



## 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 June 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 electronically either as Word or .PDF files. Proposals submitted by facsimile will not be accepted.

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

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

# ASET Foundation Special Projects Grant Application Cover Sheet

Date of Application \_\_\_\_\_

## APPLICANT INFORMATION

\_\_\_\_\_  
Name of organization (if ASET, go to Contact Person line)

\_\_\_\_\_  
Address City, State Employer Identification Number (EIN)

\_\_\_\_\_  
Phone Fax Web site

\_\_\_\_\_  
Name of top paid staff Title Phone E-mail

\_\_\_\_\_  
Name of contact person regarding this application Title Phone E-mail

## PROPOSAL INFORMATION

Please give a 2-3 sentence summary of request:

Population served: \_\_\_\_\_ Geographic area served: \_\_\_\_\_

Funds are being requested for (check at least one):

\_\_\_\_ Neurodiagnostic Curriculum Development      \_\_\_\_ Neurodiagnostic Educational  
Publication Development

\_\_\_\_ Neurodiagnostic Educators Development      \_\_\_\_ Neurodiagnostic Clinical Site  
Development Support

\_\_\_\_ Other Project Supporting the Mission of the ASET Foundation

## BUDGET

Dollar amount requested: \$ \_\_\_\_\_

## AUTHORIZATION

Signature and title \_\_\_\_\_



## 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 funding 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](mailto: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 Contributions  
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

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  
Other [specify]

**TOTAL EXPENSE** 0

**NET PROFIT/(LOSS)** 0

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