**NIRS Project Form *–* FY 2025**

**\*Response Required**

**\*Program Type** (Check all that apply)**:**

* LEND
* UCEDD
* LEAH
* PPC
* DBP

**\*Fiscal Year**: **2025**

**\*Title of the Project**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Abbreviation**: (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Project Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **🞎 No Project Code**

**\*Project Description (ATTACH)**

Using approximately 500 words, provide an overall project description or abstract that includes the following information:

1. Need

2. Overall goals and objectives

3. Unusual features

4. Expected benefits

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­

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**Contact Name & Address Information for Project**

**\*Contact** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Start**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ **Funding End**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

mm dd yyyy mm dd yyyy

**Total Funding** (Pertains to the entire life of the Project; Omit punctuation) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Funding Type** (Check all that apply):

* Grant
* Co-operative Agreement
* Fees/Per Capita Reimbursements
* Other, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contract
* University Support
* In-Kind Contributions

**Current FY Funding Amount(s) & Source(s)**

(**Report Current FY Amounts Only**; Select all that apply; Omit punctuation)

**Current FY Funding** (Total from all sources) $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Federal Funding Sources** – Catalog of Federal Domestic Assistance Number (CFDA#) \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| * HHS (U.S. Health and Human Services Department) |  |
| * ACL (Administration on Community Living) |  |
| * + AOA (Administration on Aging) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + AOD (Administration of Disabilities) |  |
| * + - OIDD (Office of Intellectual and Developmental Disability) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - NIDILRR (National Institute on Disability, Independent Living, and Rehabilitation Research) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - Assistive Technology | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - Independent Living | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - Other ACL, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| * ACF (Administration for Children and Families) |  |
| * + Head Start | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + Other ACF, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| * HRSA (Health Resources and Services Administration) |  |
| * MCHB Core Funding | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other MCHB |  |
| * + SPRANS (Special Projects of Regional and National Significance) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + CISS (National Highway Traffic Safety Administration) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + SSDI (Social Security Disability Insurance) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + Abstinence Education | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + Healthy Start | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + EMSC (Emergency Services for Children) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + Traumatic Brain Injury | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other MCHB, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other HRSA Funds |  |
| * + - Bioterrorism | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - HIV/AIDS | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - Primary Care | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - Health Professions | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - Other HRSA, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| * NIH (National Institutes of Health) |  |
| * + NICHD (National Institute of Child Health and Human Development) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * NIMH (National Institute of Mental Health) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * NINDS (National Institute of Neurological Disorders and Stroke) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * NIDCD (National Institute on Deafness and Other Communication Disorders) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other NIH Institute, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| * CMS (Formerly HCFA) (Centers for Medicare and Medicaid Services) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * CDC (Centers for Disease Control and Prevention) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * AHRQ (Agency for Healthcare Research and Quality) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * SAMHSA (Substance Abuse and Mental Health Services Administration) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * IHS (Indian Health Service) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other HHS, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| * ED (US Department of Education) |  |
| * + OSERS |  |
| * + - OSEP (Office of Special Education Programs) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - RSA (Rehabilitation Services Administration) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - IES (Institute on Education Services) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * + - Other ED, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| * DOJ (U.S Department of Justice) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * DOL (U.S. Department of Labor) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * SSA (SSI) (Social Security Administration) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * NSF (National Science Foundation) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * HUD (U.S. Department of Housing and Urban Development) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * USDA (U.S. Department of Agriculture) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other Federal, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**State Funding Sources**

|  |  |
| --- | --- |
| * Department of Social Services | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Department of Education | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Department of Health (including Title V) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Department of Mental Health | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Department of Developmental Disabilities | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * DD Council (Developmental Disabilities Council) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Vocational Rehabilitation | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Medicaid | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other State, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Local Funding Sources**

|  |  |
| --- | --- |
| * Health | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * School District | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Social Services | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other Local, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Other Sources**

|  |  |
| --- | --- |
| * Foundation | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Service Organization | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Fee for Services | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * University | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * AUCD (Association on University Centers on Disabilities) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Donations | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\* Type of Activity** (Check all that apply)

* Advocacy
* Capacity Building
* Systemic Change

**\* Core Function** (Check all that apply):

* Interdisciplinary Preservice Preparation (Training Trainees)
* Continuing Education/Community Training
* Technical Assistance
* Direct Clinical Services/Model Services
* Other Direct/Model Services
* Demonstration Services
* Performing Research or Evaluation
* Product Development and Information Dissemination

**\* Areas of Emphasis** (Check all that apply):

Areas listed in the DD Act:

