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| --- |
| This document is provided to potential applicants for informational purposes only and should not be submitted as a letter of intent 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**

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/).

**Letters of intent are due on the first Monday of every month by 11:59 pm Eastern time until budgeted funds for 2022 expire.**  
  
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*

**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**

*Project leaders may submit a letter of intent from the non-profit community-based organization that was identified in Section A and are not required to collaborate with a second non-profit organization.  
  
This section only needs to be completed if the project leader is collaborating with another 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 |

**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**

*\*Required before final submission*

**Other Personnel\***

Identify other personnel who will contribute to the development of the project in a substantive, measurable way.

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. **Key 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. **Key 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. **Key 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. | | | |

**Collaborating Organization(s)**

*\*Required before final submission*

**Overview of Organization(s)**

Provide the following:

* + Brief description of the leading organization for the project, including a link to the lead organization’s website(s).
  + Lead organization’s support/capacity to carry out project.
  + If collaborating with another organization, also provide its brief description link to the collaborating organization’s website(s).
  + If collaborating with another organization, 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 description(s) of the charitable 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*

**Letter of Intent**

*\*Required before final submission*

The AASM Foundation requests that prospective applicants submit a letter of intent (LOI) prior to submission of a grant application for the Community Sleep Health Grant. LOIs are competitive and reviewed by the AASM Foundation Executive Committee to ensure that the proposed project is responsive to the Community Sleep Health Grant mechanism.

Please note that 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/).

The Community Sleep Health Grant LOI should be no more than three pages (excluding references). Figures and general tables are allowed and will be included in the three-page limit. The LOI must include the following:

1. **Title of the Project**
2. **Project Description**

* *Briefly provide background on the sleep health issue and how addressing it at a community level is an important gap to fill.*
* *Describe the project’s goal/aims and its main activities. Include the frequency/duration of project activities, services, and the resources, people and skills that will be used to deliver the services of the project.*
* *State the feasibility of conducting the project in the community given the amount of funding and time period of the grant.*
* *If other financial support for the project has been secured, state the source(s), amount(s) and how additional funding from this grant will help the project.*

1. **Target Community**

* *Specify the characteristics of the community and its members to be served, and total number to be served by the project.*
* *Briefly describe the community environment.*
* *State the potential impact/significance the project will have on the community and its members and describe how it’s innovative.*

1. **Outcomes**

* *Briefly describe the main outcomes (short and long-term) that will be assessed and how this program/project will impact those outcomes to improve the sleep health of the target community(ies).*
* *Describe how the outcomes will be measured to ensure that there is benefit or change in the target community.*
* *Describe how the outcomes of the project will be sustained after the grant funding period has ended.*

1. **Strategic Alignment**

* *Explain how this project aligns with the AASM Foundation’s vision of Healthier Lives through Better Sleep and its mission to Promote discoveries that advance the understanding of sleep for healthier lives.*

1. **Project Leaders and Organizations**

* *List the project leaders and personnel, along with their specific roles in the project and how they will contribute to the success of the project.*
* *Explain who will be the lead organization and any collaborating organizations that will work on the project, including the nature of the collaboration, what work has been done to date, and the distinct, complementary, and substantive role each will have in the project.*

1. **References**

**Letter of Intent\***

*Upload the Letter of Intent.*

Formatting Requirements:

* **Header:** Include the Project Leader’s full name on every page in the top-left corner
* **Font**: Times New Roman 11 pt or 12 pt font; figures, tables, and captions may have 8 pt font
* **Spacing:** Single
* **Margins:** No less than 0.50 inches. (The header may fall within the top margin, but the body text may not begin closer than a half-inch from the edge of the page.)
* **Page numbers:** Consecutive
* **Page limit:** Three pages (excluding references)
* **File format:** Word or PDF
* **References:**Suggest all references as in-text citations using AMA citation style, but other citation styles are accepted

**Demographic Questionnaire**

The following questionnaire is **OPTIONAL** for all applicants and is not considered part of the Community Sleep Health Grant Letter of Intent. 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:**