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| This document is provided to potential applicants for informational purposes only and should not be submitted as an application for the 2021 Sleep Medicine Fellow Funding Grant. Applications will only be accepted through the [AASM Foundation Grant Request](https://www.GrantRequest.com/SID_5880) online portal. Please refer to the [AASM Foundation Grant Request User Access Guide](https://foundation.aasm.org/wp-content/uploads/sites/2/2018/03/AASM-Foundation-Grant-Request-Account-Access-Guide.pdf) for guidance on setting up an account. |

**About This Grant**

The AASM Foundation is committed to achieving its strategic goal of expanding the field of sleep medicine with highly qualified researchers and clinicians, which also aligns with the strategic goal of the AASM to expand the sleep team workforce of the future to improve access to high-quality sleep care. To ensure that there is a healthy pipeline of board-certified sleep medicine physicians that can provide quality care for all patients who have a sleep or circadian disorder, the AASM Foundation has established this Sleep Medicine Fellow Funding Grant program to support the growth of the sleep medicine workforce.  
  
The Sleep Medicine Fellow Funding Grant provides funds to start or maintain a sleep medicine fellowship position in an Accreditation Council for Graduate Medical Education (ACGME) accredited program. The goal of this grant is to provide funds for a one-year sleep medicine fellowship position, that was included in the National Resident Matching Program sleep medicine fellowship match.  
  
**This application is due no later than December 6, 2021 by 11:59 pm Eastern time.**

We encourage potential applicants to contact us early in the application process with questions. Eligibility questions may need to be reviewed by a member of the AASM Foundation Executive Committee, so please allow for at least a 1-week response time for eligibility questions. For all other inquiries, please allow a minimum of two business days for a response. Please note that questions received within 48 hours of the letter of intent deadline may not be answered before the deadline.

*Please note this application CANNOT be modified once submitted. Please review your work carefully prior to submitting. Please review your work carefully prior to submitting. Once submitted, it will be reviewed by staff for completeness. The AASM Foundation reserves the right to make the appropriate determination for incomplete applications.*

**Face Page**

*\*Required before final submission*

**A. Program Director**

*Complete the information for the program director.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prefix | First Name | | Last Name | | Degree/Credentials | |
| Position Title | | | Email | | | Phone |
| AASM Member Number  *If you currently do not have an AASM member number, enter "N/A"* | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | |  | |  | | |

**B. Sponsoring Organization***\**

*Provide information for the sponsoring organization.*

**Sponsoring Institution Contact\***

*This should be an authorized representative from the sponsoring organization's Graduate Medical Education (GME) office (this excludes departmental officials such as the Departmental Chair or Division Chief).*

|  |  |  |
| --- | --- | --- |
| Prefix | First Name | Last Name |
| Position Title | Phone | Email |

**Sponsoring Organization GME Department Signature Page\***

*Complete the*[*Sponsoring Organization GME Department Signature Page*](https://foundation.aasm.org/wp-content/uploads/sites/2/2019/04/Sponsoring-Organization-GME-Department-Signature-Page.pdf)*and obtain a physical or digital signature from an authorized representative from the GME office (this excludes departmental officials, such as the Departmental Chair or Division Chief).*

**Sponsoring Organization GME Department Signature Page**

*Upload the Sponsoring Organization GME Department Signature Page.*

**C. Program** *\**

**Program Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | | ACGME Program Name | |
| Address | | | |
| City | State | | Zip Code |

Does the sleep medicine fellowship program have citations?**\***

Choose an item.

If the sleep medicine fellowship program has citations, they must be disclosed in the application along with ACGME documentation of continued accreditation despite the citation(s). A plan for how the program is addressing the citation/s will also be required.

*Upload the Disclosure of Citations and Plan.*  
*Formatting Requirements:  
• Limited to 2 pages total  
• Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches.*

**Funding Request**

Requested Amount:      *\**

Fellowship Start Date:      *\** Fellowship End Date:      *\**

Specify if your program is applying for funds for a fellowship position that is at risk of losing funding, previously lost funding, has never been funded or is a new position in the established sleep medicine fellowship program:**\***

Choose an item.

**Sleep Medicine Fellowship Program Profile**

*\*Required before final submission*

Provide the following information about the sponsoring organization’s sleep medicine fellowship program:  
  
**A. Overview of the Program and Training**  
Provide an overview of the sleep medicine fellowship program, including the department affiliation and total fellowship training slots. Describe the educational goals of the sleep medicine fellowship program and the training sleep medicine fellows receive, including course rotation, training and background of core faculty, didactic curriculum, schedule of current sleep medicine fellows and availability of telemedicine asynchronous learning ability.  
  
**B. Unique Opportunities**  
Describe any unique opportunities or aspects of your training program (e.g., exposure to special populations, work in underserved areas, opportunity to also do research).  
  
**C. Prioritization of diversity, equity and inclusion**  
Describe any strategies used to prioritize diversity, equity and inclusion in your fellowship program.  
  
**D. Outcomes**  
Describe how your sleep medicine fellowship program prepares fellows to have successful and productive sleep medicine careers. Describe the outcomes of the sleep medicine fellowship program, including board exam pass rates in the past 5 years, if applicable. List the current positions of former sleep medicine fellows from the past 3 years, including any notable accomplishments as attendings.

