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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 Online Portal.](https://www.grantinterface.com/Home/Logon?urlkey=aasmf) Please refer to the [AASM Foundation Application User Guide](https://foundation.aasm.org/wp-content/uploads/sites/2/2024/06/AASM-Foundation-Application-User-Guide.pdf) for guidance on setting up an account. |

**About This Grant**

The AASM Foundation invests in people, research, and communities to improve the sleep health of all people. The Community Sleep Health and Public Awareness Grant supports a variety of projects and initiatives focused on addressing local, national, and global sleep health needs. Through this grant program, we are committed to promoting healthy sleep by raising public awareness and making sleep disorder healthcare more accessible in our communities.

Applicants must meet the following eligibility criteria:

**Eligibility**

* Individuals from a charitable organization with a tax-exempt status, OR

Individuals who are collaborating with a charitable organization with a tax-exempt status.

* Applicants outside the US are eligible to apply; however, payment of grant funds must be accepted by the organization in US dollars.

**Ineligibility**

* Individuals or organizations who have a financial conflict of interest or have the potential to incur significant financial benefit from the proposed work and beyond the work itself are not eligible to apply.
* Requests to support projects that do not align with the focus of the Community Sleep Health and Public Awareness Grant (e.g., research projects) are not eligible. It is encouraged that you meet with AASM Foundation staff to ensure your project aligns with the grant program prior to application submission.
* Requests to support ongoing operational aspects of existing programs or requests for projects that do not meaningfully expand existing programs are not eligible to apply.
* Current AASM and AASM Foundation Board of Directors members are not eligible to apply and cannot be listed as a project leader or project team member during their term on the Board and for one year after their term ends.

*Note: In rare instances, AASM and AASM Foundation Board members may serve as unpaid consultants on an application, however, this requires Executive Committee approval prior to submitting the application.*

**Applications are due on July 29, 2024 by 11:59 pm ET and funding decisions will be made no later than October 31, 2024.**

We encourage potential applicants to view our [Frequently Asked Questions](https://foundation.aasm.org/award-programs/faq/) and 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.*

**Project Information**

**Project Title**

**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)**

**The response to the following question will not be used for eligibility or funding decision purposes, but is being gathered to improve AASM Foundation communications related to this program: How did you hear about this grant opportunity?**

* AASM Education Webinars
* AASM Foundation Focus Newsletter
* AASM Foundation Programs and Opportunities Email
* AASM Foundation website
* AASM Montage
* AASM Sleep Insider
* AASM SmartBrief
* American Academy of Dental Sleep Medicine
* American Academy of Pediatrics
* American Thoracic Society
* CHEST Foundation
* Friend/colleague/mentor
* Hypersomnia Foundation
* Institutional Grant Administrator
* Journal of Clinical Sleep Medicine
* Journal of the American Medical Association
* National Sleep Research Resource Newsletter
* R25 Program
* Sleep Medicine Fellowship Directors and Coordinators Newsletter
* SLEEP Meeting
* Sleep Research Society Newsletter
* Sleep T32 Program
* Other AASM Emails
* Other AASM Foundation Emails
* Other

If you selected “Other”, please specify:

**Organization Information**

Organization Name

Address

City\*

State/Province/Region/Territory

Zip/Postal Code

Country

**Authorized Representative**

**Authorized Representative**

The below fields should be completed by an authorized representative of the lead organization that will be managing the grant, including receipt of grant funds. If you are the Project Leader for this project, please invite your organization’s authorized representative to collaborate on this application form using the following instructions: [Applicant Tutorial – Collaboration](https://support.foundant.com/hc/en-us/articles/4523887747223-Applicant-Tutorial-Collaboration)

*Note: When setting a permission level for your collaborator, we recommend providing only access to view and edit the application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Degree/Credentials | Preferred Pronouns | Email |

**Signature (Type Name)**

*By typing my name below, I, as an Authorized Representative of the organization, certify the following:*

* *If selected for funding, the applicant organization can accept grant funds in US dollars;*
* *All of the statements in this application are true to the best of my knowledge;*
* *I have reviewed the* [*sample AASM Foundation contract*](https://foundation.aasm.org/wp-content/uploads/sites/2/2023/04/AASM-Foundation-Grant-Contract-Template-CSHPAG-Website.pdf)*;*
* *I agree to comply with all the terms and conditions of the contract if a grant is issued as a result of this application.*

Name

Date

**Project Proposal**

*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*

**Contact Project Leader**

*A project leader is defined as the individual(s) judged by the applicant organization to have the appropriate level of authority and responsibility to direct the project or program supported by the grant. The applicant organization may designate multiple individuals as project leaders who share the authority and responsibility for leading and directing the project, intellectually and logistically. Each project leader is responsible and accountable to the applicant organization, or, as appropriate, to a collaborating organization, for the proper conduct of the project or program including the submission of all required reports. The presence of more than one identified project leader on an application or award diminishes neither the responsibility nor the accountability of any individual project leader.*

How many Project Leaders will be involved in the project?

