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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 Physician Scientist Training 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 Physician Scientist Training Grant supports early-career physician-scientists committed to advancing sleep and circadian science research. This grant provides protected time for physician-scientists to engage in a mentored research project, allowing them to build a track record of funding, become competitive for larger grants, and prepare for larger studies.

Applicants must meet the following eligibility criteria:

**Eligibility**

* Individuals with an MD, DO, or equivalent medical degree.
* Individuals within 10 years of post-doctoral or clinical training or within 10 years of beginning their first faculty appointment.
* International applicants, who meet all the eligibility criteria and whose sponsoring organization can accept the payment of grant funds in U.S. dollars, are eligible to apply.

**Ineligibility**

* Individuals who have received independent research funding of more than $250,000 are not eligible to apply. This does not apply to post-doctoral/ fellowship level training grants primarily covering the applicant’s salary (e.g., NRSAs).
* 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.*

* Individuals and organizations located in, or operating from, [countries subject to U.S. Office of Foreign Assets Control sanctions](https://ofac.treasury.gov/sanctions-programs-and-country-information) are not eligible to receive AASM Foundation funding.

**Applications are due on January 6, 2025 by 11:59 pm ET and funding decisions will be made no later than May 7, 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.*

**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, intervention/comparator, methodology, study design and type of research.*

**Type of Subjects**

*Please specify what type of subjects are involved in your project and provide appropriate plans (in the respective group).*

* Animals
* Human Subjects - Exempt
* Human Subjects - Non-Exempt
* None of the above

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

**Is this a new application or a resubmission of a previously unfunded application?**

* New Application
* Resubmission

**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

*Enter the abbreviation for the State/Province/Region/Territory*

Zip/Postal Code

Country

**Authorized Representative**

**Authorized Representative** *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*). *If you are the Principal Investigator for this project, please invite your institution’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-Research-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

**Research Plan and Goals**

**Abstract** *[200 words maximum / 1500 characters]*

**Research Plan and Goals**

Upload a document with up to six additional pages to describe your research plan and goals. Your description should include the following sections:

1. Background
2. Methods, including evaluation methodology
3. Deliverables and expected outcomes

Note: Please reference the funding opportunity for required deliverables

1. Discussion of the significance of the research
2. A timeline for the conduct of the project (including progress reporting schedule)
3. If using any databases, such as the National Sleep Research Resource, include a statement that you have permission and access to use
4. Institutional resources available for the project
5. References (not included in the page limit)

Formatting Requirements:

* Limited to 6 pages, excluding references
* Times New Roman 11 pt. or 12 pt. font required with all margins no less than 0.50 inches

**Career and Mentoring Plan**

**Career Plan**

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

Formatting Requirements:

* Limited to 2 pages, excluding references
* Times New Roman 11 pt. or 12 pt. font required with all margins no less than 0.50 inches

**Mentoring Plan**

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.

Formatting Requirements:

* Limited to 2 pages, excluding references
* Times New Roman 11 pt. or 12 pt. font required with all margins no less than 0.50 inches

**Contact Principal Investigator**

**Contact Principal Investigator**

Fill in the corresponding information for the Principal Investigator (First Name, Last Name, Degree/Credentials, Preferred Pronouns, and Email)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Degree/Credentials | Preferred Pronouns | Email |
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**Contact PI: Biosketch**

**Biosketch must be in the current NIH Biosketch format**. Samples and format information can be found here: [NIH Biosketch Template](https://grants.nih.gov/grants/forms/biosketch-blank-format-rev-10-2021.docx)

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

**Contact PI: Other Support Page**

**Other Support Page must be in the current 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.

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

**Key Project Personnel**

**Key Personnel**

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

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| --- | --- | --- | --- | --- | --- |
|  | First Name | Last Name | Degree / Credentials | Email | Role |
| **Key Personnel #1** |  |  |  |  | * Principal Investigator * Key Personnel * Mentor * Other |
| **Key Personnel #2** |  |  |  |  | * Principal Investigator * Key Personnel * Mentor * Other |
| **Key Personnel #3** |  |  |  |  | * Principal Investigator * Key Personnel * Mentor * Other |
| **Key Personnel #4** |  |  |  |  | * Principal Investigator * Key Personnel * Mentor * Other |
| **Key Personnel #5** |  |  |  |  | * Principal Investigator * Key Personnel * Mentor * Other |

