2025 Strategic Research Grant

ISSUE DATE:	September 16, 2024
LETTER OF INTENT DUE DATE:	October 21, 2024 by 11:59 pm ET
INVITATIONS TO SUBMIT FULL APPLICATION:	By January 31, 2025
APPLICATION DUE DATE:	March 10, 2025 by 11:59 pm ET
GRANT SELECTION NOTIFICATION	By July 25, 2025
PERIOD OF PERFORMANCE:	Category I: 1-3 years Category II: 1-2 years Category III: 1-2 years
AMOUNT OF GRANT:	Category I: Up to $250,000 Category II: Up to $100,000 Category III: Up to $50,000
LINK TO LETTER OF INTENT:	https://www.grantinterface.com/Home/Logon?urlkey=aasmf
CONTACT:	AASM Foundation 2510 N. Frontage Road Darien, IL 60561 Phone: 630-737-9724 E-mail: foundation@aasm.org

RESEARCH FOCUS

The Strategic Research Grant requests applications and is open to specific topics. The applicant must select one of the following topics: Obstructive Sleep Apnea (OSA) Research

Gaps, AASM Strategic Plan Goals, Central Disorders of Hypersomnolence Research, Dissemination and Implementation Research, or Sleep Health Disparities Research.

Obstructive Sleep Apnea (OSA) Research Gaps

Open to **projects that address known research gaps in the diagnosis and/or management of OSA**. There have been several publications that have noted the limitations, challenges, and gaps in research with diagnosing and treating OSA, examples of which include the 2022 Agency for Healthcare Research and Quality Technology Assessment on positive airway pressure therapy and the 2021 journal *SLEEP* publication on apnea-hypopnea index. Projects that address these gaps must advance the fields of sleep medicine and population sleep health. Only applications that address known research gaps in the diagnosis and/or treatment of OSA will be considered responsive. Priority will be given to projects that propose following outcomes for 6 months or longer. Examples of research topics of interest are provided below.

- Identifying patient-important outcomes and understanding how they are impacted with treatment (e.g., sleepiness, quality of life).
- Exploring novel ways to characterize OSA (e.g., new/alternative measures, new framework combining multiple measures).
- Building knowledge about personalized OSA care through endotyping, phenotyping, and biomarkers (e.g., identifying patients at most risk of clinically important OSA outcomes).
- Understanding patient preferences and satisfaction with different OSA treatment options.
- Understanding OSA treatment adherence (e.g., barrier to adherence, how adherence relates to outcomes, strategies to address barriers, predictors of adherence to treatment).
- Comparative effectiveness research, especially in special populations (e.g., pediatrics, women, older adults, people with comorbidities), of:
    - Alternate metrics for diagnosis or characterization of OSA severity
    - Interventions and delivery methods to treat OSA.
    - Interventions (e.g., technology, behavioral, psychological, pharmacologic) to improve OSA treatment adherence.

AASM Strategic Plan Goals

Open to **projects related to the following American Academy of Sleep Medicine (AASM) Strategic Plan Focus Areas: Sleep Medicine Awareness, Practice Success, and Technology**

Implementation. Projects that address the AASM Strategic Plan Goals must advance the field of sleep medicine and population sleep health.

Projects that use, study, or expand AASM sleep education resources, AASM Sleep is Good Medicine campaign, AASM quality measures, #sleeptechnology, AASM guidance documents, or results from AASM Foundation-funded projects will be given priority.

Details and examples for each of these specific focus areas are provided below. Only applications that fit into one of these focus areas will be considered responsive.

1. **Sleep Medicine Awareness** – Advance the understanding of the value of sleep medicine. Examples of projects that fall under this strategic goal include, but are not limited to:
   - Developing strategies that build awareness about how sleep disturbances and sleep disorders cause or are associated with other health conditions.
   - Understanding the impact of screening for sleep disorders by non-sleep clinicians.
   - Evaluating the economic impact of treating sleep disorders on long-term healthcare utilization.

