AASM | FOUNDATION

2510 North Frontage Road, Darien, IL 60561
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DISASTER RELIEF FUND APPLICATION

Facility Information

Name:			AASM Member #:
Address:			
City:	State:	Zip:	Country:
Phone:	Fax:	Tax Identification #:	

Contact Information

Medical Director Name:	Medical Director Email Address:
Secondary Contact Name:	Secondary Contact Email Address:
Phone:	

Damage Sustained by Facility *(Please check all that apply.)*

○ Loss of Records	○ Structural Damage	○ Loss of Equipment*	○ Equipment Damage*	○ Total Destruction
* Please specify type(s) of sleep equipment/supplies:				

Plan for Recovery *(Please check all that apply.)*

○ Record Recovery	○ Repair Building	○ Repair Equipment	○ Replace Equipment	○ Replace Entire Facility

Attach a brief description of how an award from the American Academy of Sleep Medicine Foundation (AASM Foundation) Disaster Relief Fund can help you rebuild your sleep facility.

Cost Estimates

Estimate how much it will cost for you to be able to rebuild your sleep facility. Reduce these figures by the amount of assistance you have received or expect to receive from other sources, including insurance claims, the Red Cross, and state or federal agencies		
Facility Repair/Replacement: **$**	Equipment Repair/Replacement: **$**	Clean-up and Recovery Costs: **$**

Attestation

I certify that all of the information above is true to the best of my knowledge and that funds obtained from the AASM Foundation Disaster Relief Fund will be used to rebuild our sleep facility, as indicated on this application and in the attached description.	
Signature:	Date:

Please submit your completed application via email to foundation@aasm.org or fax to (630) 737-9790