**Deborah Munroe Noonan Memorial Research Fund**

**Initial Research Proposal Application Face Sheet  
2023 Grant Cycle**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Project Period****: September 1, 2023 – August 31, 2025*  ***Total Award****: Two-Year Award of $160,000 with Indirect Costs up to 20% per year* | | | | | |
| **PLEASE SELECT ONE: Demonstration Project  Research Project** | | | | | |
| **TITLE OF PROJECT** | | | **KEY WORDS** | | |
| **APPLICANT INFORMATION** | | | **DEPARTMENT OR DIVISION CHAIR/DIRECTOR** | | |
| Name and Degree: |  |  | Name and Degree: |  |  |
| Full Title: |  |  | Full Title: |  |  |
| Department: |  |  | Department: |  |  |
| Institution: |  |  | Institution: |  |  |
| Address: |  |  | Address: |  |  |
|  |  |  |  |  |  |
| Telephone/Fax: |  |  | Telephone/Fax: |  |  |
| Email: |  |  | Email: |  |  |
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| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE** | |  | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** | |  |
| Name: |  |  | Name: |  |  |
| Title: |  |  | Title: | **For Initial Proposal Application:**  **This section does not need to be completed.** |  |
| Institution: |  |  | Institution: |  |
| Address: |  |  | Address: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Telephone: |  |  | Telephone: |  |
| Email: |  |  | Email: |  |  |
| **CERTIFICATION**: By signing this Face Sheet, we certify that the statements contained in this Application are true and complete to the best of our knowledge and accept the terms of the Deborah Munroe Noonan Memorial Research Fund as documented in the Terms of the Award. The Applicant’s signature also confirms responsibility for obtaining any human subjects and/or other required institutional approvals. | | | | | |
| **Signature of Applicant**  **Date:** | | | **Signature of Authorized Institutional Representative**  **Date:** | | |

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**Research Project Summary**

State the project’s broad, long-term objectives and specific aims. Concisely describe the research design and methods for achieving these goals. This summary is meant to serve as a succinct and accurate description of the proposed work when separated from the application and will be posted on our website if the project is funded. (The same Research Project Summary should appear on the online application and this uploaded form. *300 word maximum*

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| **Project Summary** |

**Non-Technical Overview**

Please answer the following questions in ONE SENTENCE EACH, in terms understandable to a non-specialist. This statement should match the text in the corresponding field for online submission.

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| --- |
| What big question(s) will your work answer?  Why does this question matter?  How will your work answer the big question? |

**Organization and Collaborator(s) Profiles**

1. Please be as specific as possible in your responses to the questions below. We recognize that people, organizations, and partnerships may need to deepen understanding know-how about equity. We ask that applicants be candid about their existing population/community engagement and equity efforts. For each organization, please describe:
   1. The mission and structure
   2. Descriptions of the project team, the expertise or skillset brought to the project, experience in addressing the root causes or systemic barriers for the advancement of health equity, and experience in performing proposed work.
   3. The organization’s current efforts and/or plan to incorporate equity within your organizational policies and practices?
   4. The demographics (including disability status, race, ethnicity, gender, age) of the project team, to the extent the information is available? How are the identities and/or lived experience of your project team supportive and/or reflective of the community/population impacted by your proposal?

\*Lived experience encompasses the personal experiences and choices of a given person, and the resulting knowledge that they gain.

Each organizational profile should be a maximum of 1 page.

**Project Timeline and Milestones Summary Table**

Please describe your plan/approach for your proposal:

Milestone 1 - [Describe here]

Milestone 2 - [Describe here]

Milestone 3 - [Describe here]

Milestone 4 - [Describe here]

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| Milestone 1 | | | |
| **Activities** | **Time Frame** | **People Responsible** | **Intended Outcome(s)** |
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| Milestone 2 | | | |
| **Activities** | **Time Frame** | **People Responsible** | **Intended Outcome(s)** |
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| Milestone 3 | | | |
| **Activities** | **Time Frame** | **People Responsible** | **Intended Outcome(s)** |
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| Milestone 4 | | | |
| **Activities** | **Time Frame** | **People Responsible** | **Intended Outcome(s)** |
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