

**Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

Complete the Procedural Checklist on page 8 of the instructions.

Part I Identification of Applicant

1a Full name of organization (as shown in organizing document) Child Neurology Education and Research Foundation		2 Employer identification number (EIN) (If none, see page 3 of the Specific Instructions.) 41 : 1984675
1b c/o Name (if applicable) c/o Kenneth F. Swaiman, M.D.		3 Name and telephone number of person to be contacted if additional information is needed Nancy M. Kiskis, Esq. (612) 347-0385
1c Address (number and street) 1821 University Avenue West	Room/Suite N-188	4 Month the annual accounting period ends December
1d City, town, or post office, state, and ZIP + 4. If you have a foreign address, see Specific Instructions for Part I, page 3. St. Paul, Minnesota 55104		5 Date incorporated or formed 10-3-00
1e Web site address		6 Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k) d <input type="checkbox"/> 501(n)
7 Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.		
8 Is the organization required to file Form 990 (or Form 990-EZ)? <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach an explanation (see page 3 of the Specific Instructions).		
9 Has the organization filed Federal income tax returns or exempt organization information returns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.		

10 Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See Specific Instructions for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

- a ☒ **Corporation**—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b ☐ **Trust**— Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c ☐ **Association**— Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here ☐

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please
Sign
Here


(Signature)

Kenneth F. Swaiman, M.D.

(Type or print name and title or authority of signer)

4/5/01
(Date)

For Paperwork Reduction Act Notice, see page 7 of the instructions.

Cat. No. 17133K

Part II Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

See attached.

- 2 What are or will be the organization's sources of financial support? List in order of size.

See attached.

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

See attached.

Part II Activities and Operational Information (Continued)**4** Give the following information about the organization's governing body:**a** Names, addresses, and titles of officers, directors, trustees, etc.

See attached.

b Annual compensation**c** Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?☐ Yes ☒ No

If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See Specific Instructions for Part II, Line 4d, on page 3.)☐ Yes ☒ No

If "Yes," explain.

5 Does the organization control or is it controlled by any other organization?☐ Yes ☐ No

Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors?

☒ Yes ☐ No

If either of these questions is answered "Yes," explain.

See attached.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants;

(b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees;

(e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations;

or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees?

☐ Yes ☒ No

If "Yes," explain fully and identify the other organizations involved.

7 Is the organization financially accountable to any other organization?☐ Yes ☐ No

If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

See answer to 5 above.

Part II Activities and Operational Information (Continued)

- 8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate "N/A."

N/A

- 9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? . . . ☐ Yes ☒ No

- 10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? . . . ☐ Yes ☒ No

- b Is the organization a party to any leases? . . . ☐ Yes ☒ No

If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

- 11 Is the organization a membership organization? . . . ☐ Yes ☒ No

If "Yes," complete the following:

- a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

- b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

- c What benefits do (or will) the members receive in exchange for their payment of dues?

- 12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? . . . ☐ N/A ☐ Yes ☒ No
If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

- b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? . . . ☐ N/A ☐ Yes ☒ No
If "Yes," explain how the recipients or beneficiaries are or will be selected.

- 13 Does or will the organization attempt to influence legislation? . . . ☐ Yes ☒ No
If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

- 14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? . . . ☐ Yes ☒ No
If "Yes," explain fully.

Part III Technical Requirements

- 1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? ☒ Yes ☐ No
If you answer "Yes," do not answer questions on lines 2 through 6 below.

- 2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

Exceptions—You are not required to file an exemption application within 15 months if the organization:

- ☐ a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See Specific Instructions, Line 2a, on page 4;
- ☐ b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- ☐ c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

- 3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? ☐ Yes ☐ No

If "Yes," your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

- 4 If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3? ☐ Yes ☐ No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See Specific Instructions, Part III, Line 4, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

- 5 If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? . . . ☐ Yes ☐ No

- 6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here ► ☐ and attach a completed page 1 of Form 1024 to this application.

