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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 2025 Sleep Champion Award. 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. |

**2025 Sleep Champion Award**

The AASM Foundation is investing in people, research, and communities to improve the sleep health of all people. Our purpose is embodied by organizations that are at the forefront of providing important sleep services, spearheading sleep initiatives, engaging the sleep community, and/or leading sleep advocacy efforts to create change while promoting healthy 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.

Individuals or organizations submitting nominations must meet the following eligibility criteria:

**Eligibility**

* Non-profit organizations may self-nominate and/or individuals who have experience volunteering with the non-profit organization may nominate.
* Only US and international non-profit organizations (501(c)3 or international equivalent) are eligible to be nominated.

**Ineligibility**

* Current AASM Foundation Board of Directors members are not eligible to nominate organizations.
* Previous recipients of the Sleep Champion Award are not eligible to be nominated.

**Nominations are due on October 18, 2024 by 11:59 pm ET and selection decisions will be made no later than January 31, 2025.**

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.*

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| **Nominee Organization** |

Are you nominating an organization for which you are also the primary contact (i.e., self-nominating)?

* Yes
* No

Nominee Organization Name\* [text field]

Nominee Organization Website\*

**Nominee Organization Primary Contact**

First Name\*

Last Name\*

Degree/Credentials\*

Preferred Pronouns

Email\*

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

First Name\*

Last Name\*

Degree/Credentials\*

Preferred Pronouns

Email\*

Institution/Organization\*

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| **Nomination Letter(s)** |

*Nomination letters must be submitted through the online portal. If providing multiple nomination letters, please upload them as one combined document. Letters provided by any other method (e.g. e-mail) will not be accepted.*

The nomination letter(s) must include the following:

* A summary of how the non-profit organization's program and/or initiatives are aligned with the AASM Foundation's purpose.
* Examples that depict how the non-profit organization’s programs and/or initiatives are leveraging best-in-class care and/or education to improve sleep health that should be celebrated and replicated by other community-based programs.

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 grant application. Applicant responses are not used in the decision-making process and will not be provided to reviewers.

If you do not wish to disclose information for any or all of the following questions, please select "Prefer Not To Respond".

**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