

# 2025 Disability Inclusion in Nursing

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*The Josiah Macy Jr. Foundation*

## *Eligibility Checklist*

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### **Tax Exempt Organizations\***

*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 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 these RFA limits: not more than \$75K in total costs annually for 3 years?*

#### **Choices**

Yes

No

### **Target Audience\***

*Is your proposal directly related to the education of nursing students (undergraduate or graduate level)?*

#### **Choices**

Yes

No

### **Clinical Learning Environment\***

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

#### **Choices**

Yes

No

### Principal Investigator Credentials

*Does at least one of the Principal Investigators have an RN credential?*

#### 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, 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*

## General Information

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### Project Name\*

*Character Limit: 250*

### Primary Priority Area\*

Select the primary priority area that relates to your project.

#### Choices

Promoting Diversity, Equity, and Belonging

Increasing Collaboration Among Health Professionals

Preparing Health Professionals to Navigate Ethical Dilemmas

### Total Project Budget\*

*Character Limit: 20*

### Start Date of Project\*

#### Choices

February 1, 2025

### End Date of Project\*

#### Choices

January 31, 2028

## Organizational Information & Support\*

*Briefly describe the structure of your grant project. Where will the project reside in your institution? Indicate support for the project at both the institutional, department, and/or health system level. Will you collaborate with other units?*

*Character Limit: 7500*

## 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, detailed in the Required Documents section, and described in letter(s) of support uploaded in the Supporting Documents section.*

### Choices

Yes

No

## Key Personnel

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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.

### Principal Investigator 1

*Please insert the principal investigator's full name and academic degree(s). Please note at least one of the PIs must have an RN credential.*

*Character Limit: 250*

### Principal Investigator 1 Academic or Professional Title and Institution\*

*Character Limit: 500*

### Principal Investigator 1 Biosketch\*

*Please download, complete, and upload the biosketch form for the Principal Investigator.*

*File Size Limit: 2 MB*

### Principal Investigator 1 Email Address\*

*Character Limit: 254*

### Principal Investigator 1 Telephone Number\*

*Character Limit: 15*

### Principal Investigator 1 Preferred Pronouns

*Character Limit: 50*

### **Principal Investigator 2 (if applicable)**

*Please insert the second principal investigator's full name and academic degree(s), if applicable. Please note at least one of the PIs must have an RN credential.*

*Character Limit: 250*

### **Principal Investigator 2 Academic or Professional Title and Institution**

*Character Limit: 500*

### **Principal Investigator 2 Biosketch,**

*Please download, complete, and upload the biosketch form for Principal Investigator 2.*

*File Size Limit: 2 MB*

### **Principal Investigator 2 Email Address**

*Character Limit: 254*

### **Principal Investigator 2 Telephone Number**

*Character Limit: 15*

### **Principal Investigator 2 Preferred Pronouns**

*Character Limit: 50*

### **Co-Investigator 1 Name and Academic Degree(s)**

*Please insert Co-Investigator 1's full name and academic degree(s).*

*Character Limit: 250*

### **Co-Investigator 1 Academic or Professional Title and Institution**

*Character Limit: 500*

### **Co-Investigator 2 Name and Academic Degree(s)**

*Please insert Co-Investigator 2's full name and academic degree(s).*

*Character Limit: 250*

### **Co-Investigator 2 Academic or Professional Title and Institution**

*Character Limit: 500*

### **Co-Investigator 3 Name and Academic Degree(s)**

*Please insert Co-Investigator 3's full name and academic degree(s).*

*Character Limit: 250*

### **Co-Investigator 3 Academic or Professional Title and Institution**

*Character Limit: 500*

### **Co-Investigator 4 Name and Academic Degree(s)**

*Please insert Co-Investigator 4's full name and academic degree(s).*

*Character Limit: 250*

## **Co-Investigator 4 Academic or Professional Title and Institution**

*Character Limit: 500*

### *Application*

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Please note the application instructions regarding character limits, page limits, and file size. Note that there are character limits for the text boxes. A general rule of thumb is that 10,000 characters approximates three pages of text (please note that this is an approximation and not an exact equation). Spaces count towards the character limit.

If you have any questions, please feel welcome to contact us at [info@macyfoundation.org](mailto:info@macyfoundation.org).

### **Executive Summary\***

*Provide a summary of the project.*

*Character Limit: 3000*

### **Background**

*Describe the nature and importance of the problem to be addressed.*

*Character Limit: 5000*

### **Primary Purpose of Project\***

*List the project's primary goals and objectives.*

*Character Limit: 5000*

### **The Project\***

- *Describe the work that will be undertaken to achieve the project's goals and objectives.*
- *Describe the population or intended audience the project will impact.*
- *Describe the impact or change you anticipate your project will achieve, and how you plan to assess or measure that impact/change.*
- *Describe the major activities, stages of work, methods, including data sources, specific topics to be addressed, and sites, if relevant.*
- *If possible, please describe the theoretical framework that you are using to support your approach.*
- *If the project is data-driven, provide specific questions you seek to answer and why your approach to answering the question is feasible.*
- *If the project is policy-oriented, describe the policies you seek to address / change.*

*Character Limit: 10000*

### **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: 3000*

### **Authentic Leadership and Partnership\***

*Core to this funding opportunity are the voices, knowledge, and experiences of people with disabilities. Therefore, the participation of these stakeholders should be at the center of the proposals, including, for example, being in project leadership, conceptualizing the project, and disseminating outcomes. Please describe how your project is led by or developed and led in authentic partnership with individuals and communities who experience inequities caused by ableism.*