* 1
* 2
* 3

**Contact Project Leader**

*Fill in the corresponding information for the contact project leader (First Name, Last Name, Degree/Credentials, Preferred Pronouns, and Email).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Degree/  Credentials | Preferred Pronouns | Email |
|  |  |  |  |  |

**Project Leader: Curriculum Vitae, Biosketch or Resume**

*Formatting Requirements: Limited to 5 pages*

**Project Leader #2**

**Project Leader #2 Information**

*Fill in the corresponding information for project leader #2 (First Name, Last Name, Degree/Credentials, Preferred Pronouns, and Email).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Degree/  Credentials | Preferred Pronouns | Email |
|  |  |  |  |  |

**Project Leader #2: Curriculum Vitae, Biosketch or Resume**

*Formatting Requirements: Limited to 5 pages*

**Project Leader #3**

**Project Leader #3 Information**

*Fill in the corresponding information for project leader #3 (First Name, Last Name, Degree/Credentials, Preferred Pronouns, and Email).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Degree/  Credentials | Preferred Pronouns | Email |
|  |  |  |  |  |

**Project Leader #3: Curriculum Vitae, Biosketch or Resume**

*Formatting Requirements: Limited to 5 pages*

**Project Team Members**

**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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | First Name | Last Name | Degree/  Credentials | Preferred Pronouns | Email | Role |
| Team Member #1 |  |  |  |  |  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |
| Team Member #2 |  |  |  |  |  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |
| Team Member #3 |  |  |  |  |  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |
| Team Member #4 |  |  |  |  |  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |
| Team Member #5 |  |  |  |  |  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |

**Team Member Role: Other (please describe)**

*If “other” was selected for any of the team member roles above, please describe that team member’s role in the table below.*

|  |  |
| --- | --- |
|  | Role: Other (please describe) |
| Team Member #1 |  |
| Team Member #2 |  |
| Team Member #3 |  |
| Team Member #4 |  |
| Team Member #5 |  |

**Team Member Curriculum Vitae/Biosketch/Resume Uploads**

**Team Member Curriculum Vitae/Biosketch/Resume Uploads**

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

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

Team Member #1: Curriculum Vitae/Biosketch/Resume

Team Member #2: Curriculum Vitae/Biosketch/Resume

Team Member #3: Curriculum Vitae/Biosketch/Resume

Team Member #4: Curriculum Vitae/Biosketch/Resume

Team Member #5: Curriculum Vitae/Biosketch/Resume

**Letters of Support**

*Letters of support can come from collaborators, team members, lead organization, and other significant contributors to the development or execution of the project. They should be compiled into one file (pdf) and uploaded.*

*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 (Year 1)**

**Project Personnel Effort**

*List all team members (including project leader), base salary, and percent effort. If no salary requested, use $0 and indicate contributed effort.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Base Salary Amount ($)** | **Percent Effort**  **(1 – 100%)** | **Amount Requested ($)** |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  |  |  |  | TOTAL: |

**Fringe Benefits**

List fringe benefit and amount only for individuals for whom a salary is requested.

|  |  |
| --- | --- |
| **Name** | **Amount Requested ($)** |
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**Supplies**

*Itemize supplies and amount.*

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| **Supply** | **Amount Requested ($)** |
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**Other Itemization**

*Itemize other items and amount, including publication costs and other dissemination-related expenses in relation to the required deliverables for this funding opportunity.*

|  |  |
| --- | --- |
| **Other item** | **Amount Requested ($)** |
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**Subtotal Costs and Funding Request (Year 1)**

*List subtotal direct costs, indirect costs (must not exceed 8% of direct costs), and funding request for this budget period.*

|  |  |
| --- | --- |
| **Subtotal – Year 1 Direct Costs ($)** |  |
| **Subtotal – Year 1 Indirect Costs ($)** |  |
| **Subtotal – Year 1 Funding Request ($)** | TOTAL: |

**Budget (Year 2)**

Project Personnel Effort

*List all team members (including project leader), base salary, and percent effort. If no salary requested, use $0 and indicate contributed effort.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Base Salary Amount ($)** | **Percent Effort**  **(1 – 100%)** | **Amount Requested ($)** |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  | * Project Leader * Multi-Project Leader * Lead Organization Staff * Collaborating Organization Staff * Consultant * Other |  |  |  |
|  |  |  |  | TOTAL: |

**Fringe Benefits**

List fringe benefit and amount only for individuals for whom a salary is requested.

|  |  |
| --- | --- |
| **Name** | **Amount Requested ($)** |
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**Supplies**

*Itemize supplies and amount.*

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| **Supply** | **Amount Requested ($)** |
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|  | TOTAL: |

**Other Itemization**

*Itemize other items and amount, including publication costs and other dissemination-related expenses in relation to the required deliverables for this funding opportunity.*

|  |  |
| --- | --- |
| **Other item** | **Amount Requested ($)** |
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**Subtotal Costs and Funding Request (Year 2)**

*List subtotal direct costs, indirect costs (must not exceed 8% of direct costs), and funding request for this budget period.*

|  |  |
| --- | --- |
| **Subtotal – Year 2 Direct Costs ($)** |  |
| **Subtotal – Year 2 Indirect Costs ($)** |  |
| **Subtotal – Year 2 Funding Request ($)** | TOTAL: |

**Total Funding Request and Justification**

**Total Costs and Funding Request**

|  |  |
| --- | --- |
| **Total Direct Costs ($)** |  |
| **Total Indirect Costs ($)** |  |
| **Total Funding Request ($)** | TOTAL: |

**Budget Justification**

*Budget Justification should include the rationale for each item listed as a direct cost in the 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 the project's completion.*

*Formatting Requirements:*

*• Limited to 2 pages total*

*• Times New Roman 11 pt. or 12 pt. font required with all margins no less than 0.50 inches*

**Demographic Questionnaire**

The following questionnaire is **OPTIONAL** for all applicants and is not considered part of the 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 Questionnaire**

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

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

**Other (Race and Ethnicity):**

1. **Gender Identity (select one)**

* Female
* Male
* Non-binary
* Transgender
* Agender/Gender-Neutral
* Don’t Know
* Prefer not to respond

**Other (Gender Identity):**

1. **Disability (select one)**

* Person with a disability
* Person without a disability
* Don’t Know
* Prefer not to respond