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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 Diversity Supplement 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 developing the careers of sleep and circadian investigators. To meet this goal, the AASM Foundation encourages and supports the development of a diverse and well-trained sleep and circadian research workforce. The AASM Foundation is offering supplemental funds to active grants to support individuals from groups identified as underrepresented in the biomedical, clinical, behavioral, and social sciences.

All sleep and circadian science investigators holding an active research grant may request supplemental funds to improve the diversity of the sleep and circadian research workforce. The Diversity Supplement Grant provides an opportunity for sleep and circadian science investigators, who have a funded research program, to support mentored sleep and circadian research training of promising students, post-doctoral fellows and clinical fellows who are members of minority groups traditionally underrepresented in US science to participate in sleep and circadian science research projects.

**Applications are due on the first Monday of each month by 11:59 pm ET.**

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*

**Diversity Supplement Project Information***\**

*Provide a brief summary of the mentored research project that will be worked on for the Diversity Supplement Grant. Additionally, provide information on the parent research grant.*

**Project Title**

**Length of Project**

*Please specify weeks or months using whole numbers only. For the Diversity Supplement Grant, minimum is 8 weeks and maximum is 3 years, but please note that it cannot exceed the period of performance of the parent grant.*

**Request Amount**

*Amount can be up to 20% of the total parent research grant and not to exceed $50,000.*

*Indirect costs are not allowed.*

**Project Description**

*Provide a brief summary describing how the proposed project meets the objectives of this request for applications. Maximum 300 words.*

**Project Keywords**

*Please provide 3-5 keywords that are related to the project. This can include the sleep disorder/problem, population, intervention/comparator, methodology, study design and type of research.*

**Parent Research Grant Information***\**

*Provide information on the parent research grant.*

**Project Title**

**Principal Investigator**

**Funding Organization and Grant Number**

**Period of Performance**

The period of performance should be the date the grant starts and ends. Please enter exact dates (MM/DD/YYYY).

**Diversity Supplement Candidate(s)***\**

*Complete the information for the candidate(s) that will be supported through the Diversity Supplement Grant.*

**Candidate #1**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix       | First Name       | Last Name       | Degree/Credentials       |
| Position Title       |
| Institution      |
| AASM Member Number *If not an AASM member, enter "N/A"*      |
| Address      |
| City      | State      | Zip Code      |
| Email      | Phone      |

[ ]  By checking this box, the candidate confirms that it is from one of the groups identified as underrepresented in the extramural U.S. biomedical, clinical, behavioral and social sciences workforce population, as stated in the [Diversity Supplement Grant Eligibility Criteria](https://foundation.aasm.org/wp-content/uploads/sites/2/2023/02/2023-Diversity-Supplement-Grant-RFA.pdf). *\**

**Candidate #2**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix       | First Name       | Last Name       | Degree/Credentials       |
| Position Title       |
| AASM Member Number *If not an AASM member, enter "N/A"*      |
| Institution      |
| Address      |
| City      | State      | Zip Code      |
| Email      | Phone      |

[ ]  By checking this box, the candidate confirms that it is from one of the groups identified as underrepresented in the extramural U.S. biomedical, clinical, behavioral and social sciences workforce population, as stated in the [Diversity Supplement Grant Eligibility Criteria](https://foundation.aasm.org/wp-content/uploads/sites/2/2023/02/2023-Diversity-Supplement-Grant-RFA.pdf).*\**

**Diversity Supplement Mentor***\**

*Complete the information for the principal investigator of the parent research grant and will serve as the mentor for the Diversity Supplement Grant.*

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix       | First Name       | Last Name       | Degree/Credentials       |
| Position Title       |
| AASM Member Number *If not an AASM member, enter "N/A"*      |
| Institution      |
| Address      |
| City      | State      | Zip Code      |
| Email      | Phone      |

**Sponsoring Organization***\**

*Provide information for the sponsoring organization.*

**Sponsoring Institution Contact**

*This should be an authorized representative from the University's Sponsored Projects, Grants Management Office or Research Administration Office (excluding departmental officials such as the Departmental Chair or Division Chief).*

|  |  |  |
| --- | --- | --- |
| 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 representative from the University’s Sponsored Projects, Awards Management Office or Research Administration Office (this excludes departmental officials, such as the Departmental Chair or Division Chief).

**Applicant Sponsoring Organization Signature Page\***

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

**Research Plan and Goals**

*\*Required before final submission*

The research plan should be tailored to the academic level of the candidate and provide detailed discussion of the goals, milestones, and objectives of the proposed research to be supported by the Diversity Supplement Grant. The proposed research must have the potential to contribute significantly to the research career development of the candidate. Include:

1. Background
2. Methods, including evaluation methodology
3. Expected results and deliverables (must include progress reports)
4. Discussion of the significance of the research and how the proposed research will be an integral part of the approved, ongoing research of the parent grant.
5. A timeline for the conduct of the project
6. References (not included in page limit for this section).

**Research Plan and Goals\***

*Upload the Research Plan and Goals.*

*Formatting Requirements:*

* + *Research Plan and Goals is limited to 4 pages total, excluding references.*
	+ *Times New Roman 11 pt or 12 pt fond required with all margins no less than .50 inches.*

**Mentoring and Training Plan**

*\*Required before final submission*

Include a plan describing the role of the principal investigator in the mentored research project and any additional training that will be provided to the candidate through the Diversity Supplement Grant. Specifically, include:

1. Skills to be acquired.
2. A timeline with specific research milestones and other activities the candidate will undertake (e.g., research training, publications, grant submissions, types of independent research support, grant writing workshops) and their relationship to the parent grant.
3. Opportunities to interact with research team and with outside collaborators, as applicable.
4. Opportunities to develop independence.
5. Opportunities to acquire presentation and publication skills.
6. Guidance in the ethical conduct of research (and training in animal and human subjects' protection, if applicable).
7. As applicable, the role of other investigators who will contribute to research mentoring.
8. Guidance on career planning.
9. Principal investigator’s history of mentoring.

**Mentoring and Training Plan\***

*Upload the Mentoring and Training Plan.*

*Formatting Requirements:*

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

**Candidate Statement**

*\*Required before final submission*

The candidate must provide a statement that lists qualifications, short and long-term career goals related to sleep and circadian research, achievements and how participation in research training through the Diversity Supplement Grant will assist in career development. Specifically, include:

1. The qualifications of the candidate prior research training, research potential and any relevant experience.

2. Candidate career goals.
3. Evidence of educational achievement and interest in science.
4. How participation in research training through the Diversity Supplement Grant will assist in career development.

**Candidate Statement\***

*Upload the Candidate Statement.*

*Formatting Requirements:*

* *Limited to 2 pages.*
* *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*

Please use the following link to download the Diversity Supplement Grant Funds Policy and fillable Budget and Budget Justification Form: [Diversity Supplement Grant Budget and Budget Justification Form](https://foundation.aasm.org/wp-content/uploads/sites/2/2023/02/Diversity-Supplement-Grant-Policy-Budget-Budget-Justification.doc)

**Budget and Budget Justification\***

*Upload the Diversity Supplement Grant Budget and Budget Justification Form as one document.*

*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*

**Parent Research Grant**

*Provide a copy of the original and funded application for the parent research grant.*

*Note: If the parent research grant was funded by the AASM Foundation, the application does not need to be uploaded as we already have this on file.*

**Parent Research Grant Application**

*Upload the Parent Research Grant Application as one document.*

**Demographic Questionnaire**

The following questionnaire is **OPTIONAL** for all applicants and is not considered part of the Diversity Supplement 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:**