2. **Practice Success** – Enhance knowledge about how to deliver quality, innovate care to achieve better outcomes for patients with sleep disorders. Examples of projects that fall under this strategic goal include, but are not limited to:
   - Developing and testing comprehensive and innovative models of care that use a team-based approach for long-term care and management of people with sleep disorders.
   - Evaluating the value of services provided by sleep physicians and the sleep team (e.g., economic modeling, retrospective analysis of claims or electronic health record data) and/or assessing how their roles in patient care may evolve in the future.
   - Studies that improve patient-centeredness of care by improving the understanding of:
     - Patient preferences and satisfaction with different treatment options for sleep disorders.
     - Predictors of treatment adherence.

   - Comparative effectiveness research, especially in special populations (e.g., pediatrics, women, older adults, people with comorbidities), of:
     - Diagnosis of sleep disorders (e.g., new diagnostic devices, delivery methods, alternate metrics for diagnosis or characterization of disease severity, endotyping)
     - Interventions and delivery methods to treat sleep disorders.
     - Interventions (e.g., technology, behavioral, psychological, pharmacologic) to improve sleep disorder treatment adherence.

3. **Technology Implementation** – Increase knowledge of new and emerging technologies, as well as artificial intelligence, in clinical care. Examples of projects that fall under this strategic goal include, but are not limited to:
    - Evaluating current and new technology for expanding delivery of sleep care to improve patient outcomes, quality of care, and cost-effectiveness.
    - Leveraging consumer wearables for promoting and improving sleep in patients, increasing engagement with the sleep team, monitoring and improving patient care and treatment adherence.
    - Harnessing large datasets and computing power to yield greater clinical sleep insights, augment clinical expert opinion of sleep data, enhance diagnostic abilities, patient care, and/or treatment, increase efficiency, or decrease administrative burden.
    - Clinical research on heterogeneous populations comparing artificial intelligence to traditional approaches.

Central Disorders of Hypersomnolence Research

Open to **projects that address research gaps in the treatment of central disorders of hypersomnolence that were identified in the 2021 systematic review titled, *Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine systematic review, meta-analysis, and GRADE assessment* and basic, translational, clinical and population research gaps identified by patient advocacy groups**. Details for each research domain and related topic areas of interest are provided below. Only applications that fit into one or more of these research domains and topic areas will be considered responsive.

1. **Basic and Translational Studies for Understanding Central Disorders of Hypersomnolence** Studies designed to understand the biological process and pathophysiology of central disorders of hypersomnolence and the mechanism of action of certain treatments are needed. Examples of topics that fall under this research domain include, but are not limited to:
    a. Understanding the mechanisms of hypersomnia and excessive daytime sleepiness in specific conditions, so that more targeted therapies can be developed.
    b. Understanding the role of the innate and adaptive immune system in the development of narcolepsy and other central disorders of hypersomnolence should herald clinical trials in immune modulating treatments that could attenuate disease severity.
    c. Understanding the molecular architecture of the human orexin receptor to inform development and testing of orexin specific therapies.
    d. Collecting mechanistic data for understudied conditions like Kleine-Levin syndrome, idiopathic hypersomnia, narcolepsy type 2 and hypersomnia due to

specific medical and psychiatric disorders for targeted drug development and testing.

e. Investigating whether data and findings from published basic science sleep research are relevant to or can be applied to further the understanding, diagnosis, or treatment of central disorders of hypersomnolence.

2. Improvement of Diagnosis for Central Disorders of Hypersomnolence

Identification of central disorders of hypersomnolence currently poses a challenge, and there is a need to improve its diagnosis in sleep medicine practice and routine clinical practice. Examples of topics that fall under this research domain include, but are not limited to:

a. Developing novel diagnostic tools and methodologies.

b. Developing extended sleep studies needed for better diagnosis of idiopathic hypersomnia.

- In-house sleep clinic protocols for extended sleep studies to enable better phenotyping of hypersomnias (long sleep type, disrupted sleep, total 24+ hour sleep time).
- Evaluate home extended sleep studies, wearable EEGs/sleep monitors, etc.