Part III Technical Requirements (Continued)

7 Is the organization a private foundation?

☐ Yes (Answer question 8.)☒ No (Answer question 9 and proceed as instructed.)

8 If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?

☐ Yes (Complete Schedule E.)☐ No

After answering question 8 on this line, go to line 14 on page 7.

9 If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:☐ a As a church or a convention or association of churches

(CHURCHES MUST COMPLETE SCHEDULE A.)

☐ b As a school (MUST COMPLETE SCHEDULE B.)☐ c As a hospital or a cooperative hospital service organization, or a

medical research organization operated in conjunction with a

hospital (These organizations, except for hospital service

organizations, MUST COMPLETE SCHEDULE C.)

☐ d As a governmental unit described in section 170(c)(1).☐ e As being operated solely for the benefit of, or in connection with,

one or more of the organizations described in a through d, g, h, or i

(MUST COMPLETE SCHEDULE D.)

☐ f As being organized and operated exclusively for testing for public

safety.

☐ g As being operated for the benefit of a college or university that is

owned or operated by a governmental unit.

☒ h As receiving a substantial part of its support in the form of

contributions from publicly supported organizations, from a

governmental unit, or from the general public.

☐ i As normally receiving not more than one-third of its support from

gross investment income and more than one-third of its support from

contributions, membership fees, and gross receipts from activities

related to its exempt functions (subject to certain exceptions).

Section 509(a)(2)

☐ j The organization is a publicly supported organization but is not sure

whether it meets the public support test of h or i. The organization

would like the IRS to decide the proper classification.

Sections 509(a)(1)

and 170(b)(1)(A)(v)

or Section 509(a)(2)

If you checked one of the boxes a through j in question 9, go to question 14. If you checked box g in question 9, go to questions 11 and 12. If you checked box h, i, or j in question 9, go to question 10.

Part III Technical Requirements (Continued)

- 10 If you checked box h, i, or j in question 9, has the organization completed a tax year of at least 8 months?
- ☐ Yes—Indicate whether you are requesting:
- ☐ A definitive ruling. (Answer questions 11 through 14.)
- ☐ An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed.)
- ☒ No—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.
- 11 If the organization received any unusual grants during any of the tax years shown in Part IV-A, Statement of Revenue and Expenses, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

- 12 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here ► ☐ and:

- a Enter 2% of line 8, column (e), Total, of Part IV-A
- b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 12a above.

- 13 If you are requesting a definitive ruling under section 509(a)(2), check here ► ☐ and:

- a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see Specific Instructions, Part II, Line 4d, on page 3.)
- b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)	Yes	No	If "Yes," complete Schedule:
Is the organization a church?		X	A
Is the organization, or any part of it, a school?		X	B
Is the organization, or any part of it, a hospital or medical research organization?		X	C
Is the organization a section 509(a)(3) supporting organization?		X	D
Is the organization a private operating foundation?		X	E
Is the organization, or any part of it, a home for the aged or handicapped?		X	F
Is the organization, or any part of it, a child care organization?		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.?		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . .		X	I

Part IV Financial Data

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

A. Statement of Revenue and Expenses

		Current tax year	3 prior tax years or proposed budget for 2 years			
		(a) From..... to	(b)	(c)	(d)	(e) TOTAL
Revenue	1 Gifts, grants, and contributions received (not including unusual grants—see page 6 of the instructions).					
	2 Membership fees received . .					
	3 Gross investment income (see instructions for definition) . .					
	4 Net income from organization's unrelated business activities not included on line 3					
	5 Tax revenues levied for and either paid to or spent on behalf of the organization					
	6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)		SEE ATTACHED.			
	7 Other income (not including gain or loss from sale of capital assets) (attach schedule) . .					
	8 Total (add lines 1 through 7)					
	9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22					
	10 Total (add lines 8 and 9) . .					
	11 Gain or loss from sale of capital assets (attach schedule). . .					
	12 Unusual grants.					
	13 Total revenue (add lines 10 through 12)					
Expenses	14 Fundraising expenses					
	15 Contributions, gifts, grants, and similar amounts paid (attach schedule)					
	16 Disbursements to or for benefit of members (attach schedule) .					
	17 Compensation of officers, directors, and trustees (attach schedule)					
	18 Other salaries and wages . .					
	19 Interest					
	20 Occupancy (rent, utilities, etc.).					
	21 Depreciation and depletion . .					
	22 Other (attach schedule) . . .					
	23 Total expenses (add lines 14 through 22)					
	24 Excess of revenue over expenses (line 13 minus line 23)					

