Jeffress Trust Awards Program in Research Advancing Health Equity

A program of the ***Thomas F. and Kate Miller Jeffress Memorial Trust***
Bank of America, N.A., Trustee

BANK OF AMERICA

2026 Application Guidelines and Instructions

Submission Deadline
Wednesday, February 25, 2026
12:00 PM, Eastern Time

Terms of the Award

Application Instructions

Award Summary

Award Amount and Duration:	**Partnership/Collaborative Establishment Awards**: $150,000 for two (2) years **Research Awards**: $600,000 for three (3) years
Award Dates:	**Partnership/Collaborative Establishment Awards**: June 30, 2026 – June 29, 2028 **Research Awards (Previous Partnership/Collaborative Establishment Awardees only)**: June 30, 2026 – June 29, 2029
Eligibility:	**Who:** Virginia-based non-profit 501(c)3 organizations and municipalities are eligible to submit ideas to the Jeffress Trust Program. **Where:** Virginia
Program Focus:	PSE strategies analysis, program/practice analysis, and general research that seeks to address the root causes of and systemic barriers to health equity for the state of Virginia. **Exclusions:** Individuals, for-profit entities, clinical trials

Contents

Program Overview and Statement of Purpose

The Thomas F. and Kate Miller Jeffress Memorial Trust, founded in 1981 by Robert M. Jeffress in memory of his parents, is guided by its mission to benefit the people of Virginia and their research in chemical, medical, or other scientific fields. Since its founding, the Jeffress Memorial Trust has been a steadfast benefactor in support of scientists and research across the state of Virginia supporting mathematical modeling/simulations and analytics in bioinformatics, astrophysics, mathematical biology, drug development, and material science.

To further the mission of the Jeffress Trust to benefit the people of Virginia, the 2022 grant program was changed to the **Jeffress Trust Awards Program in Research Advancing Health Equity**. The program focuses on research addressing the root causes of and systemic barriers to health equity for the state of Virginia. The shift in funding priority during the 2022 grant cycle was made after an intensive landscape assessment of the health needs and funding initiatives available to Virginia. With its historic focus on supporting the advancement of Virginia and the work of its constituents, the goals of this current funding opportunity are to further leverage the strengths of Virginia communities, organizations, and institutions in continuing to help its residents achieve optimal health. **The guidelines below reflect and include feedback, suggestions, and guidance from Virginia leaders in health equity from community-based organizations, health care, research, philanthropy, advocacy agencies, and the many others involved in the important work seeking to advance health equity.**

Funding Opportunities

Partnership/Collaborative Establishment Awards - $150,000 over Two (2) Years
A Planning Period is any timeframe up to two years and allows a partnership the ability to develop relationships or build a foundation upon which to carry out future research activities.

The Planning Period will enable the partnerships to form, as well as to determine the problem they would like to answer through future research activities, what methods should be used to answer associated questions, and who will be responsible for the conduct of those future activities.

Outcomes for this grant will enable these partnerships to develop and refine the scope of work to be proposed for potential follow-on funding through the Research Awards grant opportunity.

Research Awards - $600,000 over Three (3) Years
Multi-Year Research Grants can be used to complete research and work to advance health equity by previous Jeffress Trust supported partnerships and collaborations. The proposed work should build upon previously completed work. Research Award applicants must be previously funded Partnership/Collaborative Establishment Awardees whose projects have been completed by the start of the Research Award. Overlap of the Partnership Award and the Research Award is not allowable.

Only one application will be allowed per year from project personnel associated with the previously funded Partnership/Collaborative Establishment Award. Applications must be submitted within four grant cycles from the end date of the Partnership/Collaborative Award and are limited to two total applications toward the Research Award if the first is unsuccessful.

Program Focus

The Jeffress Trust recognizes that inequities have an impact on one's ability to lead a healthy life. To achieve health equity, it is necessary to remove obstacles to health – such as racial discrimination, poverty, and deep power imbalances – and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (*source: Human Impact Partners*). The public health field broadly recognizes that initiatives which seek to address such root causes to health are those that can truly address the inequities across ALL communities.