**Sleep Medicine Fellowship Program Profile\***

*Upload the Sleep Medicine Fellowship Program Profile.*

*Formatting Requirements:*

* *Limited to 2 pages*
* *Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches*

**Statement of Need**

*\*Required before final submission*

**A. Previous Funding (if applicable)**  
If this is a sleep medicine fellowship position at risk of losing funding, previously lost funding, has never been funded or is an expansion of an established sleep medicine fellowship program, please list the total number of sleep medicine fellowship positions in your program and describe previous funding mechanisms for supporting the sleep medicine fellowship positions in your program.  
  
**B. Other avenues pursued for funding**  
Describe other avenues pursued for funding the sleep medicine fellowship position you are seeking to fully fund, including any other funding avenues being pursued in concurrence with this grant application.  
  
**C. Expected results from grant and plan for securing future funding**  
Describe how the Sleep Medicine Fellow Funding Grant will facilitate maintenance of your program and what will be accomplished during the grant period and any plans for securing future funding.

**Statement of Need\***

*Upload the Statement of Need.*

*Formatting Requirements:*

* *Limited to 2 pages, excluding references*
* *Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches*

**Budget and Budget Justification**

*\*Required before final submission*

The fillable budget and budget justification form can be downloaded here: [Sleep Medicine Fellow Funding Grant Budget and Budget Justification](https://foundation.aasm.org/wp-content/uploads/sites/2/2020/11/SMFF-Award-Budget-and-Budget-Justification-Form.docx)  
  
**A. Budget**  
List the sleep medicine fellowship program, base salary, base salary percent fringe benefits and salary total being requested. Note that these are the only allowable expenses.  
  
**B. Budget Justification**  
Budget justification should include the rationale for each item listed in the table above.

**Budget Justification\***

*Upload the Budget Justification.*

*Formatting Requirements:*

* *Limited to 2 pages total*
* *Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches*

**Letters of Support**

*\*Required before final submission*

1. **Division Chief and/or Department Chair Letter of Support**

Provide a letter of support from your sleep medicine fellowship program’s affiliated division chief and/or department chair. This letter should include any plans for securing funding in the future.

**Division Chief and/or Department Chair Letter of Support\***

*Upload the letter of support from Division Chief and/or Department Chair as one document.*

*Formatting Requirements:*

* *Limited to 1 page per letter*
* *Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches*

1. **Organization providing matching funds, if applicable**

Provide a letter of support from the organization(s) providing matching funds to fully or partially fund the sleep medicine fellowship position.

**Organization(s) Providing Matching Funds Letter(s) of Support**

*Upload the Organization(s) Providing Matching Funds Letter(s) of Support as one document.*

*Formatting Requirements:*

* *Limited to 1 page per letter*
* *Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches*

**Demographic Questionnaire**

The following questionnaire is **OPTIONAL** for all applicants and is not considered part of the Sleep Medicine Fellow Funding Grant Application. Applicant responses are not used in the decision-making process and will not be provided to reviewers.

**How will the information be used?**

• The data collected will be used to help us understand the diversity of applicants and to inform the development of targeted equity and diversity efforts in the sleep field.

• The information provided may be shared publicly as part of aggregated data on the combined pool of AASM Foundation applicants and grant recipients.

**Will my individual responses be kept confidential?**

• Your individual responses will not be shared with grant reviewers or be used by AASM Foundation leadership to make funding decisions.

• AASM Foundation staff and leadership agree to maintain confidentiality of all application information. The information provided may be shared publicly as part of aggregated data on the combined pool of AASM Foundation applicants and grant recipients. The AASM Foundation will take the utmost measures to ensure confidentiality and security of the information provided.

**Demographic Questions**

1. **Age (select one)**

* 20-24 years
* 25-29 years
* 30-34 years
* 35-39 years
* 40-44 years
* 45-49 years
* 50-54 years
* 55-59 years
* 60-64 years
* 65-69 years
* 70-74 years
* 75-79 years
* 80-84 years
* 85 years and over
* Prefer not to respond

1. **Race and Ethnicity (check all that apply)**

* Black/African American/African
* Asian/Asian American/Pacific Islander
* White/Caucasian/European
* Latino/Latina/Latinx/Hispanic
* Native American/American Indian/Indigenous
* Other
* Don’t Know
* Prefer not to respond

**If you selected “Other” in question 2, please provide details:**

1. **Gender Identity (select one)**

* Female
* Male
* Non-binary
* Transgender
* Agender/Gender-Neutral
* Don’t Know
* Prefer not to respond

1. **Sexual Orientation (select one)**

* Lesbian or Gay
* Straight, that is, not lesbian or gay
* Bisexual
* Other
* Don’t Know
* Prefer not to respond

**If you selected “Other” in question 4, please provide details:**

1. **Disability (select one)**

* Person with a disability
* Person without a disability
* Don’t Know
* Prefer not to respond

1. **Disadvantaged Background (select all that apply)**

* Were or currently are homeless
* Were or currently are in the foster care system
* Were eligible for the Federal Free and Reduced Lunch Program for two or more years
* Have/had no parents or legal guardians who completed a bachelor’s degree
* Were or currently are eligible for Federal Pell grants
* Received support from the Special Supplemental Nutrition Program for Women, Infants and Children as a parent or child
* Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration Rural Health Grants Eligibility Analyzer, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health
* Other disadvantaged background
* None of the above apply
* Prefer not to respond

**If you selected “Other” in question 6, please provide details:**