3. Pharmacologic Treatments for Central Disorders of Hypersomnolence

There is a need for studies that directly compare different medications used to treat central disorders of hypersomnolence across the lifespan. Examples of topics that fall under this research domain include, but are not limited to:

a. Comparative-effectiveness studies of new medications that enter the market against standard treatments so physicians and patients can factor this information into treatment decisions. This includes studying treatment options other than stimulants for idiopathic hypersomnia since some patients cannot tolerate stimulants.

b. Well-designed studies evaluating the following:

- Commonly used traditional stimulants for central disorders of hypersomnolence, and/or
- Selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors cataplexy treatments for people with narcolepsy type 1.

c. Prospective clinical trials for drugs widely used for treating cataplexy. The low cost of this therapy is attractive, and it is already commonly used across the world.

d. Research and develop front-line treatments for narcolepsy and other central disorders of hypersomnolence.

e. High quality randomized controlled trials for pediatric patients with central nervous system hypersomnias since children and adolescents may react differently to

medications for hypersomnolence than adults, and side effect profiles can vary based on patient age.

f. Studies to discover how oxybates and other hypersomnia medicines work and to help predict which particular people with central disorders of hypersomnolence will most likely benefit from each of these medicines.

4. Patient-centered Outcome Measures for Central Disorders of Hypersomnolence

There is a need to identify, develop and validate patient-centered outcome measures that can be used to evaluate and monitor important outcomes in people with central disorders of hypersomnolence. Examples of topics that fall under this research domain include, but are not limited to:

a. Identifying validated outcome measures that most closely reflect patient priorities in order to develop and validate disease-specific patient-reported outcome measurement tools, and to delineate clinical significance thresholds to harmonize future research and facilitate future clinical guideline development.

b. Collecting data focused on quality of life measures, both cross-sectional and longitudinal, to help the field better understand aspects of the disease most disruptive to people's lifestyles.

c. Evaluating treatments for narcolepsy and other central disorders of hypersomnolence in regard to patient satisfaction, ability to adhere and continue treatment, and overall quality of life.

Note: *Proposals are encouraged to use standardized, validated assessments, which will permit clinicians and patients to compare clinical trial data to get an estimate of comparative effectiveness*

5. Behavioral and Psychological Treatments for Central Disorders of Hypersomnolence

Reliance on medications alone to treat central disorders of hypersomnolence is likely insufficient without broader guidance on behavioral and psychological influences on symptom management. Examples of topics that fall under this research domain include, but are not limited to:

a. Evaluating cognitive behavioral therapy (in-person, online), other modes of therapy, sleep scheduling, naps for furthering medication effects and/or demonstrating independent treatment benefit.

6. Disparities and Health Access Equity Research for Central Disorders of Hypersomnolence

It is well-known that sleep disturbances and deficiencies affect disadvantaged populations, which lead to disproportionate sleep health disparities in the United States. However, little is known on how to best find, diagnose, and treat individuals with central disorders of hypersomnolence, particularly those from underrepresented communities. This is further hampered by lack of knowledge on central disorders of hypersomnolence among health care providers and the public, which can lead to delayed diagnosis, treatment, and support for people with central disorders of hypersomnolence. Examples of topics that fall under this research domain include, but are not limited to:

a. Developing a sleep disorder screening tool that is inclusive of all central disorders of hypersomnolence and can be used by the public, for example, on a website, where patients can answer a list of questions and receive information on a possible diagnosis, including information on how to follow up with a sleep medicine specialist and connect with patient advocacy groups.
    - Any screening tool developed should consider whether there is a need for customization for people from diverse backgrounds.
    - Delivery of the tool may differ by group.
b. Quantifying access to diagnosis and treatments for less common sleep disorders (e.g., central disorders of hypersomnolence) for people from diverse backgrounds.
c. Initiatives to accurately collect demographic fields in electronic health records to measure current diversity and health equity and lay foundation for further health equity research and improvement.
d. Increasing outreach to historically underserved populations, both patients and future providers.