As such, this Program is a resource to assist organizations and communities in addressing the root causes of health inequities, specifically supporting the formation of authentic partnerships that will conduct research necessary to act on the underlying systems and dominant culture and narratives that shape the social determinants of health, individual health behaviors, and health outcomes (see Figure 1). The Program also encourages applications that specifically address racial disparities in health in its goal to promote health equity for all Virginians.

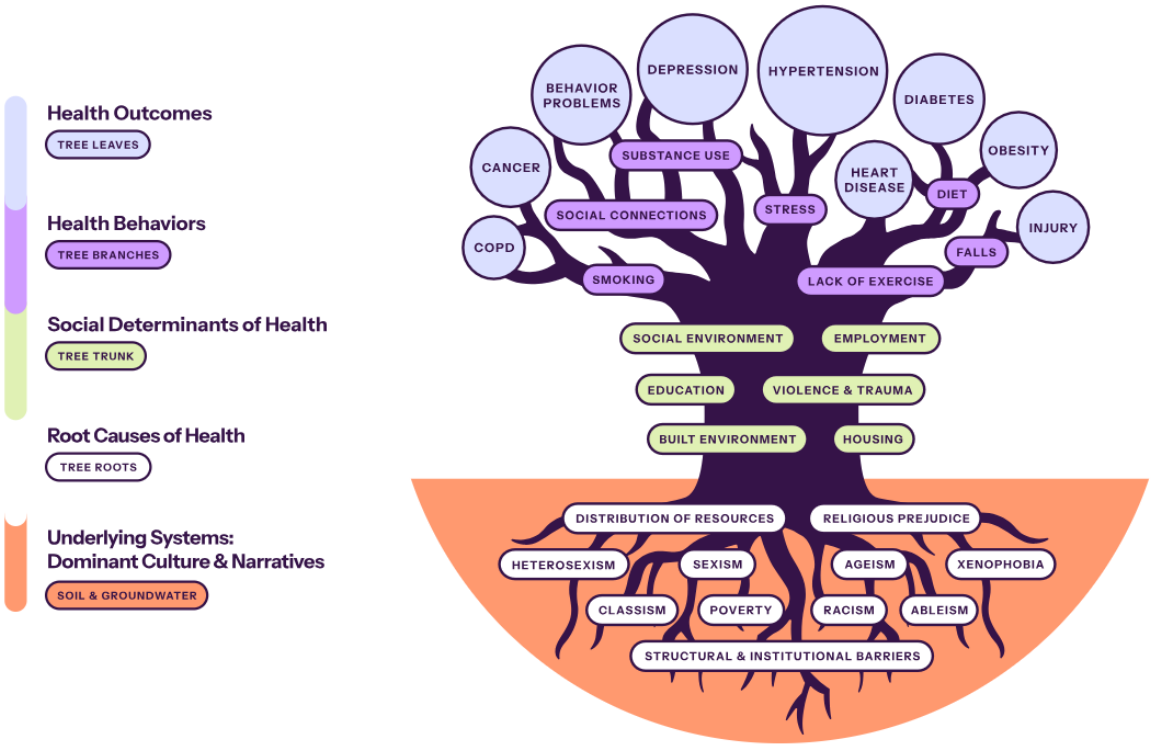

Figure 1. The Health Tree: Connecting Health Outcomes to Root Causes

Addressing inequities requires building the power of community through intentional processes that integrate people with lived experience. Successful proposals utilize approaches, such as community participatory research, that embed impacted populations throughout the research process.

The continuum below is intended to demonstrate that not all types of community engagement are the same (Figure 2). The intent of this funding is to encourage collaborations that strive towards being community-led. Applicants should speak to how engaged individuals and organizations will partner and build capacity to complete work that centers and advances health equity.

Figure 2.

