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| This document is provided to potential applicants for informational purposes only and should not be submitted as a nomination for the 2022 Sleep Champion Award. 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 Award**

The AASM Foundation’s vision for society and field of sleep medicine is Healthier Lives through Better Sleep. This vision is embodied by organizations that are at the forefront of proving important sleep services, spearheading sleep initiatives, engaging the sleep community, and/or leading sleep advocacy efforts to create change for Healthier Lives through Better Sleep.

The Sleep Champion Award was created in 2019 to honor non-profit organizations that are leading such endeavors locally, nationally or worldwide. The Sleep Champion Award celebrates successful community-based sleep health services and education provided by non-profit organizations.

**Nominations are due no later than February 7, 2022 by 11:59 pm Eastern time.**  
  
We encourage individuals who are planning to send a nomination to contact us early in the nomination 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 an application deadline may not be answered before the deadline.

**Face Page**

*\*Required before final submission*

**Nominated Organization***\**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name | | Organization Website | |
| Primary Contact Person | | | |
| Address | | | |
| City | State | Zip Code | Country |
| Contact Phone | | Contact Email Address | |

**Primary Nominating Individual’s Contact Information***\**

*A primary individual who is eligible to submit a nomination must be identified and provide their contact information. If multiple individuals would like to nominate the same organization, they may either submit individual nomination letters or a single nomination letter may be signed by multiple individuals on the next page.*

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Phone | | Email | |
| AASM Member Number | | | |

**Nomination Letter(s)**

*\*Required before final submission*

The nomination letter(s) must include the following:

* A summary of how the non-profit organization is providing best-in-class care and/or education that should be celebrated and replicated by other community-based programs.
* At least two examples that depict how the non-profit organization’s programs are working to achieve the AASM Foundation’s vision for society and field of sleep medicine: *Healthier Lives through Better Sleep*.
* If multiple individuals would like to nominate the same organization, they may either submit individual nomination letters or a single nomination letter may be signed by multiple individuals.

**Nomination Letter(s)\***

*Upload the Nomination Letter(s) as one document.*

*Formatting Requirements:*

* + *Up to 2 pages of narrative and content*
  + *Times New Roman 11 pt or 12 pt font required with all margins no less than .50 inches.*
  + *File Format: Word or PDF*

**Demographic Questionnaire**

The following questionnaire is **OPTIONAL** for all applicants and is not considered part of the Sleep Champion Award. 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:**