



American Academy for Cerebral Palsy and Developmental Medicine International Development Grant Instructions

PROGRAM OBJECTIVES for the Development Grant

The American Academy for Cerebral Palsy and Developmental Medicine grant program supports the mission of the AACPDm to improve the health and general status of children and adults with cerebral palsy, genetic and developmental disorders, and childhood acquired disabilities through:

- Providing financial assistance to like, newly formed organizations for the purpose of developing and presenting a high quality educational seminar targeted at increasing the early identification and treatment of individuals with childhood acquired disability
- Providing resource material and content experts as able, to support the educational content of the proposed seminar.
- Promoting attendance to the proposed seminar through the already present AACPDm vehicles (website, newsletter, and possibly the Developmental Medicine and Childhood Neurology journal)

Organizations should review the overall objectives and mission statement of the AACPDm before applying and be prepared to explain how their proposed meeting supports them.

The Academy seeks out applicant groups that are highly motivated, well organized, and have strongly vested interest in improving clinical practice through dissemination of knowledge. The Academy will be sensitive to each granted organization's need to select experts from their own geographical area, and attempt to support content areas with its own experts if requested. Only one application is selected per year for further review. Final funding is contingent upon being able to document significant progress in seminar development, and planning for the proposed meeting. This decision is made one year prior to the proposed meeting. Those groups that receive grant funding are expected to:

- Maintain communication between the AACPDm during the planning phases of the seminar and respond to Academy and International Affairs communications as requested, in a timely manner
- Develop and provide a high quality, relevant and accessible educational experience for medical professionals involved in the care and management of individuals with cerebral palsy and other childhood acquired disabilities
- Ensure that registration fees charged are sensitive to the financial differences among disciplines, and do not serve as a barrier to attendance
- Provide a final meeting program and a copy of distributed course materials to the Academy either prior to, or directly after the event
- Provide a certificate of attendance to all participants
- List the Academy as a co-sponsoring agency
- Provide a financial accounting to the Academy within 2 months of meeting close, as well as a general report of meeting objectives and how / if they were met

ELIGIBILITY REQUIREMENTS for Grant Funding

Applicant groups must meet the following requirements:

- Must consist of AACPDm members in good standing; societies / groups with few AACPDm members should seek sponsorship by a member of the AACPDm who has substantial knowledge of this society's work and goals
- Must be located outside of the United States or Canada, preferably in countries with no like organization.
- Must not have applied for and received Grant funding within the last five (5) years.
- Must be involved in research or care of individuals with cerebral palsy, developmental disorders, or other childhood acquired disability
- Must have potential other funding to supplement the project to completion if needed



American Academy for Cerebral Palsy and Developmental Medicine Development Grant Instructions

Before completing this application form please read the instructions carefully. Do not modify, skip, or delete any questions. Notation of “not answerable at this time” may be made on all questions you are not yet able to completely answer. However, applications which are more substantial in content have greater chance of being selected, and all questions will need to be fully answered before final approval of funding is made.

Incomplete or late applications will not be considered.

Name of Applying Organization or Society (if no formal name put “no name”, or list separate contributing groups):

Names of those on the Organizing Committee:

FAMILY NAME	FIRST NAME	TITLE	ORGANIZATION REPRESENTING
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FAMILY NAME	FIRST NAME	TITLE	ORGANIZATION REPRESENTING
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FAMILY NAME	FIRST NAME	TITLE	ORGANIZATION REPRESENTING
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FAMILY NAME	FIRST NAME	TITLE	ORGANIZATION REPRESENTING
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FAMILY NAME	FIRST NAME	TITLE	ORGANIZATION REPRESENTING
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FAMILY NAME	FIRST NAME	TITLE	ORGANIZATION REPRESENTING
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Name of Main Contact Person for this organization:

FAMILY NAME	FIRST NAME	TITLE	ORGANIZATION REPRESENTING
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Address where mail will reach this person before and during the proposed event:

NUMBER AND STREET

CITY / TOWN

STATE /PROVENCE

COUNTRY

POSTAL / ZIP CODE

TELEPHONE

FAX

EMAIL (WEB-BASED PREFERRED. E.G., HOTMAIL, YAHOO, ETC)

Secondary contact:

NAME

ADDRESS

TELEPHONE

EMAIL

PROPOSED EVENT INFORMATION

NAME OF EVENT

NAME OF VENUE (hotel, conference center, etc where it will be held.)

NUMBER AND STREET

CITY / TOWN

STATE /PROVENCE

COUNTRY

POSTAL / ZIP CODE

TELEPHONE

FAX

EMAIL (WEB-BASED PREFERRED. E.G., HOTMAIL, YAHOO, ETC)

Proposed datesFirst choice (month/day/year)
From ToSecond choice (month/day/year)
From To

Mission Statement

A mission clarifies the organization's needs, purpose, and activities (IE what it does and why it does it). It also specifies the philosophy and values that guide it.