**Key Personnel Role: Other (please describe)**

|  |  |
| --- | --- |
|  | Role: Other (please describe) |
| **Key Personnel #1** |  |
| **Key Personnel #2** |  |
| **Key Personnel #3** |  |
| **Key Personnel #4** |  |
| **Key Personnel #5** |  |

**Key Personnel Biosketch Uploads**

**Biosketch must be in the current NIH Biosketch format**. Samples and format information can be found here: [NIH Biosketch Template](https://grants.nih.gov/grants/forms/biosketch-blank-format-rev-10-2021.docx)

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

**Key Personnel #1: Biosketch**

**Key Personnel #2: Biosketch**

**Key Personnel #3: Biosketch**

**Key Personnel #4: Biosketch**

**Key Personnel #5: Biosketch**

**Key Personnel Other Support Page Uploads**

**Other Support Page must be in the current 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.

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

**Key Personnel #1: Other Support Page**

**Key Personnel #2: Other Support Page**

**Key Personnel #3: Other Support Page**

**Key Personnel #4: Other Support Page**

**Key Personnel #5: Other Support Page**

**Letters 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 grant. This letter should also document that you will have protected time to complete the proposed work.

Additionally, provide a letter of support from your Department Chair or Fellowship Program Director. The letter of support should indicate continued departmental support during the period of the grant.

Finally, 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.

Upload the mentor and additional letters of support as one pdf file.

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**

**Project Personnel Effort**

List all key personnel (including principal investigator and multi-principal investigators) and other personnel base salary, and percent effort. If no salary requested, use $0 and indicate contributed effort.

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| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Base Salary Amount ($)** | **Percent Effort**  **(1 – 100%)** | **Amount Requested ($)** |
|  | * Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor   Other |  |  |  |
|  | * Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  |  |  |  | TOTAL: |

**Fringe Benefits**

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

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| **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 (i.e., Journal of Clinical Sleep Medicine), submission of abstract, and travel to conference to present work (i.e., SLEEP meeting).

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| **Other item** | **Amount Requested ($)** |
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**Total Funding Request and Justification**

**Total Costs and Funding Request**

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| --- | --- |
| **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*

**Animal Research**

**Institutional Animal Care and Use Committee (IACUC) Upload**

An IACUC application must be provided.

**Human Subjects Research – Exempt**

**Human Exempt Research Plan**

Please provide the following:

1. Risk to Human Subjects
2. Human subject involvement and characteristics
3. Source of materials
4. Potential risks
5. Proposed involvement
6. Sample size, age range and health status
7. Inclusion/exclusion criteria
8. Rationale for recruiting special categories (children, pregnant women etc.)
9. Collaborating sites (if any)
10. Adequacy of protection against risks
11. Recruitment and informed consent
12. Planned procedures for minimizing risks and protecting against risks
13. Potential benefits of the proposed research to human subjects and others
14. Discuss the favorable risk-to-benefit ratio of the proposed research study
15. Importance of knowledge to be gained
16. Discuss the importance of the knowledge gained or to be gained as a result of the proposed research
17. Data and safety monitoring plan (if any)

Formatting Requirements:

* Limited to 3 pages
* Times New Roman 11 pt. or 12 pt. font required with all margins no less than .50 inches.

**Human Subject Research – Non-Exempt**

**Human Non-Exempt Research Plan**

Please provide the following:

1. Risk to Human Subjects
2. Human subject involvement and characteristics
3. Source of materials
4. Potential risks
5. Proposed involvement
6. Sample size, age range and health status
7. Inclusion/exclusion criteria
8. Rationale for recruiting special categories (children, pregnant women etc.)
9. Collaborating sites (if any)
10. Adequacy of protection against risks
11. Recruitment and informed consent
12. Planned procedures for minimizing risks and protecting against risks
13. Potential benefits of the proposed research to human subjects and others
14. Discuss the favorable risk-to-benefit ratio of the proposed research study
15. Importance of knowledge to be gained
16. Discuss the importance of the knowledge gained or to be gained as a result of the proposed research
17. Data and safety monitoring plan (if any)

Formatting Requirements:

* Limited to 3 pages
* Times New Roman 11 pt. or 12 pt. font required with all margins no less than .50 inches.

**Response to Reviews**

For resubmitted applications, provide a response letter to the critiques and the reviewer critiques and a summary statement (if the application was discussed by the grant review committee).

**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

**Reviewer Critiques and Summary Statement**

**Demographic Questions**

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