

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: MCW-Led Momentum Grants

Eligible MCW faculty are invited to submit the following letter of intent (LOI) through this online form to apply for AHW’s Call for Applications: MCW-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 MCW-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 submission 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**

|  |  |
| --- | --- |
| 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, 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/or 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

**MCW Principal Investigator** (**required**)– Applicant teams must designate one (1) eligible MCW Principal Investigator (PI). PIs 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 PI eligibility requirements. Collaboration among partners is encouraged, but compliance with fiduciary and reporting requirements are the responsibility of the PI.

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| **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**): |

**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.

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| **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**): |

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) |
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| **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**): |
| Are there additional Co-Investigator(s)? (**required;** yes/no) |
|  |
| **Co-I 6 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:** | **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**)

[ ]  Health-focused research – supports novel basic, clinical, and population science research to pursue new paths of study addressing Wisconsin’s leading health priorities

 If selected, which type of health-focused research best describes the proposed project:

 [ ]  Basic science research

 [ ]  Clinical science research

[ ]  Population science research

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

# 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 merit review of your proposal at the LOI and, if applicable, full proposal stages.

1. Merit reviews at both the LOI and full proposal stages will be completed by a review body. Please identify which panel your proposal best aligns with. Preference for a particular panel does not guarantee review by that panel. (**required**)

[ ]  Basic science review panel

[ ]  Clinical science review panel

[ ]  Population science review panel

[ ]  Health workforce review panel

1. At the full proposal stage, each application will also receive review by an external expert as recommended by the applicant. In anticipation of the full proposal review, please provide at least two and up to four recommendations of external (non-MCW) experts to serve as external reviewers for your full proposal application. Should you be invited to the full proposal stage, one of your recommendations may be selected to serve as an external reviewer. **Please follow the criteria below when making reviewer recommendations:**
2. External 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. 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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| **B. 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**): |
| Are there additional non-MCW reviewer recommendations? (**required;** yes/no) |
|  |
| **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**):  |
| Are there additional non-MCW reviewer recommendations? (**required;** yes/no) |

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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.

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| --- | --- |
| 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
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| 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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# 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:

* MCW PI and their respective MCW Department Chair or Center leadership
* Each Co-I included within the online form

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.