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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 2023 Physician Scientist Training 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 by increasing support for sleep researchers. To meet this goal, the AASM Foundation has established research career development grants to assist sleep researchers at various stages of their career.

The Physician Scientist Training Grant is an AASM Foundation career development grant that aims to increase the number of physician scientists who are committed to pursuing a research career in basic, translational, clinical or population sleep and circadian science. The Physician Scientist Training Grant is designed to provide outstanding early career physician scientists the opportunity of a protected research training experience for a mentored research project in sleep or circadian science. The Physician Scientist Training Grant provides funding for mentored research projects to protect the time of early career physician scientists to conduct mentored research, help establish a track record of funding, become competitive for larger grants and/or prepare for a larger study, and ultimately enable their transition to an independent and successful sleep and circadian research career.

This request for applications for the Physician Scientist Training Grant is open to mentored projects that address one or more important unanswered scientific questions related to sleep and circadian science, sleep disorders and/or sleep health.

This AASM Foundation research grant is supported by AASM Foundation general funds and by an endowment from the American Board of Sleep Medicine.

**This application is due no later than June 26, 2023 by 11:59 pm Eastern time.**

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 application 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 Information***\**

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

1. **Project Title**

1. **Project Keywords**

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

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

1. **Request Amount**

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

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

**Contact Principal Investigator***\**

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

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| --- | --- | --- | --- |
| 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”*      |
| Are you board-eligible or board-certified in sleep medicine by a member board of the American Board of Medical Specialties or American Osteopathic Association, have completed your sleep medicine fellowship within the past 10 years, and hold a faculty appointment?Yes No |
| Institution      |
| Address      |
| City      | State      | Country      | Zip Code      |

**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).*

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| --- | --- | --- |
| 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 and Sponsoring Organization Signature Page\***

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

**Mentor(s)***\**

*Complete the information for the project mentor(s).*

1. **Mentor #1**

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

1. **Mentor #2**

|  |  |  |  |
| --- | --- | --- | --- |
| Prefix       | First Name       | Last Name       | Degree/Credentials       |
| Position Title      | Institution      |
| E-mail      |
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**Response to Reviews**

*This section only applies to applicants who are resubmitting an original and unfunded Physician Scientist Training Grant. If your application is not a resubmission, please move to the next page.*

Applicants are allowed a single resubmission of an original and unfunded Physician Scientist Training Grant application within 12 months of receipt of the original application notification. If resubmitting an original and unfunded application, the applicant must still meet all eligibility criteria listed under the Eligibility section of this request for applications. The resubmission MUST include a response to the reviewers of the original application; resubmissions that do not include this response will NOT be reviewed.

***Note:*** *Resubmission of an original application for one grant program across another grant program is not permitted. The only exception made is for the American Board of Sleep Medicine Junior Faculty Grant, which can be resubmitted as a Physician Scientist Training Grant application.*

Provide your response letter to the critiques from the review of the original application.

**Response Letter to Critiques**

*Upload the Response Letter to Critiques.*

*Formatting Requirements:*

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

**Research Plan and Goals**

*\*Required before final submission*

**A. Abstract**
Provide a succinct and accurate description of the proposed work. It should include the project’s broad, long-term objectives and specific aims.

**B. Research Plan and Goals**
Describe your research and mentoring plan during the Physician Scientist Training Grant funding period. This should include how your research will provide you with skills and experience in sleep research and how this work will enhance your career trajectory. Your description should include the following sections:

1. Background
2. Methods, including evaluation methodology
3. Expected results and deliverables (must include progress reports every 6 months)
4. Discussion of the significance of the research
5. A timeline for the conduct of the project
6. Citations (not included in the page limit)

**Abstract, Research Plan and Goals\***

*Upload the abstract, research plan and goals as one document.*

*Formatting Requirements:*

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

**Project Personnel**

*\*Required before final submission*

*Instructions: Project personnel include the principal investigator, mentor(s) and key personnel. National Institutes of Health (NIH) format biosketches and other support pages are required for the principal investigator, mentor(s) and all key personnel.*

**NIH Biosketch** samples and format information can be found here: [NIH Sample Biosketch Templates](https://grants.nih.gov/grants/forms/biosketch.htm)
Applicants are required to use the current version of the NIH Biosketch Biographical Sketch Format Page. Please use the following link to download the current version of the NIH Biosketch Template: [NIH Biosketch Template](https://grants.nih.gov/grants/forms/biosketch-blank-format-rev-10-2021.docx)