Dissemination and Implementation Research

Open to **dissemination and implementation sleep research projects.**

It's well-known that there is a significant lag time for biomedical research to reach clinical practice, all while there is rapid development of therapies for sleep and circadian disorders that are not reaching the hands of patients.[1] Dissemination and implementation research can help reduce this gap and increase the uptake of evidence-based research findings into real-world practice settings in order to provide optimal, patient-centered, cost-effective diagnosis and care for people with sleep disorders, which is the goal of the Strategic Research Grant.

Dissemination and implementation are defined as:

- Dissemination is the intentional, active process of identifying target audiences and tailoring communication strategies to increase awareness and understanding of evidence, and to motivate its use in policy, practice, and individual choices.

- Implementation is the deliberate, iterative process of integrating evidence into policy and practice through adapting evidence to different contexts and facilitating behavior change and decision making based on evidence across individuals, communities, and healthcare systems.[2]

The AASM Foundation will support dissemination and implementation sleep research through the Strategic Research Grant focused on these research domains:

1. **Dissemination and Implementation of AASM Clinical Guidance Documents**
   The American Academy of Sleep Medicine (AASM) publishes various guidance documents, such as clinical practice guidelines, clinical guidance statements, position statements, consensus statements and papers, and quality measures. Projects must focus on understanding whether this guidance is followed, identifying barriers to adoption, and evaluating strategies that increase the dissemination, accessibility, and uptake of the AASM's guidance and recommendations among targeted end-users, such as clinicians, patients, caregivers, policymakers, and other healthcare stakeholders.

2. **Dissemination and Implementation of Research Findings from AASM Foundation-Funded Research Projects**
   The AASM Foundation is committed to moving evidence generated from AASM Foundation-funded projects into practice to improve the diagnosis and care for people with sleep disorders. Projects must focus on strategies that facilitate the uptake of AASM Foundation-funded research project findings in real-world practice settings and relevant populations. Applications can be submitted by the original AASM Foundation-funded research project investigator or by an individual investigator with support from the original investigator whose findings are being disseminated or implemented in the project proposal.

[1] Parthasarathy, S., Carskadon, M. A., Jean-Louis, G., Owens, J., Bramoweth, A., Combs, D., Hale, L., Harrison, E., Hart, C. N., Hasler, B. P., Honaker, S. M., Hertenstein, E., Kuna, S., Kushida, C., Levenson, J. C., Murray, C., Pack, A. I., Pillai, V., Pruiksma, K., Seixas, A., … Buysse, D. (2016). Implementation of Sleep and Circadian Science: Recommendations from the Sleep Research Society and National Institutes of Health Workshop. Sleep, 39(12), 2061–2075. https://doi.org/10.5665/sleep.6300

[2] PCORI Dissemination & Implementation Mathematica Framework.
https://www.mathematica.org/publications/pcori-dissemination-and-implementation-framework

Sleep Health Disparities Research

Open to **sleep health disparities research projects among disadvantaged populations in the United States: racial/ethnic minorities, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minority populations.**

It is known that sleep disturbances and deficiencies contribute to poor health and are linked to multiple chronic health problems, mental wellbeing, safety, and work productivity. Additionally, sleep disturbances, deficiencies, and disorders affect disadvantaged populations, which lead to disproportionate sleep health disparities in the United States (US) among Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians, and Other Pacific Islanders, as well socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minority populations.[1] In an effort to reduce or eliminate sleep health disparities in the US and equitably provide optimal, patient-centered, cost-effective diagnosis and care for disadvantaged populations with sleep disorders, the AASM Foundation will support sleep health disparities sleep research by funding Strategic Research Grant projects focused on these research domains:

1. **Screening, Diagnosis and Treatment of Sleep Disorders**
   There is a need to increase access and effectiveness of sleep disorder screening and sleep healthcare services among disadvantaged groups across the lifespan, including pediatric populations. Examples of topics that fall under this research domain include, but are not limited to:
   - Developing approaches to promote screening of poor sleep and sleep disorders among disadvantaged populations in various settings.
   - Expanding access to sleep disorder diagnosis for underrepresented communities.
   - Increasing access to treatment and improve outcomes of sleep disorders among disadvantaged patients.

