

Sample Letter of Intent (not for submission)

**This template is not for submission and may only be used to draft the application. Only applications submitted through the** **[online application form](https://info.ahwendowment.org/wisconsin-grants-to-improve-health) will be considered for review.**

# Call for Applications: Community-Led Momentum Grants

Eligible community-MCW academic collaborative teams are invited to submit the following letter of intent (LOI) through this online form to apply for AHW’s Call for Applications: Community-Led Momentum Grants funding opportunity.

The application must be completed and submitted using this online form and no paper or emailed applications will be considered. This application form only supports Plain Text and no text effects such as bold, italics, underlining, bulleting, numbering, etc. will be captured in the form fields in the final submission. No attachments beyond those requested in the call for applications and online form will be accepted.

Please refer to the Community-Led Momentum Grants funding opportunity page on the [AHW website](https://info.ahwendowment.org/wisconsin-grants-to-improve-health) for additional instructions and requirements.

**The deadline for submissions is** **Oct. 27, 2025, by 5 p.m. CT.** Late applications will not be accepted.

Please note that all fields marked with \* are **required**

*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 Information

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

**Award Budget**

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| --- | --- |
| Total amount requested  (**auto-calculated from amount for community and MCW ;** in whole dollars and not to exceed $250,000 maximum): | $ |
| Amount for community (**required;** in whole dollars): | $ |
| Amount for MCW (**required;** in whole dollars): | $ |
| Additional funds, if applicable: | $ |
| Source of additional funds: |  |
| Start date: | July 1, 2026 |
| Duration of funding (**required;** in months and not to exceed 24 months maximum): |  |

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

**Project Summary** – Please provide a brief project summary including the Wisconsin-based health need and why it is a priority, the proposed approach to address the identified health need, and the intended impact that the proposed project will contribute towards achieving. (**required**; maximum 2,000 characters, including spaces)

# 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 MCW academic partner 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 larger partnership. See the call for applications for eligibility requirements.

|  |  |  |
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| **Primary Community Partner Organization Information** | | |
| Organization Name (**required**): | | |
| Organization Website (**required**): | | |
| Type of organization (**required**): | | |
| 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** | Government organization (*check the applicable type below*)  state or local government  tribal organization  public university or school  other (specify): |
| **Primary Community Partner Organization Contact** | | |
| 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**): | | |
| Authorized Signer Name (if applicable): | | Authorized Signer Email: |

**MCW Academic Partner** (**required**)– Project teams must designate one (1) eligible MCW academic partner. The MCW academic partner must be full-time or full professional effort MCW faculty with the rank of Assistant Professor, Associate Professor, or Professor. See the call for applications for MCW academic partner eligibility requirements.

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| **MCW Academic Partner 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**): | |

**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 primary community partner or MCW academic partner eligibility requirements. Please note that the online form is limited to ten collaborators.

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| **Name:** | **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://info.ahwendowment.org/areas-of-focus) to learn more about AHW’s areas of focus to drive toward impact.

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

Public and community health improvement – supports implementation and evaluation of health improvement interventions to address community-based health needs, inform policy and practice, improve health outcomes, and reduce disparities in the long-term

Health workforce education and development – supports development, implementation, and evaluation of programs and resources to better recruit, retain, and advance community-based health workforces that are diverse and responsive to Wisconsin’s health needs

Geographic Area Impacted

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**

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

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

# Demographic Information

**Primary Community Partner Organization Diversity and Inclusion Information** – To help AHW better understand our community applicants, we’d like to learn more about your organization. Please answer the following optional questions about the primary community partner organization. This information is for AHW’s awareness only and will only be used in aggregate across AHW’s applicants and funded partners.

|  |
| --- |
| Is your organization’s primary focus or mission on supporting or working with the underserved, historically marginalized or minority populations?  Yes  No  If yes, please describe and identify the primary population(s) that your organization serves or aims to directly impact. (maximum 1,000 characters, including spaces) |
| Is your organization led in management and/or board representation by individuals from minoritized or marginalized backgrounds?  Yes  No  If yes, please describe. (maximum 1,000 characters, including spaces) |

**Primary Community Partner Organization Contact 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 primary community partner organization contact. 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 |

**MCW Academic Partner 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 academic partner. 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 |

# Signatures

Following successful submission of the completed LOI application through the online form and technical review, signatures will be required via an AHW-initiated DocuSign process from the following individuals to indicate their awareness and support of the submitted application:

* Primary community partner organization contact and an individual authorized signer, if applicable
* MCW academic partner and their respective MCW Department Chair or Center leadership

Following submission and technical review, each of the individuals above will receive an email with instructions to complete and submit their signature. Required signatures must be submitted by **5 p.m. within three business days of receiving the signature request**, to complete the submission and advance it for review. AHW will send DocuSign requests as soon as possible, but please note that it may not be sent immediately. Any delays in AHW initiating the DocuSign process will be accommodated for when considering signature deadlines.