Public Participation Spectrum

Adapted by Health Resources in Action from the International Association of Public Participation

Increasing Level of Public Impact

	Inform	Consult	Involve	Collaborate	Empower
Public Participation Goal	To provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions	To obtain public feedback on analysis, alternatives, and/or decision.	To work directly with the public throughout the process to ensure that public issues and concerns are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise to the Public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and provide feedback on how public input influenced the decision	We will work with you to ensure that your concerns and issues are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
Example Tools	• Fact sheets • Websites • Open houses	• Public comment • Focus groups • Surveys • Public meetings	• Workshops • Deliberate polling	• Citizen Advisory Committees • Consensus-building • Participatory decision-making	• Citizen juries • Ballots • Delegated decisions

The Jeffress Trust will distribute funding to support research activities in three areas:

- **Policy, Systems, and Environmental change strategies (PSE strategies) Analysis**. Determine or identify new/promising PSE strategies, evaluating existing PSE strategies to learn what's working and what's not working (lessons learned), or adapting/adopting evidence-based PSE strategies for the context of Virginia to advance health equity. Strategies may focus on geographic or population-based communities at the local, regional, or statewide levels.
    i. **P**olicy change approaches may include a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.
    ii. **S**ystems change approaches may include changes that impact processes, procedures, structures, and/or social norms of an organization, institution, or other entity.
    iii. **E**nvironmental change approaches include changes to the physical, social, or economic environment.
- **Program/Practice Analysis**. Analysis of new or existing community-based programs regarding their impact on advancing health equity and their potential to be scaled or replicated, modified, or improved upon.
- **General Research**. Research that is actionable in the near term with clear and tangible outcomes. This includes analysis of how institutional practices, social norms, relationships, leadership structures, modes of communications, values and beliefs, community history, community settings, societal factors and/or social-factors, influence health either through advancing or undermining health promoting policies and programs in ways not yet identified.

For further examples of the types of work supported, please look to our previously funded applicants as well as the following additional resources.

2025 Jeffress Awardees - https://hria.org/wp-content/uploads/2025/09/Awardee-Announcement-2.pdf

Policy, Systems, and Environmental Change Resource Guide: https://www.acs4ccc.org/wp-content/uploads/2020/06/PSE_Resource_Guide_FINAL_05.15.15.pdf

Eligibility Criteria

Geographic/Institutional Eligibility: Virginia-based non-profit 501(c)3 organizations and municipalities are eligible to submit ideas to the Jeffress Trust Program. Federally recognized tribes with self-determined boundaries that share geography with Virginia are eligible.

The Jeffress Trust seeks to support both new and established partnerships and welcomes applications from community-based organizations, advocacy organizations, faith-based institutions, neighborhood committees, local municipalities, academic institutions, hospitals including safety net institutions, and non-profit research organizations. Proposals should speak to how community is engaged in the work along the continuum as depicted below (Figure 2).

The Jeffress Trust encourages, but does not require, that the lead/primary contact organization for each project be a community-based organization to help foster capacity building in advancing health equity.

Community-based organizations (CBOs) work at the local level to meet community needs. This includes social service agencies, nonprofit organizations, and formal and informal community groups, like neighborhood groups or recreational or special-interest clubs. CBOs do not include municipalities, universities, quasi-governmental organizations, or for-profit companies or businesses.

The rationale and explicit roles for each organization should be provided and included in the organization description and project timeline.

The following entities or approaches are ineligible to apply:

- Individuals
- For-profit entities
- Clinical trials

Project Key Personnel

Primary Contact of Applicant Organization: One principal investigator must be identified as the lead or administrative contact of the award, who will be responsible for all grant reporting

and fiscal management. The lead or administrative contact will be the main contact for budget and reporting management.

Co-Investigators & Collaborators: A co-investigator or collaborator should contribute significantly to the project. Funds should be distributed to co-investigators/collaborators in proportion to the effort provided toward completion of the project. Co-investigators/collaborators should be located within the state of Virginia. Information regarding involvement in the project should be included throughout the proposal.