Please provide a short statement of how this event relates to the AACPDm mission.

Needs Assessment

A needs assessment helps determine the needs of a specific group and identifies the actions required to fulfill these needs, primarily for the purpose of program development and implementation. In general, it may help to think in terms of patient's unmet needs and what education (content and of whom) is required to fulfill them. Information traditionally used for a needs assessment includes peer review, community observation, self assessment, review of current medical practice, review of evidence based medical literature and review of community demographic and morbidity/mortality information.

Please provide a statement detailing the major needs identified, and how this was determined.

Target Audience

What types of professionals will this event be designed to educate? (Content of the meeting should reflect this target audience)

Please check all that apply:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Neurology | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Developmental Pediatrics |
| <input type="checkbox"/> General Pediatrics | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech/language Therapy |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Psychology | <input type="checkbox"/> Education | <input type="checkbox"/> Parents/individuals with disabilities |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ | |

Meeting Content

Provide a broad description of the educational content proposed to address the needs identified in the previous section. Include more specific learning objectives for each identified area of need. General definitions are listed below to assist you.

Identified Need : GENERAL NEED IDENTIFIED THROUGH NEEDS ASSESSMENT			
Learning Objective	Expected / Desired Outcome*	Outcome Measure*	Strategies
This is an educational goal statement; it should identify who will be taught, what they will be able to do at the close of this meeting, and how well they will be able to do it. It needs to be a measurable behavior.	This should describe what you expect to see if the objective is met. (for example; increased multidisciplinary collaboration, improved orthopedic surgery outcomes, decreased incidence of aspiration, increased numbers of community ambulators) *note, this column is for your assistance only in developing appropriate <i>learning objectives</i> . It is not a requisite for funding and does not need to be submitted	This describes how you can determine if what you expect to happen does/does not occur. (for example; medical record review, practitioner questionnaire, parent report) *note, this column is for your assistance only in determining <i>event effectiveness</i> (see next page). It is not a requisite for funding and does not need to be submitted	This describes how you plan to deliver the information to the target audience – it should be tailored to meet the audience’s specific needs. (for example; video clips with audience participation in discussion, written material, lecture)

Identified Need:

Learning Objective(s):

- 1.
- 2.
- 3.

Expected/Desired Outcome:

- 1.
- 2.
- 3.

Outcome Measure:

- 1.
- 2.
- 3.

Strategies:

- 1.
- 2.
- 3.

Other information:

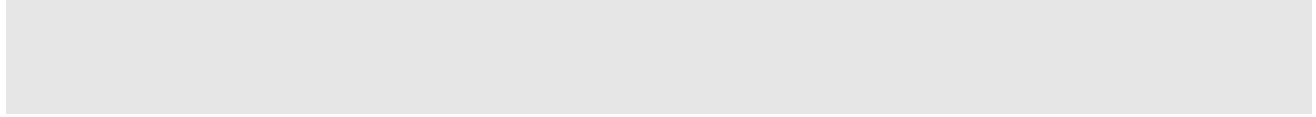
- 1.
- 2.
- 3.

Format

Describe the overall format proposed for this event including lectures, case studies, workshops, round table discussions, use of handouts, etc.

Participant evaluation of event

Provide a description of how you propose to evaluate the effectiveness of the event and who will carry this out, and when.



Speaker Profiles

Please list your expected speakers and attach a brief biographical paragraph for each one which includes their background, affiliated organizations, and lists their most recent publications. Identify those who have already confirmed their participation. (please put all paragraphs in one document and label as “Speaker Profiles” with your organization’s name)

Confirmed :		SPEAKERS:			
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE
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		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
		FAMILY NAME	FIRST NAME	TITLE	FIELD OF EXPERTISE

RECOMMENDATIONS

SECTION 1 – To be completed by applicant group or organization

Name of organization _____

Name of representative for this organization _____

I waive do not waive our right of access to information on this form

Names of those on the organizing committee:

[Redacted area for names of those on the organizing committee]

APPLICANT'S SIGNATURE

SECTION II – To be completed by an active Academy member of good standing with whom members of the organizing committee have worked in the past, or are professionally and personally familiar with.

1. With whom on the organizing committee are you familiar with, in what capacity, and for how long?

[Redacted area for question 1]

2. How firm is the person's and organization's commitment to their field of work / study?

[Redacted area for question 2]

3. Do you feel the organization's cumulative academic and professional development is such as to support their successful formulation of a large educational meeting? Why?

[Redacted area for question 3]

4. In what way would this meeting contribute to the health and well being of children and adults with cerebral palsy or developmental disorders?

[Redacted area for question 4]

5. How would you rate the organizing committee's abilities in the following areas as a group? If you are unable to evaluate an area please leave it blank.

	Excellent	Very Good	Average	Below Average
Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please cite specific examples of how some of those on the organizing committee have demonstrated the qualities listed in question 5.

