**Letter of Intent Cover Page**

|  |  |  |
| --- | --- | --- |
| Primary Investigator - Attach current biosketch (up to 2 pages total)  Name:  Institution/Practice:  Title of Project: | | |
| Team Members  Name:  Name:  Name:  Name:  Name: | Role:  Role:  Role:  Role:  Role: | Institution/Practice:  Institution/Practice:  Institution/Practice:  Institution/Practice:  Institution/Practice: |

**Research Domain of your proposal: (check the one that applies)**

1.  Dental Sleep Medicine practice modifications during the Covid-19 pandemic

2.  PAP vs. OAT in the era of COVID-19

Below, please provide a brief statement (300 words or less) about how the proposed project meets the objectives of this RFA and the potential impact of the proposed work on clinical care for patients with sleep disorders.

Please list of any other current sources of research support, including the source, amount, and short project description (150 words or less).

Attach a 1-2 page synopsis of the proposed project including:

1. A brief summary of relevant literature supporting the application,
2. The proposed study’s specific aims,
3. A brief summary of the study methods, and
4. A description of the data analysis plan

**Full Application Checklist**

The following items must be provided with your application to the AADSM for consideration of the award.

|  |
| --- |
| **Form 1 – Face Page *(limited to 1 page)*** |
| Contact information for applicant |
| Host institution contact information - include individual for contract negotiation |
| Signature of Applicant |
| Signature of Institution Representative |
|  |
| **Form 2 – Goals and Activities Planned *(limited to 6 pages)*** |
|  |
| **Form 3 –Biosketches *(limited to 2 pages per person)*** |
|  |
| **Form 4 – Budget** |
|  |
| **Form 5 – Human Subject Protection Plan *(limited to 3 pages)*** |
| Plan addressing risks to human subjects |
|  |
| **Form 6 – Copy of the LOI Approval Memo** |
|  |

**Form 1 – Face Page**

|  |  |  |
| --- | --- | --- |
| **APPLICANT INFORMATION** | | |
| **Applicant Full Name:** | | |
| **Applicant Institution/Practice:** | | |
| **Applicant AADSM Member Number:** | | |
| **Street Address:** | | |
| **City, State/Province, Zip/Postal Code:** | | |
| **Telephone:** | **Email:** | |
| **TITLE OF PROJECT** | | |
|  | | |
| **HOST INSTITUTION/OWNER OF PRACTICE** | | |
| **Contact Person:** | | |
| **Position:** | | |
| **Street Address:** | | |
| **City, State/Province, Zip/Postal Code:** | | |
| **Telephone:** | **Email:** | |
| I certify that all of the statements in this application are true to the best of my knowledge, and I agree to comply with all the terms and conditions of the contract if an award is issued as a result of this application. | | |
| **Signature of Applicant:** | | **Date:** |
| Print Name: | | |
| **Sponsoring**  **Organization Representative \*:** | | **Date:** |
| Print Name: | | |

\*An authorized representative from the University’s Sponsored Projects, Awards Management Office or Research Administration Office (this excludes departmental officials, such as the Departmental Chair or Division Chief) or the owner of the dental practice. An original of Form 1 (Face Page) must be signed in ink by the Applicant and a representative of the Sponsoring Organization and mailed to the AADSM office within 10 business days of the application deadline.

**Mail original to:**

**American Academy of Dental Sleep Medicine**

**1001 Warrenville Road, Suite 175**

**Lisle, IL 60532**

**Attn: Heather Montague**

**Form 2 – Goals and Activities Planned**

|  |  |
| --- | --- |
| **GOALS AND ACTIVITIES PLANNED** | |
| **Title of Project:** | **Duration of Project:** |
| **Applicant Name:** |  |

Use this page and up to five additional pages to describe your research plan. Your description should include the following sections:

1. Abstract (200 words maximum)
2. Background
3. Methods, including evaluation methodology
4. Outcome measures and deliverables (must include 6-month progress reports)
5. Discussion of the significance of the research
6. A timeline for the conduct of the project
7. Citations (not included in page limit)

***Text should be single spaced with minimum font-size of Arial 11 pt, or Times New Roman 12 pt.***

**Form 3 – Biosketches**

|  |  |
| --- | --- |
| **BIOSKETCH** | |
| **TITLE OF PROJECT** | |
|  | |
| **Applicant Name:** | **Applicant Position Title:** |

***Use this page and one additional page per person, to provide background information about the applicant and key members of the research team, including all sites in multi-center research applications***.

**Education/Training:**

(Begin with baccalaureate and include dental/medical school, residency and fellowship and graduate training)

|  |  |  |  |
| --- | --- | --- | --- |
| Institution and Location | Degree (if any) | Years | Field of Study |
|  |  |  |  |

**Positions and Honors:**

**Selected Peer-reviewed Publications:**

**Current and Prior Research Funding:**

**Form 4 – Budget and Budget Justification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BUDGET and BUDGET JUSTIFICATION** | | | | | |
| **Title of Project:** | | | **Dates of Project:** | | |
| **Applicant Name:** | | | **Institution/Affiliation:** | | |
| **SALARIES** | | | | | |
| **Person** | **Title** | **Base Salary** | | **Hours on Project** | **Total** |
| 1. |  |  | |  |  |
| 2. |  |  | |  |  |
| 3. |  |  | |  |  |
| **FRINGE BENEFITS** | | | | | |
| **Person** | | **Title** | | | **Total** |
| 1. | |  | | |  |
| 2. | |  | | |  |
| 3. | |  | | |  |
| **SUPPLIES: (itemize and provide brief justification)** | | | | | **Amount** |
|  | | | | |  |
| **OTHER: (itemize and provide brief justification)** | | | | | **Amount** |
|  | | | | |  |
| Total Direct Costs | | | | |  |
| Indirect Costs (must not exceed 8% of direct costs) | | | | |  |
| Total Funding Request (must not exceed $25,000) | | | | |  |

**Budget Justification** (up to 2 additional pages) should include the rationale for each item listed as a direct cost in the table above. 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 completion of the proposed project.

**Form 5 – Human Protection Plan / Institutional Animal Care and Use Committee (IACUC)**

**All applications should specify one of the three scenarios provided below. If you are unsure of which scenario best applies to your research, if applicable, contact your institution’s IRB. Check one of the following applicable scenarios for the proposed research:**

(I) No Human Subjects Research Proposed

(II) Human Subjects Research Proposed – categorized as Exempt

(III) Human Subjects Research Proposed – Non-exempt

**If Response is Scenario (I):** It is generally applicable to studies involving animal experimentation. In this case, plan for IACUC application should be provided under category addressing “IACUC/Humane Treatment of Animals.”

**If Response is Scenario (II):** Plans for addressing risk to human subjects, adequacy of protection against risks, and potential benefits of proposed research and importance of knowledge to be gained should still be provided as requested in required response for scenario (III). Upon finding, the local IRB determination of exemption and approval of this specific study under such an exempt status should be provided to the AADSM office.

**If Response is Scenario (III):** The following items should be addressed in the award application.

**All scenarios should contain the information pertaining to the following categories, which is required:**

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