Allowable Expenses

- Funds DO NOT need to be equally distributed across each year of funding (i.e., $90,000 – year 1; $60,000 – year 2 is allowable)
- Staff/personnel compensation, including taxes and fringe benefits
- Subcontractor expenses
- Stipends for community members and/or trainees
- Operating expenses necessary for the completion of the project (e.g., office supplies, equipment less than $10,000, copying and printing, postage and delivery, program advertising, staff travel, training and educational supplies, staff training)
- Capacity Building on topics/methods needed to advance the proposed projects (e.g., partnership and collaboration training, health equity training, research techniques, grantsmanship, community engagement, etc.)
- Only 15% of the total project costs are allowed to be used toward indirect/overhead costs (i.e., those expenses that exist beyond those needed to complete the proposed project: building rent, administrative support, telephone/fax/internet, etc.)
    - In the creation of subcontracts between organizations, supporting organizations may not charge greater than 15% of the total subcontracting direct costs towards indirect/overhead costs
- Funds should be distributed to the partner organizations in proportion to the effort put forward on the project. To show meaningful and intentional community engagement, it is highly encouraged that the majority of the total funds be held by a partner that is not a hospital or academic institution.

Capital expenses are not allowable for this funding opportunity. Budget submissions that do not abide by the above guidelines will be returned to the lead organization for amendment prior to being reviewed.

Required Program Activities

In addition to those activities outlined as part of the proposals, all Awardees are expected to engage in the following activities. *Please keep this in mind as budgets and timelines are developed*:

1. **Reporting Requirements:**
   All Awardees are expected to have meetings with relevant HRiA staff every 8-12 weeks. During this time, Awardees and Staff will review project progress inclusive of

activities completed and roadblocks/barriers. Meetings are meant to provide support to Awardees in completion of their work and the schedule and purpose will be developed on a grantee specific basis.
All Awardees are expected to submit annual progress reports inclusive of project activities and financial reporting. Continuation of funding is contingent upon approval of the annual progress report.

2. **All-Awardee Convenings:**
   The Jeffress Trust seeks to elevate the expertise that exists in VA to build a sustainable community of organizations and partnerships that seek to advance health equity. As part of this goal, all Awardees will participate in All-Awardee Convenings twice a year. Awardees will convene with HRiA staff to discuss lessons learned and troubleshoot potential barriers to success. Relevant capacity building activities may also be provided by associated local or national networks.
3. **Dissemination of Findings:**
   All Awardees are expected to share their findings and or planning process with the communities impacted by their work. Additional dissemination of findings should also be completed through presentations, development of materials, publications, and/or sharing data in freely accessible data repositories.

Review Criteria

The Review Committee will prioritize the following key criteria:

- **Advancing Health Equity:** Whether the project will meaningfully improve health outcomes for a population experiencing higher rates of health inequities. This includes the likelihood of long-term impact beyond the grant cycle inclusive of changes in policies, systems, programs, and capacity of partner organizations.
- **Community-Leadership**: Whether the design, implementation, and dissemination are community led.
- **Partnerships:** Whether partners with clear roles and responsibilities are included to enhance the initiative.
- **Feasibility:** Likelihood of success and ability of organizations to carry out approach.

Table 1. Review Criteria and Associated Priority

Domain	Criteria	Priority
Advancing Health Equity	**Both Programs:** -The stated problem and rationale is based upon sufficient local data/narratives/health outcomes such as Community Health Needs Assessments. -The approach is directed at addressing the root causes of health and will have lasting impact. - The proposed work demonstrates transparency in the sharing of research findings and/or the outcomes of the partnership with the impacted community. **Partnership/Collaborative Establishment Program:** - The proposal describes the intended vision of the partnership in addressing an unmet need for health equity. **Research Program:** - The proposal describes the intended impact and how outcomes from the research will benefit the identified community. - The proposal is action-oriented; the research findings will directly impact the identified community.	**1**
Community Leadership	**Both Programs:** - The project timeline and milestones and partnership demonstrate meaningful collaboration between members of the community or patients and other project team organizations. - The impacted community is authentically engaged in the leadership, design, implementation, and evaluation of the approach. - The project clearly identifies how their work falls along the community participation spectrum, and how the findings will be used by community members. - The project team reflects the identified community and lived experience.	**2**
Partnership & Collaboration	**Both Programs:** - The partners and other engaged entities hold the appropriate background and skills to advance and fulfill proposed project goals with clear roles and responsibilities. - The partners describe how their planned activities incorporate equitable policies and practices. - The partners describe how their collaboration is mutually beneficial and addresses existing power imbalances. **Research Program:** - The partners clearly articulate how previously funded activities strengthened their work together through well-established roles and responsibilities, regular meetings, shared space, developed materials/publications, and communications.	**3**
Research Activities	**Partnership/Collaborative Establishment Program:**	**4**

