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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 2022 Community Sleep Health 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**

**Congratulations on being invited to submit your full application for the 2022 Community Sleep Health Grant. Please note that the information submitted in the approved letter of intent (LOI) (e.g. project personnel, organizations) is final and those invited to submit a full application will be bound by the content of their approved LOI unless a modification was specifically requested and approved by the AASM Foundation.**

The AASM Foundation is committed to improving the sleep health of the community through its vision of creating *Healthier Lives Through Better Sleep*. The Community Sleep Health Grant is intended to support a wide range of projects spearheaded by community leaders and/or interprofessional individuals (educators, researchers, practitioners, students) who are dedicated to addressing sleep health needs in the community and sustaining population sleep well-being.

Community-level projects and initiatives that will be considered under this grant mechanism include, but are not limited to:

1. Development and/or dissemination of sleep health education, promotion, and awareness.
2. Implementation of evidence-based screening, diagnosis, and interventions for sleep disorders.
3. Training of inter-disciplinary professionals and community leaders in sleep health.
4. Service projects and initiatives for improving sleep health.

Traditional research projects will **not** be considered under this grant mechanism. We encourage applicants with research projects to consider applying for an [AASM Foundation Research Grant](https://foundation.aasm.org/award-programs/research-awards/).

**Applications are due on the date indicated on your full application invitation letter by 11:59 pm Eastern time.**

We encourage 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**

Information submitted as part of your approved LOI is pre-populated in this form. Please review all the fields in this form and make any changes as necessary. Please note that the information submitted in the approved LOI (e.g. project personnel, organizations) is final and the applicant will be bound by the content of their approved LOI unless a modification was specifically requested and approved by the AASM Foundation.

*\*Required before final submission*

**Project Leader***\**

*Complete the information for the applicant.*

|  |  |  |  |
| --- | --- | --- | --- |
| 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"*      |
| Organizational Affiliation      |
| Affiliated Organization Address      |
| City      | State      | Zip Code      |

**Organization Type**

Choose an item.

[ ]  Please check this box if your organization is tax-exempt. For details on tax-exempt status as defined by the IRS, visit <https://www.irs.gov/charities-non-profits/exempt-organization-types>

**Collaborating Organization**

|  |
| --- |
| Organizational Affiliation      |
| Affiliated Organization Address      |
| City      | State      | Zip Code      |

**Organization Type**

Choose an item.

[ ]  Please check this box if your organization is tax-exempt. For details on tax-exempt status as defined by the IRS, visit <https://www.irs.gov/charities-non-profits/exempt-organization-types>

**Collaborating Institution Contact**

*This should be an authorized representative from the collaborating organization.*

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

**Signed Applicant Sponsoring Organization Page\***

Complete the [Applicant Sponsoring Organization Page](https://foundation.aasm.org/wp-content/uploads/sites/2/2018/08/Applicant-Sponsoring-Organization-Signature-Page.pdf) and obtain a physical or digital signature from an authorized organization representative.

\*\*Please note that this form is required for all applications, regardless of whether the project leader's organization is collaborating with a second organization. The form should be executed by the organization that will be managing the grant, including receipt of grant funds.\*\*

**Applicant Sponsoring Organization Signature Page\***

*Upload the completed and signed Applicant Sponsoring Organization Signature Page.*

**Project Information***\**

*Provide information about the project that the applicant is seeking funding for.*

1. **Length of Project Period (in whole months; maximum of 12)**

1. **Request Amount**

*Direct and indirect costs must be included in the request amount and must not exceed the grant amount.*

1. **Project Title**

1. **Brief statement describing how the proposed project meets the objectives of this request for applications and the potential impact of the proposed work on improving the sleep health of the community. (up to 300 words)**