CHILD NEUROLOGY EDUCATION AND RESEARCH FOUNDATION

Attachment to Form 1023

Part II

1. Provide a detailed narrative description of all activities of the organization.

The organization's primary mission is to be an advocate for children and adolescents with neurologic and neurodevelopmental disorders through the advancement of child neurology. The organization will achieve this mission by providing resources for new research including original ideas being pursued by young researchers, promotion of educational programs that raise awareness of career opportunities in child neurology, fostering continuing education of child neurologists, and informing the general public and corporations as well as the health care management and insurance industries of the status and value of child neurology services. The organization will support research and education in the field of neurology, specifically child neurology, including the following:

- Provide grants to universities, educational and research institutions, and nonprofit tax exempt organizations for research in the field of child neurology. See attached Exhibit A—request for grant applications, Letter of Intent and Grant Application.
- Educate others by sponsoring and conducting seminars, teaching, supporting research and training, and writing and publishing papers and articles regarding the specialty of child neurology.
- Promote education and entice students to enter the field of neurology, specifically child neurology.

2. What are or will be the organization's sources of financial support? List in order of size.

The organization's sources of financial support will be donations from medical manufacturing, research and drug companies as well as from individuals, corporations and other nonprofit organizations.

3. Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect.

The organization will solicit funds from individuals and health care related organizations.

Part II, 4a

<u>Names and Addresses of Officers and Directors</u>	<u>Title</u>	<u>Annual Compensation</u>
Kenneth F. Swaiman, M.D. Pediatric Neurology University of Minnesota 1821 University Ave. West Suite N-188 St. Paul, MN 55104	President/Director	0
Roy D. Elterman, M.D. Dallas Pediatric Neuro Associates 12801 No. Central Expressway Suite 580 Dallas, TX 75243-1708	Vice President/Director	0
Gary Goldstein, M.D. The Kennedy Krieger Institute 707 No. Broadway Street Baltimore, MD 21205	Secretary/Treasurer/ Director	0
John M. Pellock, M.D. Division of Child Neurology Box 980211, MCV Station Richmond, VA 23298	Director	0
Donna M. Ferriero, M.D. Department of Neurology Box 0114 University of San Francisco San Francisco, CA 94143-0114	Director	0
Ann Tilton, M.D. Children's Hospital of New Orleans 200 Henry Clay New Orleans, LA 70118	Director	0
Alan K. Percy, M.D. Pediatric Neurology University of Alabama 1600 7 th Avenue South Birmingham, AL 35233	Director	0

5. Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? If “Yes”, explain.

The organization has a special relationship with The Child Neurology Society, a 501(c)(3) nonprofit corporation formed under the laws of the State of Minnesota (“CNS”).

- Paragraph 2.2 of the organization’s Bylaws requires that all Directors of the organization must be members of CNS. Also, the President of CNS is ex officio a nonvoting Director of the organization.
- Paragraph 2.3 of the Bylaws states that the CNS Executive Committee has the power to veto the election of any new Director to the organization’s Board.
- Paragraph 3.3 of the organization’s Bylaws requires the organization’s President to report at least annually to the CNS Executive Committee regarding the organization’s financial condition.
- Paragraph 4.1 of the organization’s Bylaws states that when the organization establishes a committee that has a counterpart committee established by CNS, one of the persons serving on the CNS committee shall be on the organization’s committee.
- If the organization establishes an Executive Committee, paragraph 4.2 of the organization’s Bylaws provides that the President of CNS or his/her designee shall be a nonvoting member of the organization’s Executive Committee.
- Paragraph 13.1 of the organization’s Bylaws gives the CNS Executive Committee the power to approve or not approve of the organization’s Bylaws. Any subsequent amendments to the organization’s Bylaws are subject to approval by the CNS Executive Committee pursuant to paragraph 13.2 of the organization’s Bylaws.
- It is anticipated that CNS will be a contributor to the organization from time to time.

