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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 2026 Strategic Research 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. |

**2026 Strategic Research Grant Full Application**

The AASM Foundation is committed to improving patient-centered diagnosis and care for all people with sleep disorders. To ensure that there is a continued advancement in effective diagnosis and care of people with sleep disorders, the AASM Foundation provides research funding through the Strategic Research Grant. This grant is investigator-initiated and supports high-impact research projects aimed at addressing gaps in knowledge that impact the ability to provide optimal, patient-centered, cost-effective diagnosis and care for people with sleep disorders.

The Strategic Research Grant requests applications and is open to specific topics. The applicant must select one of the following topics: AASM Clinical Practice Guidelines: Research Gaps & Dissemination and Implementation; AASM Strategic Plan Goals; Obstructive Sleep Apnea (OSA) Research Gaps.

Applicants must meet the following eligibility criteria:

**Eligibility**

* 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.
* 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 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 are not eligible to receive AASM Foundation funding.

**Applications are due on March 9, 2026 by 11:59 pm ET and funding decisions will be made no later than June 18, 2026.**

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 inquiries submitted two business days prior to an application deadline may not be answered in time.

*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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| **Project Information** |

**Project Title**

*Note: Your response to this question from the Letter of Intent will carry over to this form.*

**Project Keywords**

*Note: Your response to this question from the Letter of Intent will carry over to this form.*

*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.*

**Research Focus**

*Note: Your response to this question from the Letter of Intent will carry over to this form.*

* AASM Clinical Practice Guidelines: Research Gaps & Dissemination and Implementation
* AASM Strategic Plan Goals
* Obstructive Sleep Apnea (OSA) Research Gaps

**Topic**

*Note: Your response to this question from the Letter of Intent will carry over to this form.*

* Treatment of central disorders of hypersomnolence
* Treatment of restless legs syndrome and periodic limb disorder
* Treatment of central sleep apnea in adults
* Evaluation and management of obstructive sleep apnea in adults hospitalized for medical care
* Sleep Medicine Awareness
* Practice Success
* Technology Implementation
* Not Applicable

**Type of Subjects**

*Note: Your response to this question from the Letter of Intent will carry over to this form.*

*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

**Strategic Research Grant Category**

*Note: Your response to this question from the Letter of Intent will carry over to this form.*

*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.*

* Category I
* Category II
* Category III

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

*Note: Your response to this question from the Letter of Intent will carry over to this form.*

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

*Note: Your response to this question from the Letter of Intent will carry over to this form.*

* New Application
* Resubmission

**Organization Information**

Organization Name

*Note: Your response for this question from the Letter of Intent will carry over to this form.*

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.*

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

**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. 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)

Formatting Requirements:

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

*[Upload Field]*

**Contact Principal Investigator**

*The* [National Institutes of Health](https://grants.nih.gov/grants/multi_pi/) *defines a Principal Investigator 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 PD/PIs who share the authority and responsibility for leading and directing the project, intellectually and logistically. Each PD/PI 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 PD/PI on an application or award diminishes neither the responsibility nor the accountability of any individual PD/PI.”*

How many Principal Investigators will be involved in the project?

* 1
* 2
* 3

**Contact Principal Investigator**

*Note: Your response for this question from the Letter of Intent will carry over to this form.*

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.*

**Principal Investigator #2**

**Principal Investigator #2 Information**

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

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| First Name | Last Name | Degree/Credentials | Preferred Pronouns | Email |
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**PI #2: 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.*

**PI #2: 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.*

**Principal Investigator #3**

**Principal Investigator #3 Information**

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

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| First Name | Last Name | Degree/Credentials | Preferred Pronouns | Email |
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**PI #3: 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.*

**PI #3: 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. Key personnel include multi-principal investigators, 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.

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

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

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|  | 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**

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| **Letters of Support** |

Provide letters of support, if any. 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 and Budget Justification (Year 1)**

**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 * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor   Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
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|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor   Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
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**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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**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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**Subtotal Costs and Funding Request**

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

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| **Subtotal Direct Costs ($)** |  |
| **Subtotal Indirect Costs ($)** |  |
| **Subtotal Funding Request (Year 1)** |  |

**Budget and Budget Justification (Year 2)**

**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 * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor   Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor   Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
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**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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**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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**Subtotal Costs and Funding Request**

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

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| **Subtotal Direct Costs ($)** |  |
| **Subtotal Indirect Costs ($)** |  |
| **Subtotal Funding Request (Year 2)** |  |

**Budget and Budget Justification (Year 3)**

**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 * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor   Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor   Other |  |  |  |
|  | * Principal Investigator * Multi-Principal Investigator * Key Personnel * Mentor * Other |  |  |  |
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**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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**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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**Subtotal Costs and Funding Request**

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

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| **Subtotal Direct Costs ($)** |  |
| **Subtotal Indirect Costs ($)** |  |
| **Subtotal Funding Request (Year 3)** |  |

**Total Funding Request and Justification**

**Total Costs and Funding Request**

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

**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).

**Upload: 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

**Upload: Reviewer Critiques and Summary Statement**