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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 Community Sleep Health and Public Awareness 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 increasing public awareness and improving the sleep health of the community through its vision of creating *Healthier Lives Through Better Sleep*. To meet this goal, the AASM Foundation has established community programs that provide support for a diverse array of programs and initiatives that are improving sleep health.

The AASM Foundation will support targeted programs and initiatives that promote healthy sleep and increase accessibility to sleep disorder evaluation and treatments among the communities in which we live, learn, work, and play. The Community Sleep Health and Public Awareness Grant supports a wide range of projects and initiatives dedicated to addressing sleep health needs in local, national, or global communities.

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

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

**Project Title**

**Abstract**  
Provide a succinct and accurate description of the proposed work. It should include the project’s broad, long-term objectives and the potential impact of the proposed work on improving the sleep health of the community. The abstract is limited to 300 words.

**Project Keywords**

*Please provide 3-5 keywords that are related to your project. This can include the sleep disorder/problem, population served and type of project.*

**Community Sleep Health and Public Awareness Grant Category**

*Category I is for those applicants seeking funding for projects up to $50,000 and covers a project period of up to two years.*

*Category II is for those applicants seeking funding for projects up to $25,000 and covers a project period of up to one year.*

* Community Sleep Health and Public Awareness Grant: Category I
* Community Sleep Health and Public Awareness Grant: Category II

**Length of Project Period (in whole months)**

**Requested Amount**

*Direct and indirect costs must be included in the request amount and must not exceed the category award amount. This amount needs to match what is included in the Project Budget Form.*

**Project Leader and Lead Organization***\**

*Complete the information for the project leader who will be the point of contact for the proposed project.*

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

**Lead Organization Type**

Choose an item.

Please check this box if the lead 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>

**Multi-Project Leaders***\**

*Complete the information for multi-project leaders, if any.*

**Does this proposal have multiple project leaders?**

* Yes
* No

**Multi-Project Leader #1**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prefix | First Name | | Last Name | | Degree/Credentials | | |
| Position Title | | | Email | | | Phone | |
| Organization | | | | | | | |
| Organization Address | | | | | | | |
| City | | State | | Country | | | Zip Code |

**Multi-Project Leader #2**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prefix | First Name | | Last Name | | Degree/Credentials | | |
| Position Title | | | Email | | | Phone | |
| Organization | | | | | | | |
| Organization Address | | | | | | | |
| City | | State | | Country | | | Zip Code |

**Collaborating Organization**

**Is the lead organization collaborating with another non-profit organization on this project? \***

* **Yes**
* **No**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Prefix | First Name | | Last Name | | Degree/Credentials | | |
| Position Title | | | Email | | | Phone | |
| Collaborating Organization | | | | | | | |
| Collaborating Organization Address | | | | | | | |
| City | | State | | Country | | | Zip Code |
| Website | |  | |  | | |  |

**Collaborating Organization Type**

Choose an item.

Please check this box if the collaborating 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>

**Sponsoring Organization Page\***

Complete the [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 of the lead organization.

Note: This form is required for all applications, regardless of whether the lead organization is collaborating with another organization. The form should be executed by the lead organization that will be managing the grant, including receipt of grant funds.

**Sponsoring Organization Page\***

*Upload the completed and signed Sponsoring Organization Page.*

**Project Team**

*\*Required before final submission*

**Project Leader(s) curriculum vitae, biosketch or resume**

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

**Project Leader(s) curriculum vitae, biosketch or resume\***

*Upload the curriculum vitae, biosketch or resume for the project leaders(s) as one document.*

Formatting Requirements:

* Limited to 5 pages.

**Project Team Members\***

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

1. **Team Member #1**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
|  | | | |

1. **Team Member #2**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
|  | | | |

1. **Team Member #3**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
|  | | | |

1. **Team Member #4**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
|  | | | |

1. **Team Member #5**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix | First Name | Last Name | Degree/Credentials |
| Position Title | | Institution | |
| E-mail | | | |
|  | | | |

**Team Members curriculum vitae, biosketch or resume**

*Please provide a curriculum vitae, biosketch or resume for all team members listed above.*

**Team Members curriculum vitae, biosketch or resume\***

*Upload the curriculum vitae, biosketch or resume for all team members listed above as one document.*

Formatting Requirements:

* Limited to 5 pages per individual.

**Project Proposal**

*\*Required before final submission*

*All project proposals are required to use the* [*Community Sleep Health and Public Awareness Grant Project Proposal Template*](https://foundation.aasm.org/wp-content/uploads/sites/2/2023/04/Community-Sleep-Health-and-Public-Awareness-Grant-Project-Proposal-Template.docx) *provided by the AASM Foundation. Please note that proposals that do not abide by the formatting requirements or do not use this template will be automatically withdrawn from consideration.*

**Project Proposal\***

*Upload the project proposal as one document.*

*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*

**Budget**

*\*Required before final submission*

**Budget**

Complete a Project Budget Form for each year of funding requested. Please use the following link to download the Project Budget Form: [Project Budget Form](https://foundation.aasm.org/wp-content/uploads/sites/2/2023/02/Project-Budget-Form.docx)

**Project Budget Form\***

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

**Letters of Support**

*\*Required before final submission*

**Collaborating Organization Letter of Support**

Provide letters of support from the collaborating organization. The letters of support from the 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, team members, lead organization, 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*

**Demographic Questionnaire**

The following questionnaire is **OPTIONAL** for all applicants and is not considered part of the Community Sleep Health and Public Awareness 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:**