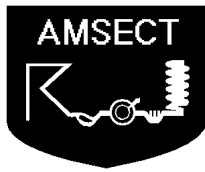


AMERICAN SOCIETY OF EXTRA-CORPOREAL TECHNOLOGY



Herndon, Virginia 20170
FAX (703) 435-0056
Phone (703) 435-8556
503 Carlisle Drive, Suite 125

Developmental Assistance Grant Application

General Information and Application Process

The American Society of Extra-Corporeal Technology (AmSECT) can assist in membership efforts to form state perfusion organizations. This support is available through grants to independent perfusion organizations, as funds are available. The society cannot engage in certain political activities that fall outside of its non-profit tax exempt status under the Internal Revenue Code. State perfusion societies are required to show that they have a self sustaining funding mechanism for their respective organization's administrative and educational activities.

Perfusionists in a state wishing to form a state perfusion society who would like financial assistance from AmSECT can submit an application through the designated AmSECT representative to a state society, the AmSECT State Liaison. In the absence of a State Liaison, an application may be submitted to the member of the AmSECT Government Relations Committee which has been assigned the responsibility for a particular state. Having a State Liaison is generally required for a grant application to be considered by the Government Relations Committee. An application for a specific legislative educational and informational program must meet certain minimal criteria, which are covered under a Proactive or Reactive Grant Application.

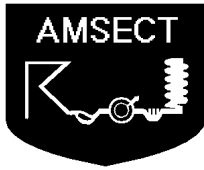
To submit a Developmental Assistance Grant Application for consideration by the AmSECT Government Relations Committee, applicants must send a completed typed application to the Director of Government Relations at the AmSECT National Office. Copies of applications are to be kept by an AmSECT State Liaison. A cover letter, signed by the designated representative, or by the president of an independent perfusion society/organization, must be included with the application.

Development Assistance Grant Application Criteria and Guidelines

In general, the following are the minimal criterion which must be addressed and included in a Developmental Assistance Grant Application.

- ♥ An AmSECT State Liaison representative.
- ♥ The names, addresses, and phone numbers of perfusionists and AmSECT members in a state, and those individuals willing to serve in leadership positions, as officers, as defined in completed organizational bylaws.
- ♥ Certificate of incorporation. This is required before any funds can be transferred from AmSECT to the newly formed organization.
- ♥ Completed organizational bylaws, which state the business structure of the society and its defined tax status as a 501 (c)(6) organization, and if available, a copy of IRS Form 1024, "Application for Recognition of Exemption Under Section 501 (a) or for Determination Under Section 120", and/or a copy of the IRS letter of determination, approving the application for exemption from Federal income tax under section 501 (a).
- ♥ An itemized budget with an explanation of how the funds will be used to promote the development and active participation of perfusionists and AmSECT members in the state.
- ♥ The filing of a Financial Accounting Report with the AmSECT Government Relations Committee.

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Developmental Assistance Grant Application

1. Name of State Perfusion Society : _____

Address: _____

City _____ State _____ Zipcode _____

2. Has a previous Developmental Assistance Grant Application been made YES NO

3. If yes, date of previous Application _____/_____/_____

4. Name of AmSECT State Liaison : _____

5. Officers/Directors of State Society

Name	Position	Home Address
a. _____	President	_____
b. _____	Vice President	_____
c. _____	Secretary	_____
d. _____	Treasurer	_____
e. _____	Board Officer	_____
f. _____	Board Officer	_____

g. List Other Officers/Directors of Society _____

6. Date of Incorporation: _____/_____/_____
(Attach copy of State Certified Certificate of Incorporation as ATTACHMENT # 2)

7. Society Bylaws - (Attach copy of Society Bylaws as ATTACHMENT # 3)

8. State Purpose for which Society is Being Formed/ Mission Statement

The purposes for which the Society/Association is organized are to promote the public health and safety by sponsoring activities which will help state perfusionists maintain their level of competence in the practice of perfusion. Additionally, the Society/Association will educate the state legislature and general public about the need for perfusion performed by properly trained and educated perfusionists. The Society/Association will engage in activities which further the common business purpose of all perfusionists performing services in the state. The Society/Association is established to perform professional organizational/trade association activities within the meaning of Internal Revenue Code section 501 (c)(6), and the regulations thereunder. The activities of the organization will include, but not be limited to lobbying the state legislature in proposing, supporting, or opposing legislation which affect the safe practice of perfusion by perfusionists.

