



COVER PAGE FORM
Medical College of Wisconsin, Department of Surgery
We Care Fund for Medical Innovation and Research
Faculty Seed Grants

TITLE OF PROPOSAL:

GRANT APPLICATION LEVEL (choose one):

Up to \$50,000

Up to \$100,000

CONTACT PRINCIPAL INVESTIGATOR	
Name, Degree(s):	
Title:	
Email Address:	
Telephone Number:	
Office Location (building, room #):	
Administrative Assistant:	
Department:	
Division:	
Center Affiliation(s):	

PRINCIPAL INVESTIGATOR (MPI)*	
Name, Degree(s):	
Title:	
Email Address:	
Telephone Number:	
Department:	
Division:	
Center Affiliation(s):	



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CO-INVESTIGATOR*	
Name, Degree(s):	
Title:	
Email Address:	
Telephone Number:	
Department:	
Division:	
Center Affiliation(s):	

CO-INVESTIGATOR*	
Name, Degree(s):	
Title:	
Email Address:	
Telephone Number:	
Department:	
Division:	
Center Affiliation(s):	

*For the \$100,000 grant it is required that the application be an MPI proposal, and the additional principal investigator must be from another Division, Department, or Center than the Contact PI. Each application for either grant may list one (1) Additional Principal Investigator (MPI) and up to two (2) Co-Investigators. No additional investigators in these roles are permitted.