2. **Development and Evaluation of Interventions**
   There is a need to develop and evaluate innovative, multi-level (patient, provider, health system) interventions that are relevant, culturally acceptable, sustainable, and scalable to targeted disadvantaged groups across the lifespan, including pediatric populations. Examples of topics that fall under this research domain include, but are not limited to:
   - Studying preventive sleep medicine interventions that target disadvantaged populations early in the life course.
   - Evaluating interventions designed to improve sleep health awareness in disadvantaged populations.
   - Adapting and developing evidence-based, culturally appropriate interventions across the life course for disadvantaged populations.
   - Evaluating existing sleep health and sleep disorders interventions and their economic impact, benefits/harms and/or the values and preferences of these interventions for disadvantaged populations.

[1] Jackson, C.L., Walker, J.R., Brown, M.K, Das, R., Jones, N.L. (2020). A workshop report on the causes and consequences of sleep health disparities. Sleep, 43(8). https://doi.org/10.1093/sleep/zsaa037

FUNDING INFORMATION

The Strategic Research Grant program is organized into three categories to allow flexibility and a range of funding opportunities to potential applicants:

- Category I is for those applicants seeking funding for projects up to $250,000 and covers a project period of up to three years.
- Category II is for those applicants seeking funding for projects up to $100,000 and covers a project period of up to two years.
- Category III is for those applicants seeking funding for projects up to $50,000 and covers a project period of up to one year.

There are no restrictions on the distribution of expenses, however, indirect costs are capped at 8%. The grant is executed as a contract between the AASM Foundation and the grantee's institution. A sample contract is available here.

Obstructive Sleep Apnea (OSA) Research Gaps, AASM Strategic Plan Goals, Dissemination and Implementation Research and Sleep Health Disparities Research: Open to all three funding categories, with indirect costs capped at 8%

- Supported by AASM Foundation general funds.

Central Disorders of Hypersomnolence Research: Open **only** to Category III proposals, with indirect costs capped at 8%

- Supported by the Hypersomnia Foundation and AASM Foundation general funds.
- Supported by AASM Foundation general funds.

ELIGIBILITY

The following individuals are eligible to apply:

- Sleep scientists with a master's level degree (MA, MS, MSN, MPH, or equivalent) or higher (MD, DO, DDS, DMD, DNP, DNSc, PharmD, PhD, or equivalent) are eligible to apply.
- U.S. and international applicants are eligible to apply.

INELIGIBILITY

The following individuals are not eligible to apply:

- Individuals 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.
- Current AASM and AASM Foundation Board of Directors members are not eligible to apply and cannot be listed as a PI, co-PI, key personnel, mentor (paid or unpaid) or paid consultant 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.

NUMBER OF APPLICATIONS AND SCIENTIFIC OVERLAP

Individuals may apply for multiple AASM Foundation grants. However, the same proposal (i.e., projects with budgetary and scientific overlap) may only be submitted for some requests for applications in a given cycle. Additionally, if an individual submits more than one application in the same Strategic Research Grant cycle, the AASM Foundation will only approve funding one grant should multiple proposals submitted by the applicant receive a competitive score.

Individuals who are the Principal Investigator on an open AASM Foundation research grant at the time of the application deadline can apply if they can demonstrate that there is no budgetary or scientific overlap between their open grant and the new project they are applying for funding. If there is budgetary and/or scientific overlap between projects, the applicant must indicate their plan to close their open grant in the event their new application is selected for funding (e.g., relinquish the current grant or complete the current grant to start the new grant).