4-2-01

CHILD NEUROLOGY FOUNDATION BUDGET

	Actual 2000	Proposed 2001
<u>REVENUE</u>		
From CNS	\$50,000	\$250,000
Pledges from Individuals	15,527	30,000
Corporate Contributions	75,000	350,000
Grants		
Gifts		
Investment Income		
Unusual Grants		
Totals	140,527	630,000
<u>EXPENSES</u>		
Wages		7,000
Rent		900
Utilities		
Supplies	4,728*	1,000
Telephone	567	2,000**
Travel, Lodging, Meals	3,960	2,600
Accting/Audits		4,000
Legal Fees	2,703	3,000
Postage/Shipping	14	3,000***
Printing/Design Newsletter		2,000
Bank Fees/Print Checks	220	220
Consultant Fees	35,000	42,000
Sales Tax	156	200
Grants Given (Scientific)		100,000
Fundraising		
Office Equipment		
Conferences/Conventions/Meetings		
Interest Expense		
Totals	\$47,208	\$167,920

* - Includes October CNS brochures

** - Includes 2000 phone expenses payable in 2001 (conference calls)

*** - Includes newsletter mailing fees

CHILD NEUROLOGY EDUCATION AND
RESEARCH FOUNDATION**Part IV** Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	45	93,319.	
	46 Savings and temporary cash investments	46		
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	49		
	50 Receivables from officers, directors, trustees, and key employees	50		
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	52		
	53 Prepaid expenses and deferred charges	53		
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other	56		
	57 a Land, buildings, and equipment: basis	57a		
	b Less: accumulated depreciation	57b	57c	
58 Other assets (describe)	58			
59 Total assets (add lines 45 through 58) (must equal line 74)	0.	59	93,319.	
Liabilities	60 Accounts payable and accrued expenses	60		
	61 Grants payable	61		
	62 Deferred revenue	62		
	63 Loans from officers, directors, trustees, and key employees	63		
	64 a Tax-exempt bond liabilities	64a		
	b Mortgages and other notes payable	64b		
	65 Other liabilities (describe)	65		
66 Total liabilities (add lines 60 through 65)	0.	66	0.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	67		
	68 Temporarily restricted	68		
	69 Permanently restricted	69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0.	70	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	0.	72	93,319.
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	0.	73	93,319.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	0.	74	93,319.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 1023 (Rev. 9-98)

Page 2 of 2

Part IV**Financial Data (Continued)****B. Balance Sheet (at the end of the period shown)**Current year
Date 2000**Assets**

1	Cash	1	93,319
2	Accounts receivable, net	2	
3	Inventories	3	
4	Bonds and notes receivable (attach schedule)	4	
5	Corporate stocks (attach schedule)	5	
6	Mortgage loans (attach schedule)	6	
7	Other investments (attach schedule)	7	
8	Depreciable and depletable assets (attach schedule)	8	
9	Land	9	
10	Other assets (attach schedule)	10	
11	Total assets (add lines 1 through 10)	11	93,319

Liabilities

12	Accounts payable	12	
13	Contributions, gifts, grants, etc., payable	13	
14	Mortgages and notes payable (attach schedule)	14	
15	Other liabilities (attach schedule)	15	
16	Total liabilities (add lines 12 through 15)	16	

Fund Balances or Net Assets

17	Total fund balances or net assets	17	93,319
18	Total liabilities and fund balances or net assets (add line 16 and line 17)	18	