**NIH Other Support Page** format information can be found here: [NIH Other Support Page Format](https://grants.nih.gov/grants/forms/othersupport.htm)
In the Other Support Page, please provide information about all other active support for the principal investigator/multi-principal investigators and key personnel. This should include overlap statements indicating budgetary, scientific or effort overlap between proposed project and current/pending projects. Overlap statements are required. If no overlap exists between the active projects listed on the Other Support page and the proposed project, please indicate "Overlap: None" on the Other Support Page.
Applicants are required to use the current version of the NIH Other Support Format Page. Please use the following link to download the current version of the NIH Other Support Format Page: [NIH Other Support Format Page](https://grants.nih.gov/grants/forms/othersupport.htm)

**Biosketch and Other Support for Principal Investigator**

1. **Biosketch for Principal Investigator\***

*Upload Biosketch for Principal Investigator.*

*Formatting Requirements: Limited to 5 pages.*

1. **Other Support Page for Principal Investigator\***

*Upload Other Support Page for Principal Investigator.*

*Formatting Requirements: No page limit.*

**Biosketch and Other Support for Mentor(s)**

1. **Biosketch(es) for Mentor(s)\***

*Upload Biosketch(es) for Mentor(s) as one document.*

*Formatting Requirements: Limited to 5 pages per biosketch.*

1. **Other Support Page for Mentor(s)\***

*Upload Other Support Page for Mentor(s).*

*Formatting Requirements: No page limit.*

**Key Personnel**

Please identify the key personnel for this project. Key personnel include co-investigators and others who contribute to the scientific development or execution of the project in a substantive, measurable way, whether or not they receive compensation.

1. **Key Personnel #1**

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

1. **Key Personnel #2**

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

1. **Key Personnel #3**

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

1. **Key Personnel #4**

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

1. **Key Personnel #5**

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

1. **Biosketch(es) for Key Personnel**

*Upload the Biosketch(es) of all Key Personnel listed above as one document.*

*Formatting Requirements: Limited to 5 pages per key personnel.*

1. **Other Support Page(s) for Key Personnel**

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

*Formatting Requirements: No page limit per key personnel.*

**Career Plan**

*\*Required before final submission*

Describe your short and long-term career goals related to sleep medicine and sleep and circadian research.

**Career Plan\***

*Upload the Career Plan.*

*Formatting Requirements:*

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

**Mentoring Plan**

*\*Required before final submission*

Include a plan describing the role of the primary mentor in the research project and any additional training that will be provided. Identify co-mentors if any.

This plan should include:
1. The level of experience of all mentors.
2. The research environment.
3. The skills that will be taught and knowledge to be gained by the applicant during the period of the grant.
4. The time commitment of the mentor(s), expressed as percent effort or hours dedicated to the mentee.
5. Methods that will be used to monitor the applicant’s research career development and the progress of the planned research.

**Mentoring Plan\***

*Upload the Mentoring Plan.*

*Formatting Requirements:*

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

**Letters of Support**

*\*Required before final submission*

1. **Mentor Letter(s) of Support***\**

Provide letters of support from your primary mentor and co-mentors, if any. The letters of support from your mentor(s) should describe their commitment to providing mentorship to you during the Physician Scientist Training Grant period. This letter should also document that you will have protected time to complete the proposed work.

**Mentor Letter(s) of Support\***

*Upload the Mentor 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*
1. **Department Chair or Fellowship Program Director Letter of Support**

The letter of support should indicate continued departmental support during the period of the Physician Scientist Training Grant.

**Department Chair or Fellowship Program Director Letter of Support\***

*Upload the Department Chair/Fellowship Program Director Letter 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*
1. **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, key personnel, institution, and other significant contributors to the scientific 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*

1. **Budget**

Complete a Research & Related (R&R) Budget Form for each year of funding requested. Please use the following link to download the R&R Budget Form: [R&R Budget Form](https://foundation.aasm.org/wp-content/uploads/sites/2/2022/11/R-R-Budget-Form.docx)

The total amount listed on the R&R Budget Form **must** match the funding request amount on the Face Page of this application form.

**Research and Related (R&R) Budget Form\***

*Upload the completed R&R Budget Form(s) as one document.*

1. **Budget Justification**

The Budget Justification should include the rationale for each item listed as a direct cost in the R&R 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 Protection Plan**

*Complete this section if the project involves human subjects research. This applies to projects that are exempt from Institutional Review Board review and projects that are non-exempt from Institutional Review Board review.*

If you selected Human Subjects Research Proposed - Exempt OR 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 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.*

**Demographic Questionnaire**

The following questionnaire is **OPTIONAL** for all applicants and is not considered part of Physician Scientist Training 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:**