Deborah Munroe Noonan Memorial Research Fund

Full Research Proposal Application Cover Page  
2025 Grant Cycle

***Project Period****: September 1, 2025 – August 31, 2027*

***Total Award****: Two-Year Award of $160,000 with Indirect Costs up to 20% per year*

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| **PLEASE SELECT ONE: Pilot Project ☐ Research Project ☐ Evaluation Project ☐** | | | |
| **TITLE OF PROJECT** | | **KEY WORDS** | |
| **APPLICANT INFORMATION** | | **DEPARTMENT/DIVISION CHAIR OR EXECUTIVE DIRECTOR** | |
| Name and Degree: |  | Name and Degree: |  |
| Full Title: |  | Full Title: |  |
| Department: |  | Department: |  |
| Institution: |  | Institution: |  |
| Address: |  | Address: |  |
|  |  |  |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| **AUTHORIZED INSTITUTIONAL REPRESENTATIVE** | | **INSTITUTIONAL OFFICER TO RECEIVE FUNDS** | |
| Name and Degree: |  | Name and Degree: |  |
| Full Title: |  | Full Title: |  |
| Department: |  | Department: |  |
| Institution: |  | Institution: |  |
| Address: |  | Address: |  |
|  |  |  |  |
| Telephone: |  | Telephone: |  |
| Email: |  | Email: |  |
| **CERTIFICATION**: By signing this Cover Page, 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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Full Project Proposal

Background and Significance

Specific Aims

Potential Impact

Project Design and Methods

Bibliography/Works Cited

Project Timeline and Milestones Summary Table

Applicant Bio-sketch/Resume/CV (maximum 5 pages)

Key Personnel Bio-sketch/Resume/CV (if applicable, maximum of 5 pages each)

Letters of Collaboration

Appendix (if applicable)

Budget Forms

Project Summary

Please include a summary describing the project and its implications for improving the quality of life for children and adolescents with physical or developmental disabilities. 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 Project Summary should appear on the online application and this uploaded form. You may copy submission from the Initial Stage if content has not changed. *300 word maximum*

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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. You may copy submission from the Initial Stage if content has not changed.

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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? |

Relevance

The Noonan Fund supports innovative pilot, research, or evaluation projects whose results may improve the quality of life for children with disabilities. Please explain how the proposed project will improve the quality of life for children with disabilities. This should match the text in the corresponding field for online submission. *100 word maximum*

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Geographical Representation

Please describe the geographical representation of the project population and how this aligns with the geographical area of interest of the Noonan Fund. Please clearly state what percentage of the project population resides in the area of interest (it must be a majority of the population) and how you will recruit specifically from that area. This should match the text in the corresponding field for online submission. You may copy your submission from the Initial Stage if content has not changed.

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Organization and Collaborator(s) Profile

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. You may copy submission(s) from the Initial Stage if content has not changed.

Project Timeline and Milestones Summary Table

Please describe your plan/approach for your proposal (You may copy the table submitted during the Initial Stage if content has not changed):

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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