[Large grey rectangular area for response]

7. Do you feel the Ministry of Education, Ministry of Health, local Medical University, local medical professionals or community are willing to support the efforts of the organization in disseminating knowledge obtained at this event? In what way?

[Large grey rectangular area for response]

8. Please rate the present English language capability of the organization's representative as you know it.

	Superior	Good	Fair	Basic
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension (aural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Additional comments:

[Large grey rectangular area for response]

Name _____ Title and Position _____

Signed _____ Date _____

Institution _____

Telephone _____ Fax _____ Email _____

BUDGET

Estimated Income – Number of participants and inscription fees

Inscription or registration fees help constitute a portion of the supporting revenue, and can be crucial in determining budgetary needs. An estimated attendance can be calculated using the following: Participation in previous meetings, membership in participating societies, geographic “cachement area” transportation issues, number of specialists in each area. Please note the number of participants should be realistic. The size of the event in and of itself will not increase the chances of support by the AACPDM. A small event in an area of great need may have preference over a larger one.

1. Please estimate the number of participants you are projecting to attend the event:
2. How was this number determined?

3. Please describe the inscription/registration fee structure which is proposed and how it was calculated. Describe differential fees for students, paraprofessionals, members/non-members, educators, and/or families of children with childhood acquired disability. Please remember that fees charged should be sensitive to the financial differences among disciplines, and not serve as a barrier to attendance.

4. Using the Organizational Cash Flow Spread Sheet, please list expected or projected income. This should include donations of other organizations, agencies or companies; exhibitor fees; other grants or loans. Potential contributors include health related companies (hospitals, clinics, drug and equipment manufacturers, etc.), universities and educational agencies, government agencies, parent or disability related organizations, medical professional associations and private contributors. (For submission with the initial application please use the first page for notation of all income. It is understood that some items may be moved to pages two or three as time progress)
5. Please list expected or projected gift in kind (donation of product or service in place of cash). Examples include free advertising, providing space, staff, volunteers, food, etc.

Estimated Cost

It is understood that cost will be incurred throughout the planning process. However, a rough estimate is required for budget review and meeting planning. In determining cost please consider the following items; conference space, audiovisual cost (renting, staffing), advertising, mailing (estimated target audience, printing/copies cost, envelopes, postage), posters, organizational cost (secretarial support, committee meetings, computers, faxes, etc.), interpreter cost, support for speakers (speaker’s fees, travel, lodging, meals), and price range for hotel rooms in area of meeting.

1. Using the Organizational Cash Flow Spread Sheet, please list expected or projected expense. (For submission with the initial application please use the first page for notation of all expense. It is understood that some items may be moved to pages two or three as time progress)

ORGANIZATION CERTIFICATION for AACPDM Grant

I hereby apply for the AACPDM professional meeting development grant as representative of _____. I certify that we are eligible to apply, and understand that organizations in the following categories are ineligible (a) those not affiliated with or supported by and active AACPDM member; (b) those without high proficiency in spoken English; (c) those who have received this grant within the last 5 years; (d) those not directly involved in research or care of individuals with cerebral palsy or developmental disorders. In addition, I understand that by accepting this grant we agree to the responsibilities outlined on page one of this application. To my knowledge, no statement contained with this application is untrue.

If we receive an AACPDM grant, we agree:

1. That I am able to participate in technical discussions in English without difficulty, as they relate to the planning of this meeting.
2. That I will respond to all AACPDM and International Affairs Committee communication as requested, in a timely manner
3. That I will maintain communication with the International Affairs committee before and during the meeting
4. That we are responsible for covering all planning and event related expenses above that of the grant amount.
5. That depending on the tax laws of my home country this grant may be taxable in part or in full. It is our responsibility to investigate the tax regulations as they pertain to grant funding
6. That the planned event will take place within one year of the projected date noted on the initial application.
7. That we will submit a two to five page report to the International Affairs Committee within two months of the close of this event that provides an account of money spent, summarizes the evaluation forms completed by those that attended, give examples of how knowledge acquired during the meeting has been put into practice by those that attended, and includes a copy of the final event program. Any additional comments for future improvement of the AACPDM grant program would also be greatly appreciated.

I understand in signing below that failure to carry out the responsibilities listed above may result in forfeiture of this grant and may make both me and my organization liable for the return of payments provided.

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE OF APPLICANT

DATE

STOP! Before submitting your application please be sure you have completed and included the following:

- | | |
|--|-----------------------------------|
| 1. General Application | 4. Recommendation Forms |
| 2. Speaker biographical data | 5. Applicant Certification |
| 3. Proposed Budget Spread Sheet | |

Upon completion please submit this application as follows:

- via email with attachment of completed application form (minus recommendation form/s) - this should be sent to the Academy main office: info@aacpdm.org with a copy to the International Affairs Committee Chair