*Character Limit: 3000*

### **Expected Outcomes\***

*Identify both intermediate and final outcomes for the project, indicating what will be the measure(s) for success. Note: the outcomes should be measurable. Please indicate your measurement tool(s) and include them as attachments if available.*

*Character Limit: 5000*

### **The Work Plan\***

*Please upload a work plan with dates for key milestones and accomplishments.*

*File Size Limit: 2 MB*

### **Project's Challenges\***

- *What are the project's greatest challenges and barriers to success?*
- *How do you intend to overcome them?*

*Character Limit: 5000*

### **Scalable or Replicable Projects\***

*What aspects of your project(s) may be scalable or replicable and how?*

*Character Limit: 3000*

### **Project Communications\***

*Describe your plans to disseminate the project's outcome(s). Please include how you plan to make these outcomes broadly accessible, including to people with disabilities, ensuring that messaging and information meet the communication needs of everyone within the community*

*Character Limit: 3000*

## Required Documents

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### Total Project Budget\*

*Character Limit: 20*

### Budget\*

*Provide a line-item budget in Excel format, including both Macy and non-Macy support*

*File Size Limit: 2 MB*

### Budget Justification\*

*Provide an explanation for all projected expenditures for the budget.*

*File Size Limit: 2 MB*

### Non-Macy Support

If you anticipate support (including matching and in-kind) from an organization other than the Macy Foundation, please enter the source and those amounts here.

*Character Limit: 500*

### Institutional Financial Officer\*

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

*Character Limit: 250*

## Supporting Documents

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### Supporting Letter(s)

*Please provide supporting letter(s) from deans and/or department chairs and/or health system leaders whose support will help advance the goals and activities of this project.*

*If you are uploading multiple letters, please combine them into a single pdf before uploading.*

*File Size Limit: 4 MB*

### Evaluation Tool(s)

*Please upload an existing evaluation tool(s) you will use.*

*If you are uploading multiple instruments, please combine them into a single pdf before uploading.*

*File Size Limit: 4 MB*

### Relevant Publication(s)

*Please upload relevant publication(s) of work you have done in this area (please provide no more than 2).*

*If you are uploading multiple publications, please combine them into a single pdf before uploading.*

*File Size Limit: 4 MB*

### Additional Document(s)

*Please provide other background material(s) that may be relevant to this grant application.*

*File Size Limit: 2 MB*

## Questions?

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

## Demographic Information

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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 FOR THE PRINCIPAL INVESTIGATOR***

### Principal Investigator 1: Gender

*Please indicate the gender of the Principal Investigator.*

#### Choices

Female

Male

Non-Binary

Other

Prefer not to answer



### Principal Investigator 1: LGBTQIA+ Community

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

#### Choices

- Yes
- No
- Other
- Prefer not to answer

### Principal Investigator 1: 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

### Principal Investigator 1: 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

***PLEASE CONSIDER ANSWERING THE FOLLOWING QUESTIONS FOR PRINCIPAL INVESTIGATOR 2, IF APPLICABLE***

### Principal Investigator 2: Gender

*Please indicate the gender for Principal Investigator 2.*

#### Choices

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

## Principal Investigator 2: LGBTQIA+ Community

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

### Choices

Yes

No

Other

Prefer not to answer

## Principal Investigator 2: 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

## Principal Investigator 2: 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

***PLEASE CONSIDER ANSWERING THE FOLLOWING QUESTIONS FOR CO-INVESTIGATOR 1, IF APPLICABLE***

## Co-Investigator 1: Gender

*Please indicate the gender for Co-Investigator 1.*

### Choices

Female

Male

Non-Binary

Other

Prefer not to answer

### Co-Investigator 1: LGBTQIA+ Community

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

#### Choices

- Yes
- No
- Other
- Prefer not to answer

### Co-Investigator 1: 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

### Co-Investigator 1: 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

***PLEASE CONSIDER ANSWERING THE FOLLOWING QUESTIONS FOR CO-INVESTIGATOR 2, IF APPLICABLE***

### Co-Investigator 2: Gender

*Please indicate the gender for Co-Investigator 2.*

#### Choices

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

### Co-Investigator 2: LGBTQIA+ Community

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

#### Choices

- Yes
- No
- Other
- Prefer not to answer

### Co-Investigator 2: 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

### Co-Investigator 2: 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

***PLEASE CONSIDER ANSWERING THE FOLLOWING QUESTIONS FOR CO-INVESTIGATOR 3, IF APPLICABLE***

### Co-Investigator 3: Gender

*Please indicate the gender for Co-Investigator 3.*

#### Choices

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

### Co-Investigator 3: LGBTQIA+ Community

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

#### Choices

- Yes
- No
- Other
- Prefer not to answer

### Co-Investigator 3: 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

### Co-Investigator 3: 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

***PLEASE CONSIDER ANSWERING THE FOLLOWING QUESTIONS FOR CO-INVESTIGATOR 4, IF APPLICABLE***

### Co-Investigator 4: Gender

*Please indicate the gender for Co-Investigator 4.*

#### Choices

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

### **Co-Investigator 4: LGBTQIA+ Community**

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

#### **Choices**

- Yes
- No
- Other
- Prefer not to answer

### **Co-Investigator 4: 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

### **Co-Investigator 4: 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