

**Child Neurology Foundation Awards**

Dr. Kenneth Swaiman, one of the nation’s first pediatric neurologists, founded the Child Neurology Society in 1972 and established the Child Neurology Foundation in 2001. While the Society is the professional organization for the nation’s pediatric neurologists, the Foundation is committed to serving as a connective center of education and support for children and their families living with neurologic conditions. The following Grants supported by the CNF are offered to members of the CNS:

**Pediatric Epilepsy Research Foundation (PERF) Shields Research Grant** supports **translational or clinical research** by a child neurologist or developmental pediatrician early in his/her academic career. The selected investigator will receive a $150,000 grant of $75,000 per year for two years. The Shields Grant is supported by the Pediatric Epilepsy Research Foundation (PERF).

* **Eligibility Criteria**
* 1. The applicant completed training in child neurology or neurodevelopment disabilities in an ACGME-approved program no more than eight years prior to application.
* 2. The PERF Shields Grant must have a clinical research/patient care component. Research does not need to focus on epilepsy.
* 3. The applicant is a legal resident of the United States or Canada.
* 4. The applicant is a Junior or Active member of the Child Neurology Society.
* 5. Currently funded research is disqualified with the exception of an NIH K12 grant.

**Pediatric Epilepsy Research Foundation (PERF) Elterman Research Grant** supports **clinical or basic science research** by a child neurologist or developmental pediatrician early in his/her academic career. The selected investigator will receive a $150,000 grant of $75,000 per year for two years. The Elterman Grant is supported fully by PERF.

* **Eligibility Criteria**
* 1. The applicant completed training in child neurology or neurodevelopment disabilities in an ACGME-approved program no more than eight years prior to application.
* 2. The applicant is a legal resident of the United States or Canada.
* 3. The applicant is a Junior or Active member of the Child Neurology Society.
* 4. Currently funded research is disqualified with the exception of an NIH K12 grant.
* 5. Research does not need to focus on epilepsy.

**Deadline for application submission is May 15, 2022**. Applicants will be informed of the committee’s decision by June 30.



Child Neurology Foundation Grant Application

**Procedure for All Grants**

* Submit a single electronic copy of a research proposal to the Executive Director of the CNS. The committee will be impressed with clarity of expression and succinctness of style and a Research Plan that **can be accomplished within two years**. Format: **Double-spaced**, Arial, 11 pt, 0.5” margins. **Review and follow additional instructions in the CNF Awards FAQs document** (available at [www.childneurologysociety.org/careers/getting-funded](file:///C:/Users/rogerlarson/Downloads/www.childneurologysociety.org/careers/getting-funded)).

Prepare the proposal with the following format and page limitations:

1. Page 1 Face Page
2. Page 2 Table of Contents
3. Page 3 Abstract (Maximum 250 words)
4. Page 4 Specific aims (may be single spaced)
5. Page 5-6 Work by others
6. Page 7-9 Work by investigator
7. Page 10-13 Research plan
8. Page 14-15 References
9. Page 16-20 NIH Biosketch (List grant amounts, percent effort and overlap)

10) Letters of Recommendation

* 1. Submit one letter of recommendation from the director of the applicant’s child neurology division and one letter from his/her scientific advisor. Two additional optional letters of recommendation or support may be included.
* 2. At least one reference letter should include a yellow highlighted statement of the applicant’s eligibility for the Award and should document the willingness of the institution to accept the award without indirect costs and provision of sufficient protected time to perform the research described in the application. These highlighted statements are often included in a letter from the applicant’s Section Chief or Department Chair.
  + - * 11) Appendix:

1. Human Subjects
2. Vertebrate animals
3. Budget and justification
4. Resources
5. Performance Sites and Key Personnel
6. NIH Biographical Sketches for any additional Key Personnel

* Convert the entire proposal to a PDF format and send copies to Roger Larson, Executive Director, Child Neurology Society: [rblarson@childneurologysociety.org](mailto:rblarson@childneurologysociety.org), and Laura Jansen, M.D. Ph.D., Awards Committee Chair: [laura.jansen.md.phd@gmail.com](mailto:laura.jansen.md.phd@gmail.com); cc [nationaloffice@childneurologysociety.org](mailto:nationaloffice@childneurologysociety.org).
* The complete proposal must be received on or before April 15, 2022. The abstract may also be submitted to the CNS Scientific Selection Committee for consideration as a Poster or Platform Presentation.
* Applications that do not adhere to the sanctioned procedure will be returned without review.
* The applicant will be informed of the Committee’s decision by June 15, 2022.
* All correspondence should be sent to: Roger Larson, CAE, Executive Director, Child Neurology Society 1000 West County Road E, Suite 290 St. Paul, MN 55126 (E: rblarson@childneurology society.org; cc nationaloffice@childneurologysociety.org).



* **Child Neurology Foundation Grants Face Page**

Application Title:

Applicant Information

* Name:
* Position Title:
* Department / Division:
* Date completing medical school (month/year):
* Date completing pediatric neurology residency (month/year):
* Contact Information:

Address:

Cell Phone:

Email:

Applicant Organization

Name:

Address:

Administrative Official to be notified if grant is made

* Name:
* Address:

Phone:

Email:

Grant preference (**Check only one**)

* **\_\_** Pediatric Epilepsy Research Foundation (PERF) **Shields Research Grant**
* \_\_ Pediatric Epilepsy Research Foundation (PERF) Elterman Research Grant

Prior or current NIH Grant / Award: Yes/No

* If yes, list grants:
* Is there overlap between this grant and the proposed project?

Human Subjects: Yes/No

Vertebrate Animals: Yes/No

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Investigator (Last, first, middle):       Page 2

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NIH Biosketch - Investigator (Not to exceed 5 pages) ............................................... .. 16-

Letters of recommendation..........................................................................................

Appendix (if included)

1. Human subjects........................................................................................
2. Vertebrate animals....................................................................................
3. Budget and justification.............................................................................
4. Resources.................................................................................................
5. Performance Sites and key personnel………………………………………
6. NIH Biosketch for any additional key personnel

(Not to exceed 5 pages per investigator) .................................................

Investigator (Last, first, middle):       Page

**HUMAN SUBJECTS**

(see Awards FAQ Document for Instructions)

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**VERTEBRATE ANIMALS**

(see Awards FAQ Document for Instructions)

Investigator (Last, first, middle):       Page

**BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT**

**DIRECT COSTS ONLY**

|  |  |  |
| --- | --- | --- |
| BUDGET CATEGORY TOTALS | INITIAL BUDGET PERIOD | SECOND YEAR OF SUPPORT (If applicable) |
| PERSONNEL: Salary & Fringe  Applicant organization only |  |  |
| CONSULTANT COSTS |  |  |
| EQUIPMENT |  |  |
| SUPPLIES |  |  |
| PATIENT CARE COSTS |  |  |
|
| OTHER EXPENSES |  |  |
| SUBTOTAL DIRECT COSTS |  |  |
| CONSORTIUM CONTRACTUAL COSTS (Direct Only) |  |  |
|
| TOTAL DIRECT COSTS |  |  |
| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PERIOD | |  |

JUSTIFICATION OF COSTS:

Investigator (Last, first, middle):       Page

**RESOURCES**

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity and extent of availability to the project. Under "Other" identify support services such as machine shop, electronics shop and specify the extent to which they will be available to the project.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project noting the location and pertinent capabilities of each.

Investigator (Last, first, middle):       Page

**Performance Sites AND KEY PERSONNEL**

PERFORMANCE SITE(S) (Organization, city, state)

KEY PERSONNEL.

Name Organization Role on Project