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Sample Application (not for submission)

# Call for Applications: MCW-Led Momentum Grants

*Eligible MCW faculty are invited to submit the following application* *through the online form to apply for AHW’s Call for Applications: MCW-Led Momentum Grants. 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 form fields in the final submission. No paper or emailed applications will be considered.* ***The deadline for submission is Oct. 30, 2023, by 5 p.m. CDT.*** *Late applications will not be accepted.*

*Please refer to the MCW-Led Momentum Grants page on the* [*AHW website*](https://ahwendowment.org/AHW/Funding-Center/Award-Opportunities.htm) *for additional instructions and requirements**.*

**This template is not for submission and may only be used to draft the application. Only applications submitted through the** [**online application form**](https://ahwendowment.tfaforms.net/f/2024MCWLedMomentumGrantsLOI) **will be considered for review.**

*For questions or to discuss your MCW-led Momentum Grants idea, please contact Tracy Wilson with AHW at* [*trwilson@mcw.edu*](mailto:trwilson@mcw.edu)*.*

*AHW does not discriminate against individuals on the basis of age, race, creed, religion, color, disability, marital status, sex, national origin, ancestry, sexual orientation, gender identity, arrest record, conviction record, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or the State of Wisconsin or use or nonuse of lawful products off MCW’s premises during nonworking hours.*

**Project Title** (**required**; maximum 100 characters, including spaces)

**Goal Statement** – Please provide a brief statement describing the goal of the proposed project, including the intended impact on health and/or health equity in Wisconsin. (**required;** maximum 400 characters, including spaces)

**Award Budget**

|  |  |
| --- | --- |
| Total amount requested (**required;** in whole dollars and not to exceed $250,000 maximum): | $ |
| Additional funds, if applicable: | $ |
| Source of additional funds: |  |
| Start date: | July 1, 2024 |
| Duration of funding (**required;** in months and not to exceed 24 months maximum): |  |

# Project Team Information

**MCW School of Medicine Principal Investigator** (**required**)– Applicant teams must designate one (1) eligible MCW School of Medicine Principal Investigator (PI). PIs must be full-time or full professional effort MCW faculty with the rank of Assistant Professor, Associate Professor, or Professor with a primary appointment in the School of Medicine. See the call for applications for MCW PI eligibility requirements. Collaboration among partners is encouraged, but compliance with fiduciary and reporting requirements are the responsibility of the PI.

|  |  |
| --- | --- |
| **MCW PI Contact Information** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name (**required**): | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Cell Phone Number (XXX-XXX-XXXX) (**required**): |
| Email (**required**): | |
| MCW Standing (**required**):  Full-time faculty | Full-professional effort status faculty |
| Department (**required**): | |
| Does your department/center/division have social media handles that you would like to share with AHW?  Yes  No  If yes, please provide:  Twitter Handle: Facebook Handle:  LinkedIn Handle: Instagram Handle: | |

**MCW Co-Investigator (required)** – 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. The MCW Co-I must be full-time or full-professional effort MCW faculty. See full RFA for eligibility requirements. Please note that the online form is limited to five Co-Is total.

|  |  |
| --- | --- |
| **MCW Co-I Contact Information** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name (**required**): | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Cell Phone Number (XXX-XXX-XXXX) (**required**): |
| Email (**required**): | |
| MCW Standing (**required**):  Full-time faculty | Full-professional effort status faculty |
| Department (**required**): | |
| Does your department/center/division have social media handles that you would like to share with AHW?  Yes  No  If yes, please provide:  Twitter Handle: Facebook Handle:  LinkedIn Handle: Instagram Handle: | |

Are there additional Co-Investigators for this proposal? (**required**; Yes/No)

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| --- | --- |
| **Co-I 2 Contact Information** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name (**required**): | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Email (**required**): |
| Institution (**required**): | |
| Department (**required**): | |
| Are there additional Co-Investigator(s)? (**required;** yes/no) | |
|  | |
| **Co-I 3 Contact Information** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name (**required**): | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Email (**required**): |
| Institution (**required**): | |
| Department (**required**): | |
| Are there additional Co-Investigator(s)? (**required;** yes/no) | |
|  | |
| **Co-I 4 Contact Information** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name (**required**): | Pronouns: |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Email (**required**): |
| Institution (**required**): | |
| Department (**required**): | |
| Are there additional Co-Investigator(s)? (**required;** yes/no) | |
|  | |
| **Co-I 5 Contact Information** | |
| Name (First Last, Suffix/Credentials) (**required**): | |
| Preferred Name (**required**): | Pronouns |
| Title (**required**): | |
| Work Phone Number (XXX-XXX-XXXX) (**required**): | Email (**required**): |
| Institution (**required**): | |
| Department (**required**): | |

**Collaborator(s)** – 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 carry out the project. Any individual and/or organization listed as a collaborator should be committed to the proposed project and ready to engage in the project based on their specified role, if funded. Collaborators are not subject to MCW faculty eligibility requirements. Please note that the online form is limited to ten collaborators.

