

Child Neurology Society and Foundation Awards Committee

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. Child neurologists of the CNS and CNF have developed a specialized committee to fulfill this function with the following Awards and Grants offered to members of the CNS:

**The Philip R. Dodge Young Investigator Award** is an award for basic science or clinical research by promising young investigators who are members of the Child Neurology Society. Applications will be judged on the basis of originality, scientific merit, succinctness and relevance. The recipient of the Dodge award will receive a grant-in-aid and will be invited to present their work at the Annual Meeting of the Child Neurology Society.

* **Eligibility Criteria**
* 1. The applicant completed a pediatric neurology residency on or after June 30, 2013 or a neurodevelopmental disability residency on or after June 30, 2014, **and** graduated medical school on or after May 2008, or after May 2007 if the applicant completed a 3-year pediatric residency.
* 2. The scientific work is mainly the result of the applicant's efforts.
* 3. The applicant is a Junior or Active member of the Child Neurology Society.
* 4. Candidates are NOT disqualified if they have received NIH funding.
* 5. Candidates should consider applying before their final year of eligibility.

**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 $100,000 grant of $50,000 per year for two years. The Shields Grant is supported by the Winokur Family Foundation and the Pediatric Epilepsy Research Foundation (PERF).

* **Eligibility Criteria**
* 1. The applicant must be a junior faculty member who has developed clinical research skills and has a plan for further development of that research or has basic science research skills related to child neurology and who has a plan to translate the new knowledge into clinical care for children with neurologic diseases.
* 2. The Shields Grant must have a clinical research /patient care component.
* 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. Candidates are NOT disqualified if they have received NIH funding.
* 6. A pre-application is no longer required.

**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 $100,000 grant of $50,000 per year for two years. The PERF 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 seven 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. Candidates are NOT disqualified if they have received NIH funding.

**Deadline for application submission will be announced and updated early 2019. 2018 Awards were due April 1, 2018**. Applicants were informed of the committee’s decision by May 10, 2018.

-------------------------------------------------------

**Procedure for All Awards and 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.

Prepare the proposal with the following format and page limitations:

1. Page 1 Face Page (Form Page 1)
2. Page 2 Table of Contents (Form Page 2)
3. Page 3 Abstract (Maximum 250 words)
4. Page 4 Specific aims
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)

 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-032.html

* 10) Letters of Recommendation
* 1. Submit one letter of recommendation from the director of the applicant’s child neurology training program and B) one letter from his/her scientific advisor. Two additional optional letters of recommendation or support may be included.
* 2. At least one of these letters should include a statement of the applicant’s eligibility for this Award, as defined above, and document the willingness of the institution to accept the award without indirect costs. Please highlight this indirect cost statement.
	+ - * 11) Appendix: Applicants seeking the Shields or PERF grant, or those who may be eligible for these grants, should complete the following Appendix:
1. Human Subjects (Form Page 3)
2. Vertebrate animals (Form Page 4)
3. Budget and justification (Form Page 5)
4. Resources (Form Page 6)
5. Performance Sites and Key Personnel (Form Page 7)
6. NIH Biographical Sketches (not to exceed 5 pages) for any additional Key Personnel

 http://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-032.html

* Convert the entire proposal to a PDF format and submit on-line as directed in the announcement. Please send a copy to nigel.bamford@yale.edu.
* The complete proposal must be received on or before April 1. 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 May 10.
* The Dodge Awardee should ask a senior member of the Society to deliver a brief five-minute introduction. The Dodge awardee will then be expected to deliver a formal twenty-minute presentation to the CNS membership at the next Annual Meeting.
* 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).
* 
* Child Neurology Society and Foundation Awards 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:

Phone:

Email:

Applicant Organization

Name:

Address:

Administrative Official to be notified if grant is made

* Name:
* Address:

Phone:

Email:

Award/Grant preference (Check only one)

* \_\_ The Philip R. Dodge Young Investigator Award
* **\_\_ The Child Neurology Shields Research Grant**
* \_\_ Pediatric Epilepsy Research Foundation (PERF) Scientific Research Grant

Prior or current NIH Grant / Award: Yes/No

* If yes, list grants:

Human Subjects: Yes/No

* If yes, Exemption No.\_\_\_ or IRB Approval Date\_\_\_
* Assurance Compliance Number:

Vertebrate Animals: Yes/No

* If yes, IACUC Approval Date\_\_\_\_
* Animal welfare assurance No.\_\_\_\_

Appendix Included: Yes/No

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

Investigator (Last, first, middle):       Form Page 2

**TABLE OF CONTENTS**

Face Page..................................................................................................................... 1

Table of Contents......................................................................................................... 2

Abstract........................................................................................................................ 3

Specific Aims............................................................................................................... 4

Work done by others.................................................................................................... 5-6

Work done by investigator........................................................................................... 7-9

Research plan............................................................................................................... 10-13

References.................................................................................................................... 14-15

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):       (Form Page 3) Page

**HUMAN SUBJECTS**

Investigator (Last, first, middle):       (Form Page 4) Page

**VERTEBRATE ANIMALS**

Investigator (Last, first, middle):       (Form Page 5) Page

**BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT**

**DIRECT COSTS ONLY**

|  |  |  |
| --- | --- | --- |
| BUDGET CATEGORY TOTALS | INITIAL BUDGET PERIOD | SECOND YEAR OF SUPPORT |
| PERSONNEL: Salary & FringeApplicant 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:

Investigator (Last, first, middle):       (Form Page 6) 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):       (Form Page 7) Page

**Performance Sites AND KEY PERSONNEL**

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

KEY PERSONNEL. (See instructions.) Use continuation pages as needed to provide the required information in the format shown below.

Name Organization Role on Project