* Quality Assurance Activities
* Child Care-Related Activities
* Employment-Related Activities
* Transportation-Related Activities
* Education & Early Intervention
* Health-Related Activities
* Housing-Related Activities
* Recreation-Related Activities

Areas not listed in the DD Act:

* Quality of Life Activities
* Other-Cultural Diversity
* Other-Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other-Assistive Technology
* Other-Leadership

**\*Target Audience** (Check all that apply):

* Students/Trainees (long or intermediate trainees)
* Community Trainees/Short Term Trainees
* Professionals and Para-Professionals
* Family Members/Caregivers
* Adults with Disabilities
* Children/Adolescents with Disabilities/SHCN
* Legislators/Policy Makers
* General Public
* Not Applicable

**\*Unserved or Under-Served Populations** (Check all that apply):

* Racial or Ethnic Minorities
* Individuals from Disadvantaged Circumstances
* Individuals with Limited English Proficiency
* Individuals from Underserved Geographic Areas
  + Empowerment Zone
  + Reservation
  + Urban
  + Other, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Renewal Community
  + Rural/Remote
  + Territory
* Specific Groups within the Population of Individuals with Developmental Disabilities. Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other - Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Project Does Not Serve an Unserved/Underserved Population

**\*Agencies Collaborating on the Work of the Project**

|  |  |  |
| --- | --- | --- |
| Agency Type (Check all that apply, MCHB programs use this list for “TA Recipient/Collaborator”) | Number of Agencies | Name of Agency may be supplied in space provided |
| * State Title V Agency |  |  |
| * State Health Dept. |  |  |
| * Clinical Programs/Hospitals |  |  |
| * State Adolescent Health |  |  |
| * Other Health-Related Program |  |  |
| * Health Insurance/Managed Care Organization |  |  |
| * Medicaid |  |  |
| * Developmental Disabilities Council |  |  |
| * Protection & Advocacy Agency (P&A) |  |  |
| * Another UCEDD |  |  |
| * Child Care/Early Childhood/Part C Infants and Toddlers |  |  |
| * Head Start/Early Head Start |  |  |
| * State/Local Special Education (3-21) |  |  |
| * State/Local General Education |  |  |
| * Post Secondary Education (Community College-University) |  |  |
| * Employment/Voc Rehab |  |  |
| * State/Local DD/DD Agency or Provider |  |  |
| * State/Local Social Services |  |  |
| * Aging Organization |  |  |
| * Health Agency - Public/Private |  |  |
| * Mental Health/Substance Abuse Agency |  |  |
| * Housing Agency/Provider |  |  |
| * Recreation Agency |  |  |
| * Transportation Agency |  |  |
| * Provider Organization |  |  |
| * Consumer/Advocacy Organization |  |  |
| * State/Local Coalition |  |  |
| * Legislative Body |  |  |
| * Justice/Legal Organization |  |  |
| * Community or Faith-Based Organization |  |  |
| * National Association |  |  |
| * Independent research or policy organization |  |  |
| * Foundation |  |  |
| * Tribal governments and organizations |  |  |
| * Federal Partners |  |  |
| * Other |  |  |

**\*Consumer Participation Role** (Check all that apply):

* Advisory Committee/Council
* Co-Director/Director
* Consultant
* None
* Researcher
* Trainee
* Author
* Collaborator
* Faculty
* Paid Staff
* Task Force
* Volunteer

**\*Primary Target Audience Geographic Descriptor** (Check all that apply; May specify location in space provided)

* Single County/Local \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Multi-County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Multi-State/Regional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Another State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* National \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* International \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Applicable

**Key Words** (Provide the keywords to describe the project. You may choose keywords from the included list. If a keyword is not listed, type the keywords into the field below.)

* Early Childhood
* Newborn Screening
* Safe Sleep
* Developmental Health (including developmental screening)
* Adolescent Health
* Maternal Health Maternal Mortality
* Perinatal/Postpartum Care
* Breastfeeding
* Maternal Depression
* Children, Adolescents, and Young Adults with Special Health Care Needs
* Developmental Disabilities
* Mental/Behavioral Health
* Autism
* Substance Use Disorder(s)
* Clinical Care
* Sickle Cell Disease
* Heritable Disorders (excluding sickle cell)
* Epilepsy
* Fetal Alcohol Syndrome
* Oral Health
* Medical Home
* Health Care Transition
* Immunizations
* Injury Prevention
* Poison/Toxin Exposure
* Child Maltreatment
* Emergency Services for Children
* Emergency Preparedness
* Health Equity
* Social Determinants of Health
* Telehealth
* Preventive Services
* Obesity
* Health Insurance
* Nutrition
* Respiratory Health
* Life Course Approach
* None of the above

**AND Type-in:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_