9. Estimated total number of practicing perfusionists in the state # _____
10. Names and Addresses of perfusionists (*Attach list of all perfusionists practicing in the state as ATTACHMENT # 4*)
11. Current or Planned Society Membership Dues \$ _____
12. Developmental Assistance Grant Amount (*from Pro Forma Income Statement*) \$ _____
13. Calendar years covered by Developmental Assistance Grant Years _____
(*from Pro Forma Income Statement*)
14. Grant Funds requested as percent of Total Estimated Society Revenues % _____
for calendar years covered by Developmental Assistance Grant (*from Pro Forma Income Statement*)
15. Fill in next date of Society Organizational/Annual meeting (if known) ____/____/____
16. Will Society membership meetings include continuing education MAYBE YES NO
17. Educational and organizational activities for which Grant Funds will be used fall into these categories
(*Place a check mark in all boxes which most closely match the activities anticipated by Society that grant moneys will be used for*)
- Society Newsletter printing and postage
 - To reimburse for legal and accounting expenses
 - To help cover the cost of a state organizational meeting
 - To help cover the cost of periodic society mailings to perfusionists in the state
 - To help cover the cost of periodic meetings of the Board, and related Board member expenses such as telephone, printing, and faxing, pertaining to Society affairs
 - Other expenses (*fill in*) _____
18. Filing of Financial Accounting Report
Six months after the receipt of a Developmental Assistance Grant a Financial Accounting Report must be filed with AmSECT, and its Government Relations Committee. The report is to include numerical data on the actual expenditure of Grant funds, and a description of what was accomplished as a result of the Grant.
(*Place a check mark in the box next to the following declaration to indicate the acceptance of this precondition for award of a Grant.*)
- As a condition of receiving a Developmental Assistance Grant, the Society agrees to file a Financial Accounting Report with AmSECT and its Government Relations Committee within the time frame so stipulated in this application.*
19. Has Society submitted IRS Form 1024, Application for Recognition of Exemption Under Section 501 (a) or for Determination Under Section 120, and IRS Form 8718, User Fee for Exempt Organization Determination Letter Request, to the IRS ? YES NO
(*If yes, attach copy as ATTACHMENT # 5*)
20. Has Society received a Determination Letter from the IRS ? YES NO
(*If yes, attach copy as ATTACHMENT # 6*)
21. **Include Completed Society Application Pro Forma Income Statement as ATTACHMENT #1**

Name of Person Submitting Application (Please Print) _____

Signature _____ Date ____/____/____

Position with Society/Title _____

Developmental Assistance Grant Application

NAME OF STATE PERFUSION SOCIETY Pro Forma Income Statement

Section 1 - Revenues	Calendar Year	Calendar Year
Membership Revenue (# Members x Membership Fee)	\$ 00000	\$ 00000
Loans	\$ 00000	\$ 00000
Fundraising Activities	\$ 00000	\$ 00000
Annual Meeting Registration	\$ 00000	\$ 00000
Annual Meeting Exhibitor Fees	\$ 00000	\$ 00000
Private Donations	\$ 00000	\$ 00000
AmSECT Development Grant Funds	\$ 00000	\$ 00000
Surplus or Carryover	\$ 00000	\$ 00000
Other Revenues	\$ 00000	\$ 00000
Total Revenue From All Sources	\$ 00000	\$ 00000
Percentage of AmSECT Grant Funds to Total Revenues	%	%
 Section 2 - Expenses	 Calendar Year	 Calendar Year
Legal Fees for Registering Society	\$ 00000	\$ 00000
State Registration Fee	\$ 00000	\$ 00000
IRS Filing Fee	\$ 00000	\$ 00000
Annual Accounting Fees	\$ 00000	\$ 00000
Banking Fees	\$ 00000	\$ 00000
Post Office Box Fee	\$ 00000	\$ 00000
Mailing/Postage	\$ 00000	\$ 00000
Printing/Copying Expenses	\$ 00000	\$ 00000
Office Supplies	\$ 00000	\$ 00000
Telephone	\$ 00000	\$ 00000
Travel Reimbursement for Board Meetings, others	\$ 00000	\$ 00000
Newsletter Printing	\$ 00000	\$ 00000
Newsletter Postage	\$ 00000	\$ 00000
Misc. Expenses	\$ 00000	\$ 00000
 Organizational/Annual Meeting	 \$ 00000	 \$ 00000
Meeting Room Expense	\$ 00000	\$ 00000
Refreshments	\$ 00000	\$ 00000
Speaker Fees	\$ 00000	\$ 00000
Speaker Accommodations	\$ 00000	\$ 00000
Other Expenses	\$ 00000	\$ 00000
Total Expenses	\$ 00000	\$ 00000
 Section 3 - Net of Revenue to Expenses	 \$ 00000	 \$ 00000
Calendar Year Deficit	\$ 00000	\$ 00000
Calendar Year Surplus or Carryover	\$ 00000	\$ 00000

Supporting Documentation Checklist

Attachment Number	Attachment Title	Attachment Number	Attachment Title
# 1	Pro Forma Income Statement	# 4	List of Names/Address of Perfusionists
# 2	State Certificate of Incorporation	# 5	IRS Forms 1024, 8718
# 3	Society Bylaws	# 6	IRS Letter of Determination