	- The project outlines what is needed to put together a future research program proposal (expertise, resources, data/information, etc.). **Research Program:** -The previously funded activities logically built toward the proposed research questions of interest and methodologies - The research methods are appropriate to address the problem statement. - A conceptual framework or model is provided with quantitative, qualitative, and/or mixed methods clearly described. - Any recruitment plan for the study sample or project participants is appropriate and feasible. - Research shows sensitivity towards population and is accessible to the constituents (compensated, provided opportunities for leadership, engaged).	
Readiness & Feasibility	**Both Programs:** - The timeline is inclusive of activities that directly relate to project completion and those that enhance project effectiveness. - The organizations involved have staffing and operational capacity to implement the project. Any needed capacity is addressed in the proposal. - The budget aligns with proposed activities and can be completed within the project time period. - Project team members are appropriately identified for each activity. -Milestones are clearly defined with indicators to measure completion of a milestone. **Partnership/Collaborative Establishment Program:** -The budget includes strategic planning, consultants/mentors for partnership establishment, and grantsmanship training - Do the organizations have established partnerships/relationships with organizations and community members? **Research Program:** -The project team will have completed activities and spend down of the previously funded activities by the start of the next project period. -The previously completed activities provided the necessary partnership, planning, and capacity building needed for the project team to complete the proposed research activities.	**5**

Notification to Applicants

The online grant system will notify applicants once the upload is received. Notification of Award funding will occur in summer 2026.

Terms of the Award

Please download "Terms of the Award" from www.hria.org/grants/Jeffress for information regarding use of the grant funds, payment schedule, reporting schedule, and other Awardee and Institutional requirements.

Program Staff

Email: JeffressAwards@hria.org

Felicia Chen, Grants Officer
Morenike Akinwolere, Grants Coordinator
Lindsey Williams, Senior Grants Officer
Kim Lezak, Ph.D., Managing Director

Health Resources in Action
Jeffress Trust Awards Program in Research Advancing Health Equity
2 Boylston Street, 4th Floor
Boston, MA 02116

Bank of America serves as Trustee for the Thomas F. and Kate Miller Jeffress Memorial Trust. As Trustee, Bank of America is responsible for the management of the trust's assets and charitable giving. Health Resources in Action is pleased to manage the grantmaking for the Jeffress Trust Awards Program in Research Advancing Health Equity on behalf of Bank of America, Private Bank, Trustee.

Application Instructions

Submission Deadline: Wednesday, February 25, 2026 (by 12:00 Noon ET)

Application Portal Link: Applicants will submit their proposals in the HRiA Award Manager: https://hria.us-1.smartsimple.com/.

Please visit https://hria.org/grants/jeffress/ for detailed online application instructions.

The following information will be required within the fields of online submission:

- ☐ **Lead Organization/Individual Information**
  - Tax ID of organization (or Fiscal Sponsor, if applicable)
  - Institution/organization name and contact information
  - Applicant contact, education, and demographic information - This includes applicant institution/organization (the applicant's institution/organization is the designated "administrative lead" responsible for the oversight of the project), contact information, demographic and educational background information, ORCID identification number (if applicable and available).
  - Institutional officials contact information
    - Department/division chair or organization director
    - Authorized Institutional Representative – this individual is responsible for research oversight and is often in the Office of Sponsored Programs. This person signs off on the application to ensure that the applicant and the organization have met the eligibility requirements. For a community-based organization, the Authorized Institutional Representative may be the Chief Executive Officer/Executive Director or other senior leader and signs off on the application to ensure that the lead applicant and project team have met the eligibility requirements.
    - Institutional Officer – this individually is typically the Fiscal Officer and receives award payments, prepares fiscal reports and oversees other financial requirements of the grant.

