-XXX-XXXX): | |
| Organization Website: | | |
| Type of Organization:  Nonprofit organization (check the applicable type below):  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): |

**MCW School of Medicine Principal Investigator (required – community-led collaborations and MCW-led collaborations)** – Project team must designate one (1) eligible primary MCW School of Medicine PI. For community-led collaborations, the MCW PI 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. For MCW-led collaborations, the MCW PI is solely responsible for these tasks. See full RFA for eligibility requirements.

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

**MCW Co-Investigators (required – MCW-led collaborations only)** – 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. Co-Is must be full-time or full-professional effort MCW faculty in the School of Medicine. See full RFA for eligibility requirements.

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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): |
| MCW Standing:  Full-time faculty | Full-professional effort status |
| Department Administrator Name: | Administrator Phone Number (XXX-XXX-XXXX): |
| Department Chair Name: |  |

**Collaborator(s)** **(highly encouraged – community-led collaborations and MCW-led collaborations)** – 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 inform, develop, test, institutionalize, and evaluate the proposed health workforce development resource. Project teams are encouraged to be multi-sector and must include individual(s) with authority from organizations or institutions with the ability and commitment to sustain the workforce development resource beyond the project period. Collaborators are not subject to primary community partner organization or MCW faculty eligibility requirements.

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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, the bulk of its portfolio is 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.

### **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)

# Narrative

1. Describe the proposed health workforce development resource that will be created by the project team, including a brief description of the anticipated resource purpose, content, and format. (maximum 1,000 characters, including spaces)
2. Describe the health workforce field(s) that is the intended audience to use the proposed workforce development resource. (maximum 3,000 characters, including spaces)
3. Describe the need for the proposed workforce development resource, including applicable data relevant to Wisconsin’s health workforce, populations or communities, and Wisconsin’s leading health challenges. (maximum 3,000 characters, including spaces)
4. Describe how the proposed workforce development resource and/or intended impact on the target health workforce(s) will contribute to advancing health equity. (maximum 3,000 characters, including spaces)
5. Briefly describe the proposed project methods, including specific strategies and activities, to develop, test, institutionalize, and evaluate the proposed workforce development resource. (maximum 3,000 characters, including spaces)
6. Describe the project team, including team member roles, expertise, and perspectives that will support the project team to carry out the proposed strategies and activities. (maximum 3,000 characters, including spaces)

# Attachments

The following items should be completed and compiled in the order below as a single PDF document. Name the PDF packet as “PI Last Name – LOI Attachment” and upload to the online application form before submission.

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