# G:\AHW\Communications\Images\Images_Logos\AHW Logos - Current\2019 AHW Logo\AHW Logo_Full Color.pngCall for Applications: Community-Led Seed Grants

*Eligible Wisconsin-based community organizations are invited to submit the following application through the online form to apply for AHW’s Call for Applications: Community-Led Seed Grants funding opportunity. 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 application 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 submissions is Aug. 19, 2024 by 5:00 p.m. CDT.*** *Late applications will not be accepted.*

*Please refer to the Community-Led Seed Grants funding opportunity page on the* [*AHW website*](https://info.ahwendowment.org/wisconsin-grants-to-improve-health) *for additional instructions and requirements**, including the AHW form templates to download, complete and attach in the appropriate fields in the online form.*

**This template is not for submission and may only be used to draft the application. Only applications submitted through the online application form will be considered for review.**

*For questions or to discuss your Community-Led Seeds Grants idea, please see the* [*AHW website*](https://info.ahwendowment.org/wisconsin-grants-to-improve-health) *for contact information.*

*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)

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

**Award Budget**

|  |  |
| --- | --- |
| Total amount requested (**required;** in whole dollars and not to exceed $50,000 maximum): | $ |
| Additional funds, if applicable: | $ |
| Source of additional funds: |   |
| Start date: | January 1, 2025 |
| Duration (**required;** in months and not to exceed 12 months maximum): |   |

Please provide 3-4 keywords or phrases that best describe your project and the type of expertise needed to support a quality review of your proposal. (**required;** maximum 400 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 be responsible 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**): |
| Does your organization have social media handles that you would like to share with AHW? [ ]  Yes [ ]  NoIf yes, please provide:Twitter Handle: Facebook Handle:LinkedIn Handle: Instagram Handle: |
| 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):  |
| If nonprofit organization is selected, please attach a copy of your **IRS nonprofit verification** (PDF) here. (**required**) |
| **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:  |

**Community Partner Non-Supplanting Attestation**

Attach completed Non-Supplanting Attestation (PDF) here (**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 MCW faculty or staff listed as collaborators cannot be included in the community partner budget request. 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 eligibility requirements. Please note that the online form is limited to ten collaborators.

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| **Name:** | **Organization/Department:** | **Project Role** (maximum 50 characters, including spaces) |
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Do you have any additional project partners labeled as investigator within the proposal materials (including the list of collaborators, budget workbook, budget justification, etc.)? (**required**)

[ ] Yes [ ] No

If yes, please attach a completed non-supplanting attestation form for each additional individual as a combined PDF here. Please note that any MCW faculty or staff listed as collaborators cannot be included in the community partner budget request. (**required**; if yes)

# 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

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

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:

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:

# MCW Academic Partner

Following submission and funding determination, all funded community-led projects will be paired with an MCW faculty member from a pre-defined pool of eligibility faculty through a collaborative matchmaking process. To help inform the process, what type of MCW faculty expertise would be most helpful for the proposed project? Please select all that apply. (**required**)

[ ]  Implementation partner – supporting on-the-ground project implementation, engaging closely with the community partner to carry out the community-driven implementation plan included in the approved community-led proposal

[ ]  Health-related content expert – lending expertise in a specific health-related area in alignment with the focus of the community-led project. Expertise and insight shared may support the community to more effectively implement, evaluate, and sustain their work

[ ]  Evaluation-related partner – supporting development of evaluation plans and materials for the community-driven work included in the approved community-led proposal to demonstrate success of their efforts

[ ]  Data collection and analysis partner – actively engaging in data collection and analysis in alignment with the community-driven work included in the approved community-led proposal, such as by leading focus groups or survey efforts

[ ]  Policy and systems change partner – serving as a thought partner to the community, supporting idea generation and non-lobbying advocacy efforts to inform policy and systems change beyond the project period and as a result of the community-driven work included in the approved community-led proposal

Please briefly describe your selection(s) and any additional specific expertise that the MCW academic partner may contribute to the project. (**required;** maximum 1.000 characters, including spaces)

# Narrative

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

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

# Implementation Plan

Attach completed Implementation Plan (PDF) here (**required**)

# Budget Workbook

Attach completed Budget Workbook (Excel) here (**required**)

# Budget Justification

Attach completed Budget Justification (PDF) here (**required**)

# Peer Review

Peer reviews will be conducted for all applications that pass technical review by a review body consisting of other applicants who applied to this funding opportunity. Reviewers for Community-Led Seed Grant proposals can be any community partners involved in the proposed project. The identified peer reviewer for this application should be available and committed to engaging in the peer review process and must complete their assigned reviews for this application to be eligible for funding consideration.

Please identify a member of the applicant team to serve as a peer reviewer. (**required**)

[ ]  Primary community partner contact

[ ]  Collaborator or other applicant team member – if selected, please provide the following information:

|  |
| --- |
| Name (First Last, Suffix/Credentials) (**required**):  |
| Preferred Name (**required**): | Pronouns: |
| Organization (**required**): |
| Title:  |
| Work Phone Number (**required**; XXX-XXX-XXXX):  | Email (**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 [ ]  NoIf 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 [ ]  NoIf 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
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| 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
 |

# Signatures

Following successful submission of the completed 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
* Any additional project partners labeled as investigators within the application and completing a non-supplanting attestation

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 **5:00 p.m. within three business days of receiving the signature request**, to complete the submission and advance for peer review.