**Project Personnel**

 *Information submitted as part of your approved LOI is pre-populated in this form. The applicant will need to upload the CV/Biosketch/resume for all project personnel. Please review all the fields in this form and make any changes as necessary. Please note that the information submitted in the approved LOI (e.g. project personnel, organizations) is final and the applicant will be bound by the content of their approved LOI unless a modification was specifically requested and approved by the AASM Foundation.*

*\*Required before final submission*

**Curriculum vitae, biosketch or resume for Project Leader**

*Please provide a curriculum vitae, biosketch or resume for the project leader.*

**Curriculum vitae, biosketch or resume for Other Personnel\***

*Upload the curriculum vitae, biosketch or resume for the project leader.*

Formatting Requirements:

* Limited to 5 pages.

**Other Personnel\***

Identify other personnel who will contribute to the development of the project in a substantive, measurable way, whether or not they receive compensation.

1. **Other Personnel #1**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix       | First Name       | Last Name       | Degree/Credentials       |
| Position Title      | Institution      |
| E-mail      |
| Include a statement describing the qualifications of this other personnel and contribution to the project.      |

1. **Other Personnel #2**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix       | First Name       | Last Name       | Degree/Credentials       |
| Position Title      | Institution      |
| E-mail      |
| Include a statement describing the qualifications of this other personnel and contribution to the project.      |

1. **Other Personnel #3**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix       | First Name       | Last Name       | Degree/Credentials       |
| Position Title      | Institution      |
| E-mail      |
| Include a statement describing the qualifications of this other personnel and contribution to the project.      |

1. **Other Personnel #4**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix       | First Name       | Last Name       | Degree/Credentials       |
| Position Title      | Institution      |
| E-mail      |
| Include a statement describing the qualifications of this other personnel and contribution to the project.      |

1. **Other Personnel #5**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix       | First Name       | Last Name       | Degree/Credentials       |
| Position Title      | Institution      |
| E-mail      |
| Include a statement describing the qualifications of this other personnel and contribution to the project.      |

**Curriculum vitae, biosketch or resume for Other Personnel**

*Please provide a curriculum vitae, biosketch or resume for all other personnel listed above.*

*Formatting Requirements:*

*Limited to 5 pages per key personnel.*

**Curriculum vitae, biosketch or resume for Other Personnel\***

*Upload the Other Support Page(s) for all Key Personnel listed above as one document.*

Formatting Requirements:

* 5 pages per individual.

**Collaborating Organization(s)**

*Note: The applicant should re-upload the collaborating organization(s) overview in the form. Any changes to the organization(s) require prior approval from the AASM Foundation.*

*\*Required before final submission*

Include a description of the collaborating organization's role in the project and organizational support/capacity to carry out project.

**Overview of Organization(s)\***

*Upload the Overview of Organization(s) as one document.*

*Formatting Requirements:*

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

**Project Plan and Goals**

*\*Required before final submission*

**A. Project Overview**
Upload a document that provides an overview of your project.

**B. Project Plan and Goals**
Upload a document with up to six additional pages to describe your project plan and goals. Your description should include the following sections:

1. Background
2. Aims of the project
3. Methods, including approach, strategies, methodology, analysis (if applicable), benchmarks for success
4. Expected results and deliverables (must include progress reports every 6 months)
5. Discussion of the significance of the project
6. A timeline for the conduct of the project
7. Citations (not included in the page limit)

**Project Overview, Project Plan and Goals\***

*Upload the project overview, project plan and goals as one document.*

*Formatting Requirements:*

* + *Project Overview is limited to 200 words maximum*
	+ *Project Plan and Goals is limited to 6 pages total, excluding citations.*
	+ *Times New Roman 11 pt or 12 pt fond required with all margins no less than .50 inches.*

**Letters of Support**

*\*Required before final submission*

**Collaborating Organization Letter of Support***\**

Provide letters of support from your collaborating organization. The letters of support from your collaborating organization should include information on organizational commitment or resources.