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation ☐



CHILD NEUROLOGY EDUCATION AND RESEARCH FOUNDATION
Attachment to Form 1023

EXHIBIT A

Child Neurology Foundation

1821 University Avenue West; Suite N-188
St. Paul, Minnesota 55104

Phone: 651-645-4319
Facsimile: 651-645-4349

The Child Neurology Foundation (CNF) announces the award of research grants in the field of Child Neurology to be made at the annual Child Neurology Society meeting in the Fall of 2001. Each of two selected investigators will receive a two year grant of \$50,000 per year. The Scientific Award Committee of the CNF is chaired by Dr. Michael Johnston; the liaison from the committee to the Foundation Board of Directors is Dr. Donna Ferriero. The guidelines for grant application are to be found on the accompanying page.

The Foundation is pleased to make this offer to investigators in the field of Child Neurology to further the growth of the discipline. The grants would not be possible without the support of individual Child Neurology Society members and many corporate sponsors. We are beholden to them and their generosity.

**Letter of Intent for Application for Research Grant Award
from the Child Neurology Foundation**

The Child Neurology Foundation is soliciting letters of intent for applications for funding for two year awards (please see cover sheet for specific information.) Letters of intent should be no more than one page and should include the following:

- 1) the hypothesis to be tested,
- 2) a brief description of the experimental approach, and
- 3) the relevance to furthering the field of child neurology.

The letter of intent must be received in the Foundation Office no later than April 1, 2001. No exceptions will be made. Applicants will be informed by May 1, 2001 of the decision of the CNF Scientific Award Committee to invite them to complete the full 10 page application form which will be due July 1, 2001.

Letters of intent should be sent to:

Child Neurology Foundation
Scientific Award Committee
1821 University Avenue West; Suite N-188
St. Paul, Minnesota 55104

AA

Department of Health and Human Services Public Health Service Grant Application <i>Follow instructions carefully. Do not exceed character length restrictions indicated on sample.</i>		LEAVE BLANK—FOR PHS USE ONLY. Type _____ Activity _____ Number _____ Review Group _____ Formerly _____ Council/Board (Month, Year) _____ Date Received _____	
1. TITLE OF PROJECT			
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," state number and title)			
Number: _____ Title: _____		New Investigator <input type="checkbox"/> YES	
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR		3c. SOCIAL SECURITY NO. _____ <i>Provide on Form Page KIC</i>	
3a. NAME (Last, first, middle)		3b. DEGREE(S)	
3d. POSITION TITLE		3e. MAILING ADDRESS (Street, city, state, zip code)	
3f. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		E-MAIL ADDRESS:	
3g. MAJOR SUBDIVISION			
3h. TELEPHONE AND FAX (Area code, number and extension) TEL: _____ FAX: _____			
4. HUMAN SUBJECTS		5. VERTEBRATE ANIMALS	
4a. If "Yes," Exemption no. _____ or IRB approval date _____ <input type="checkbox"/> Full IRB or Expedited Review		5a. If "Yes," IACUC approval date _____ 5b. Animal welfare assurance no. _____	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY) From _____ Through _____		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD 7a. Direct Costs (\$) _____ 7b. Total Costs (\$) _____	
9. APPLICANT ORGANIZATION Name _____ Address _____		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT 8a. Direct Costs (\$) _____ 8b. Total Costs (\$) _____	
		10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit Forprofit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business	
		11. ORGANIZATIONAL COMPONENT CODE	
		12. ENTITY IDENTIFICATION NUMBER _____ DUNS NO. (if available) _____ Congressional District _____	
13. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name _____ Title _____ Address _____ Telephone _____ Fax _____ E-mail _____		14. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name _____ Title _____ Address _____ Telephone _____ Fax _____ E-mail _____	
15. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		SIGNATURE OF PI / PD NAMED IN 3a. (In ink "Per" signature not acceptable.)	
16. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Service terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 14. (In ink "Per" signature not acceptable.)	
		DATE	
		DATE	

BB

Principal Investigator/Program Director (Last, first, middle): _____

DESCRIPTION. State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Avoid summaries of past accomplishments and the use of the first person. This description is meant to serve as a succinct and accurate description of the proposed work when separated from the application. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

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

KEY PERSONNEL. See instructions on Page 11. Use continuation pages as needed to provide the required information in the format shown below.