- ☐ **Project Information**
  - Project Title
  - Project Type
  - Keywords
  - Project Summary
  - Performance Sites - Include the names and locations of all partner organizations involved in the work and the Virginia region directly impacted by completion of this work.
- ☐ **Key Personnel (Collaborators, if any)**
  - Collaborator Names and Contact Information; brief description of role on the proposed project (maximum 50 words per collaborator)

ATTACHMENTS

Application Forms can be found at https://hria.org/grants/jeffress/

The following need to be uploaded in the Attachments section of the online application form.

A. Organization and Collaborator(s) Profile (form): Please include descriptions for the primary contact organizations and collaborators involved in the project.

B. Project Proposal: Please create a PDF document that captures your response to the sections/questions below. Use Arial 11 as the typeface and font size with a minimum of single spacing within paragraphs, double spacing between paragraphs, and one-inch margins on all four sides. Figures, legends and tables may use a smaller 9-10 point font size. Include all figures, graphs, tables and images (exclusive of bibliography) of references related to the project in the maximum page count. Proposal sections and suggested page lengths are listed below:

i. Partnership & Collaborative Establishment Program Proposal: no more than 3 pages in length.

- **Background and Significance (1 page)** –
  - What is the big question you are trying to answer?
  - How was this question identified and by who? Local data, community health needs assessment, community concerns, etc.
  - What is the specific root cause or systemic barrier your project will address to advance health equity?
  - What populations or communities are most affected, how are they affected, and what is the history of this issue/concern for this group?
  - How is the proposed work unique and not duplicative of other efforts?
  - What are the implications if no action is taken?
  - How will funding leverage the program team's strengths and address challenges to enable project success? Proposals should speak to activities (capacity building, learning community, etc.) that are of significant value to the project team

- **Goals, Aims, and Objectives (1 page)** –
  - How will you operationalize health equity throughout the project period?
  - How does the project center community? Who is involved in this partnership? Who is leading this work and how does the project team reflect and support members of the impacted population or community as well as their lived experience?
  - What are the specific goals of your proposal and how will achieving these goals address the issue or concern?
    - Include how the goals will address challenges and/or gaps in expertise, support, background, community engagement, etc.
  - What are the objectives proposed to achieve these goals?

        - Include what strategic planning, partnership/collaboration engagement, grantsmanship, or other trainings are needed to achieve your goals. research and capacity building goals for the partner organizations and impacted communities.
    - What dissemination efforts and activities will occur to ensure that data is accessible, relevant, respectful, and useful for those impacted.
    - Reference the project timeline regarding relevant milestones and the associated activities.

- **Potential Impact (1/2 page)** –
    - How will the completion of this work set the stage for future research?
    - How will the completion of this work lead to action in the near term?
    - How will the work enhance the capacity of the partner organizations and the community/group impacted?
    - What influence will this work have for residents/patients, on policies, services, etc.? How might it affect trust, cohesion, narratives, beliefs?
    - How will the completion of this work lead to future action to advance health equity in Viginia?

- **Bibliography:** May be submitted in a 9-10-point type. Bibliography does not count toward page limitations.

ii. Research Program Proposal: no more than 5 pages in length.

- **Background and Significance (1 page)** –
    - What is the identified need or problem and what is the big question you are trying to answer?
    - What is the specific root cause or systemic barrier your project will address to advance health equity?
    - What populations and communities are most affected by the need or problem, how are they affected, and why is it important to address?
    - What data or evidence exists to support the presence of this issue?
    - How did your previously supported Partnership & Collaborative Establishment Award strengthen the development of the research plan for the proposed work?
        - How were the proposed research questions developed and by who? How are these questions demonstrative of activities completed during the Partnership Award?
        - What approaches are proposed and how are they reflective of activities from the Partnership Award?
        - What other learnings or outcomes from the Partnership Award shaped the proposed work?
    - Describe the project team and their identified strengths to complete the proposed work. Include any gaps or needs that will be addressed through capacity building, technical assistance, or other proposed activities.
    - How is the current proposal unique to any other similar efforts?