Additionally, individuals who are seeking funding from AASM Foundation research grants to support ongoing projects currently funded by another granting body or supplement ongoing work (e.g., enrolling additional subjects into an ongoing trial) are not eligible to apply. The principal investigator will be required to make a statement regarding any overlap in their Other Support page of the application.

LETTER OF INTENT REQUIREMENT

This grant is a two-stage application process, in which a letter of intent (LOI) is required prior to submission of a full application. Applicants will then be notified whether they will be invited to submit a full application. If the LOI is not approved, the applicant may not apply for the grant. Please note that the information submitted in the LOI (e.g., grant category, key personnel, research domain) is final and those invited to submit a full application will be

bound by the content of their approved LOI unless a modification was specifically requested or approved by the AASM Foundation.

For an overview on how to write an effective LOI and Application for the AASM Foundation Strategic Research Grant, please view the following resources:

Strategic Research Grant Letter of Intent Guide

Strategic Research Grant: How to Submit a Competitive Letter of Intent and Application Webinar

LOI REVIEW CRITERIA

For applicants who voluntarily submit a LOI, the AASM Foundation Executive Committee will review all submitted LOIs. The following criteria will be considered in determining whether the applicant will be invited to submit a full application for consideration:

1. **Responsiveness:** Responsiveness to one of the topic areas being requested as part of this RFA.
2. **Significance:** Potential significance of the planned research in addressing important problems or critical barriers needed to progress the sleep medicine field.
3. **Strategic Goal Alignment:** Alignment with the AASM Foundation's strategic goal of improving patient-centered care through high impact research.

APPLICATION REVIEW CRITERIA AND PROCESS

Once LOIs are reviewed, invitations will be sent out to applicants who have a favorably reviewed LOI so a full application may be submitted. For invited applicants who submit a full application, a grant review committee, appointed by the AASM Foundation Executive Committee, will evaluate and score all submitted applications. Factors that will be taken into consideration include:

1. **Significance:** Strong scientific premise of planned research in addressing important problems or critical barriers needed to progress the sleep medicine field.
2. **Investigators:** Experience, training, and ongoing record of accomplishments of the principal investigator(s) and key personnel.
3. **Innovation:** Use of novel theoretical concepts, approaches or methodologies, instrumentation, or interventions that challenge and seek to shift current research or clinical practice paradigms.

4. **Approach:** Strategies to ensure a robust and unbiased approach, methodology, analyses, and benchmarks for success are well-reasoned and appropriate for the specific aims of the planned research.
5. **Environment:** Institutional support, availability of equipment and other physical resources that contribute to the probability of success of the planned research.

Only materials submitted within the application will be used in the evaluation of applications. The AASM Foundation Executive Committee will submit funding recommendations to the AASM Foundation Board of Directors based on the Grant Review Committee scores and consideration of the AASM Foundation's strategic priorities. The AASM Foundation Board of Directors will make the final funding decisions.

PAYMENT SCHEDULE

Category I Grants	
Payment #1 – Upon execution of contract	50%
Payment #2 – At project midpoint after approval of Progress Report	40%
Payment #3 – Upon receipt and approval of Final Report	10%

Category II and Category III Grants	
Payment #1 – Upon execution of contract	90%
Payment #2 – Upon receipt and approval of Final Report	10%

If unique circumstances are explained in the budget justification of the applicant's proposal, the Board of Directors will consider requests for an alternate payment schedule, with a maximum variance of 10%.

APPLICATION RESUBMISSION POLICY

Past applicants of the Strategic Research Grant who were not funded are allowed a single resubmission within 12 months of receipt of the original application notification if the project is still relevant to the topics of interest in the current RFA.

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. Additionally, the applicant must submit a new letter of intent and indicate that this is a resubmitted project being proposed. If invited to submit a full application, the resubmission must include the reviewer's critiques and a response to the original application's reviewers.