Name	Organization	Role on Project
------	--------------	-----------------

CC

Principal Investigator/Program Director (Last, first, middle): _____

Type the name of the principal investigator/program director at the top of each printed page and each continuation page. (For type specifications, see instructions on page 6.)

RESEARCH GRANT TABLE OF CONTENTS

Page Numbers

Face Page	1
Description, Performance Sites, and Personnel	2-
Table of Contents	
Detailed Budget for Initial Budget Period	
Budget for Entire Proposed Period of Support	
Budgets Pertaining to Consortium/Contractual Arrangements	
Biographical Sketch—Principal Investigator/Program Director (Not to exceed two pages)	
Other Biographical Sketches (Not to exceed two pages for each)	
Other Support	
Resources	

Research Plan

Introduction to Revised Application (Not to exceed 3 pages)	
Introduction to Supplemental Application (Not to exceed 1 page)	
a. Specific Aims	
b. Background and Significance	
c. Preliminary Studies/Progress Report	
d. Research Design and Methods	
e. Human Subjects	
f. Vertebrate Animals	
g. Literature Cited	
h. Consortium/Contractual Arrangements	
i. Consultants	
Checklist	

*Type density and type size of the entire application must conform to limits provided in instructions on page 6.

Appendix (Five collated sets. No page numbering necessary for Appendix.)

Number of publications and manuscripts accepted or submitted for publication (not to exceed 10) _____

Other items (list): _____

☐ Check if
Appendix is
included

DD

Principal Investigator/Program Director (Last, first, middle): _____

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM	THROUGH
PERSONNEL <i>(Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>	
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS
	Principal Investigator					
SUBTOTALS →						
CONSULTANT COSTS						
EQUIPMENT <i>(Itemize)</i>						
SUPPLIES <i>(Itemize by category)</i>						
TRAVEL						
PATIENT CARE COSTS		INPATIENT				
		OUTPATIENT				
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>						
OTHER EXPENSES <i>(Itemize by category)</i>						
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD					\$	
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS				
		FACILITIES AND ADMINISTRATION COSTS				
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Facs Page)</i> →					\$	

EE

Principal Investigator/Program Director (Last, first, middle): _____

BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS		INITIAL BUDGET PERIOD (from Form Page 4)	ADDITIONAL YEARS OF SUPPORT REQUESTED			
			2nd	3rd	4th	5th
PERSONNEL: Salary and fringe benefits Applicant organization only						
CONSULTANT COSTS						
EQUIPMENT						
SUPPLIES						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
ALTERATIONS AND RENOVATIONS						
OTHER EXPENSES						
SUBTOTAL DIRECT COSTS						
CONSORTIUM/ CONTRACTUAL COSTS	DIRECT					
	F & A					
TOTAL DIRECT COSTS						

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT (Item 8a, Face Page) →

\$

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

FF

Principal Investigator/Program Director (Last, first, middle): _____

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed on Form Page 2.
Photocopy this page or follow this format for each person.

NAME		POSITION TITLE	
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committees. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

GG

Other Support

There is no form page for other support. Information on other support should be provided in the *format* shown below, using Continuation Pages. *Include the Principal Investigator's name at the top and number consecutively with the rest of the application. The sample is intended to provide guidance regarding the type and extent of information requested.* For the instructions and explanation of the sample below, see page 14. For information pertaining to the use of and policy for other support, see page 26.

Format

NAME OF INDIVIDUAL		
ACTIVE/PENDING		
Project Number (Principal Investigator) Source Title of Project (or Subproject)	Dates of Approved/Proposed Project Annual Direct Costs	Percent Effort
The major goals of this project are...		
OVERLAP (summarized for each individual)		

Samples

ANDERSON, R.R.