- What are some barriers that may arise, how will they be addressed?
- What are the intended immediate and long-term outcomes in completing the proposed work?

- **Goals, Aims, and Objectives (1/2 page)** –
  - What are the specific goals/aims for this work? Include research and capacity building goals for the partner organizations and impacted communities?
  - What are the objectives proposed to achieve these goals?
  - What is the dissemination plan for this work, how will findings be shared with the community and relevant networks?
  - Reference the project timeline regarding relevant milestones and associated activities.

- **Potential Impact (1/2 page)** –
  - Describe the impact of achieving the stated objectives in relation to the need or problem. This section should explicitly outline how the resulting data will lead to actionable steps.
    - How will the findings and completion of this work benefit the community impacted?
    - How did the previously supported Partnership & Collaborative Establishment Award increase the potential impact of the proposed work?
  - How will the completion of this work enhance the capacity of the partner organizations?
  - What influence will this work have for residents/patients, on policies, services, etc.? How might it affect trust, cohesion, narratives, beliefs?
  - How will the completion of this work lead to future action to advance health equity in Viginia?

- **Research Design and Methods (3 Pages)** – Provide a conceptual framework or model that guides the proposed work. Describe the study design (e.g., secondary data analysis, primary data analysis, longitudinal follow-up, cross-sectional survey, etc.)
  - Program (if applicable): Provide an overview of the program, including a detailed description of the activities to be conducted.
  - Population: Describe the population of focus for this funding request and provide any available demographic information, including but not limited to ages, gender, race/ethnicity, socioeconomic status, disability, and sexual orientation, as well as an anticipated total number of people who will be impacted by this project. The population should be reflective of the impacted community.

- Measure & Methods: Describe the specific process measures and/or outcome measures to be evaluated. Include the data sources, methods (quantitative, qualitative, and/or mixed methods) and data analysis plan (e.g., quantitative, qualitative, formative, or summative evaluation).
    - Where applicable, indicate how each partner organization will contribute thought leadership for the proposed work.
- **Bibliography:** May be submitted in a 9-10-point type.

C. Project Timeline and Milestones Summary Table (form; 1 page): Create a summary table (no more than one page) based on the goals and objectives, that shows each milestone, the associated benchmark measure(s) of success, and the project team members involved (or Role if personnel is TBD). All partners proposed to be involved in the work should be referenced for the appropriate achievement of milestones and include of a brief description of the effort. If no specific organization/individual has been designated for a role, please indicate the role needed within the timeline. Please include specific data, methods, and benchmarks that will demonstrate achievement of each milestone. The successful completion of these activities will form the basis of continued funding.

D. Applicant and Key Personnel Resume/CV or Biosketch:

- **Resume/CV (Maximum of 5 pages).** Please provide your resume that clearly outlines how prior experience will enhance the success of the proposed work.
- **Biosketch (Maximum of 5 pages).** Please reach out to program staff for any questions concerning the completion of the biosketch. Full information and templates for this format may be found at: https://grants.nih.gov/grants/forms/biosketch.htm. Include a personal statement that addresses how this project complements or enhances the applicant's previous and future professional work.
- Biosketches or short CV(s) (maximum of 5 pages) of other key personnel who have a major role in the project may be submitted.

E. Appendix (if applicable): References or sample excerpts from questionnaires to be employed in a study may be appended. Reprints of publications or other media will not be accepted.

F. Budget Form Upload: The budget forms listed below must be uploaded using the templates provided. Please save Project Lead budget document as LastName, FirstName_Budget.xlsx and Subcontractor budget document as SubcontractorName_Budget.xlsx.

