# G:\AHW\Communications\Images\Images_Logos\AHW Logos - Current\2019 AHW Logo\AHW Logo_Full Color.pngCall for Applications: MCW-Led Seed 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 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 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*** ***Aug. 19, 2024 by 5:00 p.m. CDT.*** *Late applications will not be accepted.*

*Please refer to the MCW-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 MCW-Led Seeds Grant 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 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 $50,000 maximum): | $ |
| Additional funds, if applicable: | $ |
| Source of additional funds: |   |
| Start date: | January 1, 2025 |
| Duration of funding (**required;** in months and not to exceed 12 months maximum): |   |

Please provide 3-4 keywords or phrases that best describe your study/project and the type of expertise needed to support a quality review of your proposal. (**required;** maximum 400 characters, including spaces)

# 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.

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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**): |
| Does your department/center/division 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: |

**MCW Principal Investigator Non-Supplanting Attestation**

Attach completed Non-Supplanting Attestation (PDF) here (**required**)

**Co-Investigators** – Applicants are encouraged to designate Co-Is, as appropriate, to ensure the necessary skill sets and expertise are engaged in the project. See the call for applications for Co-I eligibility requirements. Please note that the online form is limited to five Co-Is.

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

|  |
| --- |
| **Co-I 1 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**): |
| **MCW Co-Investigator Non-Supplanting Attestation**Attach completed Non-Supplanting Attestation (PDF) here (**required**) |
| Are there additional Co-Investigator(s)? (**required;** yes/no) |
|  |
| **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**): |
| **MCW Co-Investigator Non-Supplanting Attestation**Attach completed Non-Supplanting Attestation (PDF) here (**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**): |
| **MCW Co-Investigator Non-Supplanting Attestation**Attach completed Non-Supplanting Attestation (PDF) here (**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**): |
| **MCW Co-Investigator Non-Supplanting Attestation**Attach completed Non-Supplanting Attestation (PDF) here (**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**): |
| **MCW Co-Investigator 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 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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Do you have any additional project partners labeled as PI/Co-I, or similarly, 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 (**required**; if yes)

**Nepotism Attestation**

MCW’s Corporate Policies and Procedures for Human Resources – Nepotism ([MCW Policy HR.EE.110](https://infoscope.mcw.edu/Corporate-Policies/Nepotism.htm)) states that no MCW employee shall assume, maintain or make Employment or Evaluative Decisions, or conduct Advocacy Activities, with respect to a Relative or Significant Other (“Relationship”) without proper notifications, approvals and development of a management plan as specified in this policy. This policy applies to all MCW employees and students, and all Medical College of Wisconsin Affiliated Hospitals (MCWAH) residents and fellows.

Are there any related individuals involved in the project? (**required**)

[ ] Yes [ ] No

If yes, please describe the nature of the relationship and provide a written justification for how the relative’s scientific or technical expertise is required to complete the project’s aims. (**required** if yes; maximum 400 characters, including spaces)

# 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

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:

[ ]  This project is not designed to impact equity

# Narrative

Please see the *Call for Applications: MCW-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 mechanism. Reviewers for MCW-Led Seed Grant proposals must be MCW faculty or faculty from other institutions 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**)

[ ]  MCW PI

[ ]  Co-Investigator – if selected, please provide the Co-I name:

[ ]  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

**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
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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:

* MCW PI and their respective MCW Department Chair or Center leadership
* All Co-Is
* 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. CDT within three business days of receiving the signature request**, to complete the submission and advance for peer review.

