

2025 Catalyst Awards for Transformation in Graduate Medical Education

The Josiah Macy Jr. Foundation

Eligibility

Tax-Exempt Organization*

The Macy Foundation considers proposals from 501(c) 3 organizations and public entities. Does your proposal request funds to be awarded to a tax-exempt organization or government agency (either a 501(c) 3 organization or public entity)?

Choices

Yes
No

Funding Request*

Please confirm by selecting yes that your budget does not include requests for general support, endowments, equipment, construction or renovation projects, capital campaigns or activities conducted outside the United States and its territories. The Macy Foundation will not consider requests for these items.

Choices

Yes
No

Budget Request*

Does your budget fall within the Catalyst Awards for Transformation in Graduate Medical Education budget limits (not more than \$100K for 18 months), including indirect costs capped at no more than 10% of total direct costs?

Choices

Yes
No

Target Audience*

Is your proposal directly related to education of medical learners at the graduate (resident/fellow) level?

Choices

Yes
No

Clinical Learning Environment*

Is your proposal related to education in the clinical learning environment, i.e., educational settings where residents/fellows are learning directly from and with patients and supervising faculty (including but not limited to simulations)?

Choices

Yes

No

Attendance at 2026 ACGME Annual Education Conference*

Will you commit to sending a faculty member and a learner (resident/fellow) to the 2026 ACGME Annual Education Conference? *(Note: The Macy Foundation and the ACGME will cover the cost of registration and airfare, as well as one night of the hotel stay).*

Choices

Yes

No

Proposal Justification*

If the answer to one or more of the earlier questions is “No,” please provide an explanation of why the Macy Foundation should consider your proposal. If you answered “Yes” to all questions, please write N/A.

NOTE: If the answer to the Funding Request question is “No,” then we will not consider the proposal.

Character Limit: 1000

Project Background

Project Name*

Character Limit: 250

Amount Requested*

Character Limit: 20

Duration of Project: 4/1/2025 – 9/30/2026

Priority Area*

Please indicate if your proposal falls within one of the three Macy priority areas. If the proposal does not fall within one of these priority areas, please select Other and write a brief description of the issues and priorities that your proposal will address.

Choices

Promoting diversity, equity, and belonging

Increasing collaboration among health professionals
Preparing health professionals to navigate ethical dilemmas
Other

Priority Area (Other)

Please briefly describe the specific issues and priorities that your proposal will address.

Character Limit: 500

Department or Graduate Medical Education Program*

Please identify the department(s) or graduate medical education program(s) in which the project will take place.

Character Limit: 250

Matching Support*

Will matching and/or in-kind support be provided for this project from your institution, department, and/or health system? If so, confirmation of matching and/or in-kind support, including the source and the amounts should be included on the budget form and described in letter(s) of support.

Choices

Yes
No

Impact on the Clinical Learning Environment*

Please describe the impact you hope to have on the clinical learning environment and what changes you hope to see in the future as a result of this program.

Character Limit: 5000

Project Application

Project Description*

Please provide a description of the project, its purpose, and the problem(s) it is intended to address, including all of the key topic areas listed below.

- Describe the purpose of the project, the background or justification, and the potential impact on the clinical learning environment
- Describe the work that will be undertaken to achieve the project's goals and objectives, including major activities, stages of work, methods, and a timeline of activities
- Identify the impact or change you anticipate your project will achieve, indicating what measures and/or evaluation plan you will use to assess if the impact/change has been successfully achieved

- Describe barriers and limitations of the project and how you will overcome these
- Describe your communication/dissemination plan, including target audience, for sharing your results
- Describe plans for sustaining the program or project after the period of Macy Foundation support concludes

The description should be no more than 5 pages, excluding references. Please limit references to no more than 10.

File Size Limit: 2 MB

Institutional Readiness*

Please describe what events or experiences led to this application. Why is now the right time to conduct this project? What evidence do you have of institutional readiness and commitment?

Character Limit: 2500

Institutional Support*

Please provide a letter on institutional letterhead signed by the GME Program Director(s) or the Department Chair. The letter should include a description of the financial and non-financial support for the project at the program/departmental/institutional level.

File Size Limit: 1 MB

Budget*

Please download the Project Budget Form, complete, and upload it here. If you anticipate support (including in-kind) from an organization other than the Macy Foundation, please enter those amounts in the Non-Macy support column.

File Size Limit: 2 MB

Budget Justification*

Provide an explanation for all projected expenditures on the budget.

File Size Limit: 2 MB

Institutional Financial Officer*

Please provide the contact information (name, title, email address, telephone number) for the person who will be responsible for signing the award letter.

Character Limit: 250

Institutional Financial Contact*

Please provide the contact information (name, title, email address, telephone number) for the person who will facilitate wire transfer instructions.

Character Limit: 250

Key Personnel

Provide the names and qualifications of the person(s) who will be responsible for the project. **No more than 5** individuals can be listed and **only 2** can be principal investigators. We strongly recommend the inclusion of learner(s) in the project team.

Principal Investigator 1*

Please write in the principal investigator's full name and academic degree(s).

Character Limit: 250

Principal Investigator 1 Academic or Professional Title*

Character Limit: 250

Principal Investigator 1 Biosketch*

Please download, complete, and upload the biosketch form.