DELIVERABLES AND EXPECTED OUTCOMES

Outcomes are an essential component of this grant. All proposals must identify the goals and appropriate outcome measures of the research. The outcomes should align with the goals and objectives stated in the applicant's proposal for this grant. As such, the following deliverables are required:

- The applicants must address the specific aims and any major modification requires AASM Foundation Board of Directors or Executive Committee approval.
- The AASM Foundation expects that the research funded by this grant will lead to the publication of original research in peer-reviewed journals, such as the *Journal of Clinical Sleep Medicine,* and submission of an abstract to the Associated Professional Sleep Societies (APSS) for presentation at the annual SLEEP meeting. The plan and costs for these deliverables must be stated in the application.
- The applicant must submit progress and final reports during the project period and set deadlines, describing project activities and results, as outlined below. Failure to submit reports per the established schedule will result in withholding grant payments from the sponsoring organization and the grant recipient becoming ineligible to apply for future AASM Foundation funding until all outstanding reporting is up to date.

REPORTING SCHEDULE

Category I and Category II Grants	
Progress Report	Annually
Final Report	Within 90 days of grant completion

Category III Grants	
Progress Report	Six months
Final Report	Within 90 days of grant completion

The due dates for progress and final reports are established after a grant contract is executed between AASM Foundation and sponsoring organization.

HUMAN/ANIMAL SUBJECT PROTECTION PLAN

If using human or animal subjects, the applicant will be responsible for obtaining Institutional Review Board (IRB) or Institutional Animal Care and use Committee (IACUC) approval. The IRB or IACUC letter of approval for the specified project must be on file with the AASM Foundation office prior to the execution of the contract. No funds will be released for the project without receipt of written approval by an IRB or IACUC. Failure to obtain IRB or IACUC approval will result in retraction of the grant.

LOI AND APPLICATION

Step 1: AASM Foundation Grants Online Portal Registration

To apply for this grant, you must register on AASM Foundation Grants Online Portal. Please refer to the AASM Foundation Grants Online Portal User Access Guide for guidance on setting-up an account.

Step 2: Complete LOI Submission

ACCESS THE 2025 STRATEGIC RESEARCH GRANT ETTER OF INTENT

The LOI Checklist below shows required attachments to be uploaded. For an overview of the information that is requested on the LOI form, please download the 2025 Strategic Research Grant Letter of Intent Outline.

LOI CHECKLIST

Form	Page/Word Limit
☐ **Project Information**	
☐ **Principal Investigator**	
☐ **Letter of Intent**	3 pages, excluding references

Step 3: Complete Application (invited applicants only)

For invited applicants, full applications must be completed and submitted through AASM Foundation Applicant Portal. A special link for submitting the full application will be sent to invited applicants. Instructions for required forms are available via the online submission system. The Application Checklist below shows required attachments to be uploaded. For an overview of the information that is requested on the application form, please download the 2025 Strategic Research Grant Application Outline.

APPLICATION CHECKLIST (INVITED APPLICANTS ONLY)

Note: The principal investigator, sponsoring organization, and project information will be pre-populated in the application form. Any changes require prior approval from the AASM Foundation.

Form	Page/Word Limit
☐ **Project Information**	

☐ **Organization Information**	
☐ **Authorized Representative**	
☐ **Research Plan and Goals** A. Abstract B. Research plan and goals	A. 200 words, max B. 6 pages, excluding citations
☐ **Principal Investigator(s)** A. Biosketch B. Other Support Page	A. 5 pages, max B. No page limit
☐ **Project Personnel** A. Biosketch B. Other Support Page	A. 5 pages, max B. No page limit
☐ **Letters of Support**	1 page each
☐ **Budget and Budget Justification** A. Budget B. Budget justification	B. 2 pages
☐ **Human Subjects/Animal Research Protection Plan**	3 pages
☐ **Response to Reviews (Resubmitted applications only)** A. Response letter to critiques B. Reviewer critiques and summary statement	A. 1 page

APPLICATION QUESTIONS

Frequently asked questions for our grant programs can be found here.

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 an application deadline may not be answered before the deadline.