Form D and Form E (Excel Uploads): The Jeffress Memorial Trust wishes to fund only the marginal costs essential to carrying out the proposed research and not contribute to facilities, equipment or salaries already provided or otherwise available in a properly equipped setting. Grant funds must not be intentionally applied for or used by any Project Director when there are funds currently available for the proposed project (or which appear to be reasonably assured) from other sources.

Complete each tab in the Excel spreadsheet template. List names and titles of all personnel associated with this project including their roles, percent effort, salary and fringe (for this project). In addition, specify all equipment, supplies, consultant or subcontract costs, and other expenses related to the entire project. Total project cost should be rounded to the nearest hundred (i.e. a project cost of $159,995 should be requested at $160,000). The award requests for each year of funding do not need to be equivalent, but the total Award must not exceed the maximum amount for that associated award. The Lead Organization budget should encompass all subcontractor budgets.

- Salaries requested should be for full or part-time professionals or ancillary personnel. No monies may be used to supplant the Organization's/Institution's committed level of salary support for the Primary Contact. The tasks to be accomplished by each member of the team should be stated.
- Up to 15% of the total direct project costs may be requested to defray indirect costs. Funds for indirect costs must be reflected as an integral component of the total budget. The maximum of indirect costs is $19,565 for a $150,000 award. In instances where there is a subcontract, the combined dollar amount for indirect costs taken by both the Award Recipient Institution and contracting institution may not exceed the $19,565 maximum.
- All project expenses, including equipment, must be listed and explained in the "Narrative Justification" tab. Equipment purchases in excess of $10,000 will be evaluated in relation to the project.
- In the "Other Support" tab, the Primary Contact and Collaborators should list all active and pending support, including all other amounts available for completion of this project, addressing potential overlap for each at the level of the specific aims with the submission.
  - Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards.
  - Effort devoted to projects must be measured using FTE.
  - If applicable, please also provide grant overlap for co-investigator's/key personnel.
  - Guidance regarding the type and extent of information requested is included within the template.

G. Letters of Partnership: Please include no more than three Letters of Partnership in which your partner(s) describe their role and contribution to this work. If more than three partners are involved in this work, please select letters from those partners that will be performing the greatest proportion of work across the multiple years of funding. All three letters must be included in the upload of the proposal.

- **Letter of Commitment:** One of the letters must be reflective of the community impacted and engaged in the project.

Guidance for Letters of Partnership

We are all working to reduce bias, and letters are sometimes biased in ways that systematically disadvantage people based on race and/or gender. As letters are being prepared, we have provided a table that provides suggestions for letter writing to help avoid bias as modeled after the University of Arizona's guidance on this topic.

Mention research & publications	Letters for reference for men are more likely to mention publications and to have multiple references to research. Put these critical accomplishments in every letter.
Don't stop too soon	On average, letters for women are shorter and more likely to make a minimal assurance ('she can do the job') rather than a ringing endorsement ('she is the best for the job').
We all share bias	Unconscious gender bias isn't exclusively a male problem. Research shows that women are as susceptible to these common pitfalls as men.
Keep it professional	Avoid gratuitous references to personal life and make sure you use formal titles and surnames for both men and women.
Stay away from stereotypes	Do not invoke negative stereotypes even indirectly ('she is not emotional'). Be careful evoking even positive gender stereotypes ('caring', 'compassionate', 'helpful'), as even these can potentially hurt a candidate.
Be careful raising doubt	Honest letters are crucial, but negative or irrelevant comments, such as 'challenging personality' or 'I have confidence that she will become better than average' are twice as common in letters for female applicants. Don't add doubt unless it is strictly necessary.

H. Updated Jeffress Trust Program Progress Report (Research Program Proposal Applicants ONLY): Please notify HRiA staff that you intend to submit a proposal. HRiA staff will send you the progress report living document and financial report template. Complete and submit the progress report living document as well as a financial report for the work completed to date.

Out of fairness to applicants who adhere to the Guidelines, applications that do not conform to the stated application procedures or that contain more than the specified number of pages or materials will be rejected.