# G:\AHW\Communications\Images\Images_Logos\AHW Logos - Current\2019 AHW Logo\AHW Logo_Full Color.pngCall for Applications: MCW Post-Doctoral Researcher Seed Grants

*Eligible MCW Post-Doctoral Researchers and their MCW faculty supervisors are invited to submit the following application* *through the online form to apply for AHW’s Call for Applications: MCW Post-Doctoral Researchers 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 Post-Doctoral Researcher 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 Post-Doctoral Researcher Seed 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): |  |

# Project Team Information

**MCW Post-Doctoral Researcher** (**required**)– The application must be submitted one (1) eligible MCW Post-Doctoral for the project. Post-Doctoral Researchers must hold current full-time post-doctoral positions at MCW at the time of application and must remain in their post-doctoral position for the duration of the AHW project period. See the call for applications for 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 Post-Doctoral Researcher 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**): | |
| 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: | |

What year of your post-doctoral program will you be in at the start of the project, if funded? (**required;** dropdown: Year 1, Year 2, Year 3, Year 4+):

**MCW Post-Doctoral Researcher Non-Supplanting Attestation**

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

**Co-Investigators**

Co-Investigator 1 must be the eligible MCW faculty supervisor for the Post-Doctoral Researcher’s work and be committed to supporting the Post-Doctoral Researcher throughout the award period, including guiding research efforts and compliance and management of the award. The MCW Faculty Supervisor must be a full-time or full professional effort MCW faculty member with the rank of Assistant Professor, Associate Professor, or Professor, and have a primary appointment in the School of Medicine.

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

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| **MCW Faculty Supervisor/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 Faculty Supervisor/Co-I 1 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

Health Equity – AHW is committed to advancing health equity across Wisconsin. [Health equity](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

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

Basic science

Clinical science

Population science

# Narrative

Please see the *Call for Applications: MCW Post-Doctoral Researcher 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**)

# Letters of Support

Attach Letters of Support (combined PDF) here (**required**)

# Demographic Information

**MCW Post-Doctoral Researcher 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 Post-Doctoral Researcher. 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 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 Post-Doctoral Researcher
* MCW Faculty Supervisor serving as a required Co-I and their MCW Department Chair or Center leadership
* Each additional Co-I included within the online form
* 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 review.

A close up of a sign

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