**Collaborating Organization Letter of Support\***

*Upload the Collaborating Organization Letter of Support.*

*Formatting Requirements:*

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

**Additional Letter(s) of Support**

Provide additional letters of support that should be included as part of this proposal, if any. This can include letters of support from collaborators, personnel, institution, and other significant contributors to the development or execution of the project.

**Additional Letter(s) of Support**

*Upload the Additional 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*

**Budget and Budget Justification**

*\*Required before final submission*

**Budget**

Complete a Project Budget Form. Please use the following link to download the Project Budget Form: [Project Budget Form](https://foundation.aasm.org/wp-content/uploads/sites/2/2019/10/Project-Budget-Form.docx)

**Project Budget Form\***

*Upload the completed Project Budget Form(s).*

**Budget Justification**

The Budget Justification should include the rationale for each item listed as a direct cost in the Project Budget Form. Salaries (and proportional benefits) should be requested only for time spent on the proposed project. Only include supplies and other purchases that are required for completion of the proposed project.

**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*

**Human Subjects/Animal Research Protection Plan**

*\*Required before final submission*

*Instructions: Please specify what type of subjects are involved in your research proposal and only complete the appropriate section below.*

1. **Type of Subjects:** Choose an item.**\***
2. **Animal Research Protection Plan**

*Only complete this section if the project involves animal research.*

If you selected Animal Research above, an Institutional Animal Care and Use Committee (IACUC) application must be provided.

**Institutional Animal Care and Use Committee Application**

*Upload your IACUC application.*

1. **Human Subjects Research – Exempt Protection Plan**

*Only complete this section if the project involves human subjects research that are exempt from Institutional Review Board review.*

If you selected Human Subjects Research Proposed - Categorized as Exempt, please provide the following:

**A. Risk to Human Subjects:**
a. Human subject involvement and characteristics
b. Source of materials
c. Potential risks

* i. Proposed involvement
* ii. Sample size, age range and health status
* iii. Inclusion/exclusion criteria
* iv. Rationale for recruiting special categories (children, pregnant women etc.)
* v. Collaborating sites (if any)

**B. Adequacy of protection against risks**
a. Recruitment and informed consent
b. Planned procedures for minimizing risks and protecting against risks

**C. Potential benefits of the proposed research to human subjects and others**
a. Discuss the favorable risk-to-benefit ratio of the proposed research study

**D. Importance of knowledge to be gained**
a. Discuss the importance of the knowledge gained or to be gained as a result of the proposed research

**E. Data and safety monitoring plan (if any)**

**F. An exempt approval letter from your institution must be provided**

**Human Subjects Research - Exempt Protection Plan**

*Upload one document containing the above items A-F*

*Formatting Requirements:*

* *Limited to 3 pages*
* *Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches.*
1. **Human Subjects Research – Non-Exempt Protection Plan**

*Only complete this section if the project involves human subjects research that is not exempt and requires Institutional Review Board review.*

If you selected Human Subjects Research Proposed - Non-Exempt, please provide the following:

**A. Risk to Human Subjects:**
a. Human subject involvement and characteristics
b. Source of materials
c. Potential risks

* i. Proposed involvement
* ii. Sample size, age range and health status
* iii. Inclusion/exclusion criteria
* iv. Rationale for recruiting special categories (children, pregnant women etc.)
* v. Collaborating sites (if any)

**B. Adequacy of protection against risks**
a. Recruitment and informed consent
b. Planned procedures for minimizing risks and protecting against risks

**C. Potential benefits of the proposed research to human subjects and others**
a. Discuss the favorable risk-to-benefit ratio of the proposed research study

**D. Importance of knowledge to be gained**
a. Discuss the importance of the knowledge gained or to be gained as a result of the proposed research

**E. Data and safety monitoring plan (if any)**

**Human Subjects Research – Non-Exempt Protection Plan**

*Upload one document containing the above items A-E*

*Formatting Requirements:*

* *Limited to 3 pages*
* *Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches.*