ACTIVE

2 R01 HL 00000-13 (Anderson)	3/1/97 - 2/28/00	30%
NIH/NHLBI	\$186,529	
Chloride and Sodium Transport in Airway Epithelial Cells		

The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in transport.

5 R01 HL 00000-07 (Baker)	4/1/94 - 3/31/99	10%
NIH/NHLBI	\$122,717	
Ion Transport in Fetal Lung		

The major goal of this project is to study chloride and sodium transport in normal and cystic fibrosis fetal lung.

R000 (Anderson)	9/1/96 - 8/31/98	10%
Cystic Fibrosis Foundation	\$43,123	
Gene Transfer of CFTR to the Airway Epithelium		

The major goals of this project are to identify and isolate airway epithelium progenitor cells and express human CFTR in airway epithelial cells.

PENDING

DCB 950000 (Anderson)	12/01/98 - 11/30/00	20%
National Science Foundation	\$82,163	
Liposome Membrane Composition and Function		

The major goals of this project are to define biochemical properties of liposome membrane components and maximize liposome uptake into cells.

OVERLAP

There is scientific overlap between aim 2 of NSF DCB 950000 and aim 4 of the application under consideration. If both are funded, the budgets will be adjusted appropriately in conjunction with agency staff.

RICHARDS, L.

NONE

(Format Page 7)

GG

GG

Other Support (Continued)**HERNANDEZ, M.****ACTIVE**

5 R01 CA 00000-07 (Hernandez)

4/1/94 - 3/31/99

40% academic

NIH/NCI

Gene Therapy for Small Cell Lung Carcinoma

The major goals of this project are to use viral strategies to express the normal p53 gene in human SCLC cell lines and to study the effect on growth and invasiveness of the lines.

5 P01 CA 00000-03 (Chen)

7/1/95 - 6/30/00

20% academic

NIH/NCI

\$104,428 (sub only)

100% summer

Mutations in p53 in Progression of Small Cell Lung Carcinoma

The major goals of this subproject are to define the p53 mutations in SCLC and their contribution to tumor progression and metastasis.

BE 00000 (Hernandez)

9/1/96 - 8/31/99

20% academic

American Cancer Society

\$86,732

p53 Mutations in Breast Cancer

The major goals of this project are to define the spectrum of p53 mutations in human breast cancer samples and correlate the results with clinical outcome.

OVERLAP

Potential commitment overlap for Dr. Hernandez between 5 R01 CA 00000-07 and the application under consideration. If the application under consideration is funded with Dr. Hernandez committed at 30 percent effort, Dr. Hernandez will request approval to reduce her effort on the NCI grant.

BENNETT, P.**ACTIVE**

Investigator Award (Bennett)

9/1/96 - 8/31/00

70%

Howard Hughes Medical Institute

\$581,317

Gene Cloning and Targeting for Neurological Disease Genes

This award supports the PI's program to map and clone the gene(s) implicated in the development of Alzheimer's disease and to target expression of the cloned gene(s) to relevant cells.

OVERLAP

None

CHU, H.**ACTIVE**

94RD000 (Chu)

5/1/97 - 5/30/99

30%

Univ. Respiratory Diseases Coordinating Committee

\$48,000 (no salary)

Improved Detection of Non-malignant Lung Diseases

The major goals of this project are to develop and test a sensitive, PCR-based method to discriminate among respiratory fungal infections.

OVERLAP

None

HH

Principal Investigator/Program Director (Last, first, middle): _____

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. Use continuation pages if necessary.

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.

Principal Investigator/Program Director (Last, first, middle): _____

CONTINUATION PAGE: STAY WITHIN MARGINS INDICATED

PHS 398 (Rev. 4/98)

Page _____

Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 3a, 3b.

