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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**  |
| Principal Investigator: |       |
| Title: |       |
| Department: |       |
| Phone: | (   )   -     | Email: |       |
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| **CTSI Health Priority Areas** (please check all that apply): |
| *CTSI’s mission is to create a borderless, complementary and synergistic research environment in southeast Wisconsin to translate discoveries into better health of our citizens while simultaneously providing comprehensive educational and training programs to develop the next generation of Clinical and Translational Researchers. The five areas of research listed below have been designated as key for providing better health to the citizens of our area.*  |
| **[ ]**  | Cardiovascular Disease |
| **[ ]**  | Diabetes |
| **[ ]**  | Obesity |
| **[ ]**  | Neurological Disorders  |
| **[ ]**  | Respiratory Disorders |
| **[ ]**  | Other (specify):  |       |
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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 | **[ ]**  | Infectious Disease and Immunology |
| **[ ]**  | Cardiovascular Disease | **[ ]**  | Kidney Disease |
| **[ ]**  | Clinical and Translational Science Institute | **[ ]**  | Neuroscience |
| **[ ]**  | Community and Population Health | **[ ]**  | Proteomics and Structural Biology |
| **[ ]**  | Genetics | **[ ]**  | Stem Cell Biology and Regenerative Medicine |
| **[ ]**  | Imaging | **[ ]**  | Other (specify):  |       |
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| 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.  |
|  |  |       |
| **Principal Investigator’s Signature** |  | **Date** |