2025 Disability Inclusion in Nursing

The Josiah Macy Jr. Foundation

Eligibility Checklist

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
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

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
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).
Co-Investigator 4 Academic or Professional Title and Institution

Character Limit: 250

Application

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.

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

**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

**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.*
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.

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

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

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 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