PHS 398 (Rev. 4/98)

II

Principal Investigator/Program Director (Last, first, middle): _____

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

☐ NEW application. (This application is being submitted to the PHS for the first time.)☐ REVISION of application number: _____
(This application replaces a prior unfunded version of a new, competing continuation, or supplemental application.)☐ COMPETING CONTINUATION of grant number: _____
(This application is to extend a funded grant beyond its current project period.)INVENTIONS AND PATENTS (Competing continuation apply only)
☐ No ☐ Previously reported
☐ Yes. If "Yes," ☐ Not previously reported☐ SUPPLEMENT to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)☐ CHANGE of principal investigator/program director.
Name of former principal investigator/program director: _____☐ FOREIGN application or significant foreign component.

1. ASSURANCES/CERTIFICATIONS

The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/certifications begin on page 27 of Section III. If unable to certify compliance where applicable, provide an explanation and place it after this page.

•Human Subjects; •Vertebrate Animals; •Debarment and Suspension; •Drug-Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); •Lobbying; •Delinquent Federal Debt; •Research Misconduct; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Financial Conflict of Interest.

2. PROGRAM INCOME (See instructions, page 19.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

3. FACILITIES AND ADMINISTRATION COSTS (F & A)

Indicate the applicant organization's most recent F & A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office. If the applicant organization is in the process of initially developing or renegotiating a rate, or has established a rate with another Federal agency, it should, immediately upon notification that an award will be made, develop a tentative F & A cost rate proposal. This is to be based on its

most recently completed fiscal year in accordance with the principles set forth in the pertinent DHHS Guide for Establishing Indirect Cost Rates, and submitted to the appropriate DHHS Regional Office or PHS Agency Cost Advisory Office. F & A costs will not be paid on foreign grants, construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, and specialized grant applications.

☐ DHHS Agreement dated: _____☐ No Facilities and Administration Costs Requested.☐ DHHS Agreement being negotiated with _____ Regional Office.☐ No DHHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information. Supplying the following information on F & A costs is optional for for-profit organizations.)

a. Initial budget period: Amount of base \$ _____ x Rate applied _____ % = F & A costs (1) \$ _____

b. Entire proposed project period: Amount of base \$ _____ x Rate applied _____ % = F & A costs (2) \$ _____

(1) Add to total direct costs from form page 4 and enter new total on Face Page, item 7b.
(2) Add to total direct costs from form page 5 and enter new total on Face Page, item 8b.

*Check appropriate box(es):

☐ Salary and wages base ☐ Modified total direct cost base
☐ Off-site, other special rate, or more than one rate involved (Explain)☐ Other base (Explain)

Explanation (Attach separate sheet, if necessary.): _____

4. SMOKE-FREE WORKPLACE

Does your organization currently provide a smoke-free workplace and/or promote the nonuse of tobacco products or have plans to do so?

☐ Yes ☐ No (The response to this question has no impact on the review or funding of this application.)

KK

Principal Investigator/Program Director (Last, first, middle): _____

Place this form at the end of the signed original
copy of the application. Do not duplicate.

Social Security No. _____

PERSONAL DATA ON PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator/program director.

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. Do not attach copies of this form to the duplicated copies of the application.

Upon receipt of the application by the PHS, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests Social Security Numbers for accurate identification, referral, and review of applications and for management of PHS grant programs. Provision of the Social Security Number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number. The PHS requests the Social Security Number under Sections 301(a) and 487 of the PHS Act as amended (42 USC 241a and USC 288). All analyses conducted on the date of birth and race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals.

If you decline to provide this information, it will in no way affect consideration of your application.

Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)

GENDER

☐

Female

☐

Male

RACE AND/OR ETHNIC ORIGIN (check one)

Note: The category that most closely reflects the individual's recognition in the community should be used when reporting mixed racial and/or ethnic origins.

- ☐ **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.
- ☐ **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **Black, not of Hispanic origin.** A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **White, not of Hispanic origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ Check here if you do not wish to provide some or all of the above information.