

# **Special Projects Grant Application Instructions**

The ASET Foundation accepts applications for funding in the following categories supporting the field of neurodiagnostic technology. Applications must be received by July 1 and are evaluated within six weeks of the filing deadline.

Please check one or more categories that describe your request:
Neurodiagnostic curriculum development
Neurodiagnostic educational publications development
Neurodiagnostic educator development
Neurodiagnostic clinical site support
Other project supporting ASET Foundation's mission
Note: The ASET Foundation will not fund research on products or equipment for neurodiagnostics, nor will it fund capital equipment for clinical practice in neurodiagnostics.
All applications, including all supporting documentation, must be submitted

Applications from entities other than the ASET Board of Trustees must provide the following with their application:

electronically either as Word or .PDF files. Proposals submitted by facsimile will not

- 1. Describe the organization's history, major accomplishments and programs or activities.
- 2. Who are your constituents? (be specific about demographics such as gender, ethnicity, age, sexual orientation and people with disabilities) How they are actively involved in your work and how do they benefit from this program and/or your organization?
- 3. If you are a state, regional or national organization, describe your work.
- 4. Attach your organization's budget for the past two years, and the current year.
- 5. Provide a copy of your most recent IRS tax return.

be accepted.

6. List of board members and a copy of your current bylaws.

# **ASET Foundation Special Projects Grant Application Cover Sheet**

	APPLICANT IN	FORMATION	
Name of organization (if ASET, go	to Contact Person line)		
Address	City, State	Employer Identific	cation Number (EIN)
Phone	Fax	Web site	
Name of top paid staff	Title	Phone	E-mail
Name of contact person regardi	ng this application Title	Phone	E-mail
	PPOPOSALIN	NFORMATION	
L Please give a 2-3 sentence		VI ORMANON	
	summary of request:	Geographic area serv	ved:
Population served:	summary of request:	Geographic area serv	ved:
Please give a 2-3 sentence Population served:  Funds are being requested  Neurodiagnostic Curri	s summary of request:	Geographic area serv	c Educational
Population served: Funds are being requested	summary of request:	Geographic area serve): Neurodiagnostic	c Educational nent c Clinical Site
Population served:  Funds are being requested  Neurodiagnostic Curri  Neurodiagnostic Educ	summary of request:	Geographic area serve):  Neurodiagnostic Publication Developm Neurodiagnostic Development Suppor	c Educational nent c Clinical Site
Population served:  Funds are being requested  Neurodiagnostic Curri  Neurodiagnostic Educ	summary of request:  If for (check at least one culum Development cators Development	Geographic area serve):  Neurodiagnostic Publication Developm Neurodiagnostic Development Suppor	c Educational nent c Clinical Site
Population served:  Funds are being requested  Neurodiagnostic Curri  Neurodiagnostic Educ	e summary of request:  If for (check at least one culum Development cators Development at the Mission of the AS	Geographic area serve):  Neurodiagnostic Publication Developm Neurodiagnostic Development Suppor	c Educational nent c Clinical Site



## **ASET Foundation Special Projects Grant Application Form**

Please use the following outline as a guide to your proposal narrative. The narrative should be no more than 5 pages, excluding attachments.

- I. Purpose of the Grant
  - A. Situation
    - a. The opportunity, challenges, issues or need that your proposal addresses.
    - b. How that focus was determined and who was involved in that decision-making process.
  - B. Activities
    - a. Overall goal(s) regarding the situation described above.
    - b. Objectives or ways in which you will meet the goal(s).
    - c. Specific activities for which you seek funding.
    - d. Who will carry out those activities.
    - e. Time frame in which this will take place.
    - f. How the proposed activities will benefit the neurodiagnostic community, being as clear as you can about the impact you expect to have.
    - g. Long-term funding strategies (if applicable) for sustaining this effort.
- II. Attachments/Requirements
  - A. Evaluation: Briefly describe your plan for evaluating the success of the project. What questions will be addressed? Who will be involved in evaluating this work—staff, board, committee, constituents, community, consultants? How will the evaluation results be used?
  - B. Who will be involved in carrying out the plans outlined in this request? Include a brief paragraph summarizing the qualifications of key individuals involved.
  - C. Budget

a.	Indicate	the :	fundina	period:	to .	

b. Income and Expenses – Refer to attached sample budget format

If you have questions about this application, please contact Arlen Reimnitz, ASET Foundation Executive Director, at 816.931.1120, ext. 101 or arlen@aset.org.

## **ASET Foundation Special Projects Grant Application Budget**

Please identify the proposed project budget using the following sample budget format as a guide.

### **Proposed Special Project Budget**

#### **INCOME**

Meeting Registrations
Government Grants/Contracts
Corporate Underwriting/Sponsorship
Individual Contribtions
Fundraising Events
Product Sales
Other Funds [explain source]
In-Kind Support [explain source & include estimated value]
Other [earned income, consulting fees, etc., if applicable]

TOTAL INCOME 0

#### **EXPENSE**

Other [specify]

Salaries & Wages\*
Employee Benefits/Payroll Taxes
Consultants/Professional Fees
Travel
Equipment
Supplies
Training
Printing/Copying
Phone/Fax
Internet/Website
Postage/Delivery
Rent/Utilities
In-Kind Expense

TOTAL EXPENSE 0

NET PROFIT/(LOSS) 0

<sup>\*</sup>Include break down by individual position; Indicate full or part-time position.