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| **Name:** | **Institution/Organization:** | **Department:** |
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# AHW Emphasis Areas

Area of Focus – AHW supports projects to impact health and health equity. Please see the [AHW website](https://ahwendowment.org/AHW/What-We-Do/How-We-Work.htm) to learn more about AHW’s areas of focus to drive toward impact.

Please select one primary area of emphasis for this project. (**required**)

Health-focused research

Health workforce education and development

Health Equity – AHW is committed to advancing health equity across Wisconsin. [Health equity (CDC)](https://www.cdc.gov/chronicdisease/healthequity/index.htm) is the state in which everyone has a fair and just opportunity to attain their highest level of health.

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:

This project is not designed to impact equity

# Narrative

Please see the *Call for Applications: MCW-Led* *Momentum Grants* for the narrative prompts and instructions.

Attach completed Narrative (PDF) here (**required**)

# Review Information

The questions below will be used to guide the development of merit review panels for the full proposal review process.

1. Please select one primary category that most closely aligns with the focus of your proposal. (**required**)

Education/workforce development review panel

Basic science review panel

Clinical science review panel

Population science review panel

* 1. If applicable, please select all additional categories that align with the focus of your proposal. If no additional categories are in alignment, please leave this question blank.

Education/workforce development review panel

Basic science review panel

Clinical science review panel

Population science review panel

1. Using the following criteria, please suggest two internal (MCW) faculty and two external (non-MCW) faculty that may serve as strong reviewers for the primary category selected in the previous question. Suggested reviewers will be used by AHW as recommendations to guide formation of the review panels for submitted full proposals.
2. Reviewers should be more senior in appointment
3. External reviewers may not have been employed at MCW within the last three years
4. External reviewers may not have been a collaborator or had any other professional relationships with the applicant PI or Co-I(s) within the last three years

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| --- | --- |
| **A. Internal (MCW) Reviewer** | |
| Name, Credentials(**required**): | |
| Preferred Name (**required**; if unknown, list first name): | |
| Department (**required**): | Email (**required**): |
| Area of Expertise (**required**): | |

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| **B. Internal (MCW) Reviewer** | |
| Name, Credentials(**required**): | |
| Preferred Name (**required**; if unknown, list first name): | |
| Department (**required**): | Email (**required**): |
| Area of Expertise (**required**): | |

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| **C. External (non-MCW) Reviewer** | |
| Name, Credentials(**required**): | |
| Preferred Name (**required**; if unknown, list first name): | |
| Institution (**required**): | |
| Title/Position (**required**): | |
| Phone (**required**): | Email (**required**): |
| Area of Expertise (**required**): | |

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| **D. External (non-MCW) Reviewer** | |
| Name, Credentials(**required**): | |
| Preferred Name (**required**; if unknown, list first name): | |
| Institution (**required**): | |
| Title/Position (**required**): | |
| Phone (**required**): | Email (**required**): |
| Area of Expertise (**required**): | |

# Demographic Information

**MCW PI Demographic Information –** To help AHW better understand our applicant pool, we’d like to learn more about our primary applicants. Please answer the following optional questions about the MCW PI. This information is for AHW’s awareness only and will only be used in aggregate across AHW’s applicants and funded partners.

|  |  |
| --- | --- |
| Gender Identity – How do you publicly self-identify?   * 1. Female   2. Male   3. Gender nonbinary/Genderqueer/Gender non-conforming   4. Other, please describe:   5. Decline to state | Gender Identity – How do you publicly self-identify?   1. Transgender 2. Not transgender (cisgender) 3. Decline to state |
| Race – How do you publicly self-identify? Please select all that apply.   1. Asian American/Pacific Islander/Asian 2. Black/African American/African 3. Latino/Latina/Latinx 4. Native American/American Indian/Indigenous 5. White/Caucasian/European 6. Multi-racial/Multi-ethnic (two or more races or ethnicities) 7. Different identity, please specify: 8. Decline to state | Ethnicity – How do you publicly self-identify?   1. Hispanic or Latino/Latina/Latinx 2. Not Hispanic or Latino/Latina/Latinx 3. Decline to state |
| Sexual Orientation – How do you publicly self-identify?   1. Heterosexual or straight 2. Gay, lesbian, bisexual (or other sexual orientations within the LGBTQIA+ community) 3. Different identity, please specify: 4. Decline to state | Disability Status – How to you publicly self-identify?   * 1. I identify as a person with disability   2. I do not identify as a person with a disability   3. Decline to state |
| Do you consider yourself to be a member of any of the following groups? Please select all that apply.   1. A member of the LGBTQIA+ community 2. A military veteran 3. Active military 4. A person with a disability or impairment | Are you early in your career? Early career is defined as completing terminal degree or end of post-graduate training within the past 10 years.   1. Yes 2. No 3. Decline to state |

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