File Size Limit: 2 MB

Principal Investigator 1 Email Address*

Character Limit: 254

Principal Investigator 1 Telephone Number*

Character Limit: 15

Additional Principal Investigator*

Do you have an additional principal investigator? As mentioned in the instructions, projects can have at most 2 principal investigators.

Choices

Yes

No

Additional Key Personnel*

Do you have additional key personnel?

Choices

Yes

No

Number of Additional Personnel

If you answered, "Yes," please select the additional number of personnel. Please note a maximum of 5 people on the project, including principal investigator(s).

Choices

- 1
- 2
- 3
- 4

Principal Investigator 2

Principal Investigator 2

Please write in the principal investigator's full name and academic degree(s).

Character Limit: 250

Principal Investigator 2 Academic or Professional Title

Character Limit: 250

Principal Investigator 2 Biosketch

Please download, complete, and upload the biosketch form.

File Size Limit: 2 MB

Principal Investigator 2 Email Address

Character Limit: 254

Principal Investigator 2 Telephone Number

Character Limit: 15

Co-Investigator 1

Co-Investigator 1 Name

Please write in the principal investigator's full name and academic degree(s).

Character Limit: 250

Co-Investigator 1 Academic or Professional Title

Character Limit: 250

Co-Investigator 2

Co-Investigator 2 Name

Please write in the principal investigator's full name and academic degree(s).

Character Limit: 250

Co-Investigator 2 Academic or Professional Title

Character Limit: 250

Co-Investigator 3

Co-Investigator 3 Name

Please write in the principal investigator's full name and academic degree(s).

Character Limit: 250

Co-Investigator 3 Academic or Professional Title

Character Limit: 250

Co-Investigator 4

Co-Investigator 4 Name

Please write in the principal investigator's full name and academic degree(s).

Character Limit: 250

Co-Investigator 4 Academic or Professional Title

Character Limit: 250

Demographic Information

The Josiah Macy Jr. Foundation is committed to addressing systemic inequities that limit opportunities for health professionals. In an effort to track the effectiveness of the Foundation's commitment to diversity, equity, and belonging, we are collecting and reviewing demographic data in aggregate.

Your individual responses will be kept confidential and will not be used in the decision regarding your application.

Please consider answering the following questions (all questions are optional).

Principal Investigator 1 Gender

Please indicate the gender for the Principal Investigator.

Choices

Female

Male

Non-Binary

Prefer not to answer

LGBTQIA+ Community

Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, or Asexual (LGBTQIA+) community?

Choices

Yes

No

Other

Prefer not to answer

Race/Ethnicity/Origin

Please check all that apply.

Choices

American Indian or Alaska Native

Asian

Black or African American

Hispanic, Latino, or Spanish

Middle Eastern or North African

Native Hawaiian or Other Pacific Islander

White

Other

Prefer not to answer

Disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Choices

Yes, I have a disability (or previously had a disability)

No, I don't have a disability

Prefer not to answer

Demographic Information - Principal Investigator 2

Principal Investigator 2 Gender

Please indicate the gender for the other principal investigator.

Choices

Female

Male

Non-Binary

Other

Prefer not to answer

LGBTQIA+ Community

Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQIA+) community?

Choices

- Yes
- No
- Other
- Prefer not to answer

Race/Ethnicity/Origin

Please check all that apply.

Choices

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to answer

Disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Choices

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- Prefer not to answer

Demographic Information - Co-Investigator 1

Co-Investigator 1 Gender

Please indicate the gender for co-investigator 1.

Choices

- Female
- Male
- Non-Binary
- Other
- Prefer not to answer

LGBTQIA+ Community

Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQIA+) community?

Choices

- Yes
- No
- Other
- Prefer not to answer

Race/Ethnicity/Origin

Please check all that apply.

Choices

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to answer

Disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Choices

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- Prefer not to answer

Demographic Information - Co-Investigator 2

Co-Investigator 2 Gender

Please indicate the gender for co-investigator 2.

Choices

- Female
- Male
- Non-Binary
- Other
- Prefer not to answer

LGBTQIA+ Community

Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQIA+) community?

Choices

- Yes
- No
- Other
- Prefer not to answer

Race/Ethnicity/Origin

Please check all that apply.

Choices

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to answer

Disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Choices

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- Prefer not to answer

Demographic Information - Co-Investigator 3

Co-Investigator 3 Gender

Please indicate the gender for co-investigator 3.

Choices

- Female
- Male
- Non-Binary
- Other
- Prefer not to answer

LGBTQIA+ Community

Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQIA+) community?

Choices

- Yes
- No
- Other
- Prefer not to answer

Race/Ethnicity/Origin

Please check all that apply.

Choices

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to answer

Disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Choices

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- Prefer not to answer

Demographic Information - Co-Investigator 4

Co-Investigator 4 Gender

Please indicate the gender for co-investigator 4.

Choices

- Female
- Male
- Non-Binary
- Other
- Prefer not to answer

LGBTQIA+ Community

Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQIA+) community?

Choices

- Yes
- No
- Other
- Prefer not to answer

Race/Ethnicity/Origin

Please check all that apply.

Choices

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to answer

Disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Choices

- Yes, I have a disability (or previously had a disability)
- No, I do not have a disability
- Prefer not to answer

Questions

If you have any questions about this process, feel free to contact us via email at info@macyfoundation.org.