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| **CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE****CTSI/AHW Goals Alignment** |
| Please complete and upload this form to your application.  |
| **PROJECT TITLE *(maximum 100 characters, including spaces)*** |
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| **PRINCIPAL INVESTIGATOR INFORMATION**  |
| MCW Principal Investigator: |       |
| Title: |       |
| Department: |       |
| Phone: | (   )   -     | Email: |       |
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| **AHW Five-Year Plan Emphasis Area** (please check all that apply): |
| All projects supported by funding from the Advancing a Healthier Wisconsin for the CTSI Pilot and Collaborative Awards program are required to fit with one of the following AHW Five-Year Plan priorities.  |
| **[ ]**  | Cancer | **[ ]**  | Inflammation and Immunology |
| **[ ]**  | Cardiovascular Disease | **[ ]**  | Neuro-degenerative Diseases |
| **[ ]**  | Concussion and Traumatic Brain Injury | **[ ]**  | Population Health |
| **[ ]**  | Diabetes and Obesity | **[ ]**  | Regenerative Medicine |
| **[ ]**  | Genetics and Personalized Medicine | **[ ]**  | Other (specify):  |  |
| By signing below, the Principal Investigator verifies that the information included on this form is complete and accurate to the best of his/her knowledge.  |
|  |  |       |
| **MCW Principal Investigator’s Signature** |  | **Date** |