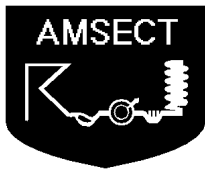


AMERICAN SOCIETY OF EXTRA-CORPOREAL TECHNOLOGY



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

Proactive Grant Application

General Information and Application Process

The American Society of Extra-Corporeal Technology (AmSECT) can assist with state sponsored perfusion society legislative or regulatory public policy informational and educational activities related to matters which affect the clinical practice and training and education of the profession. This support is available through Proactive 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.

A state perfusion society seeking 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. In cases where there is no perfusion society registered with the state and the Internal Revenue Service as a 501(c)(6) professional society, additional application requirements must be met, as specified in the AmSECT Developmental Assistance Grant Application.

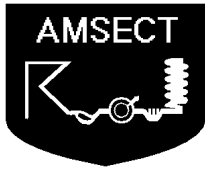
To submit a Proactive Grant Application for consideration by the AmSECT Government Relations Committee, applicants must send a completed typed application to the Director of Government Relations at the AmSECT National Office. Copies of applications are to be kept by an AmSECT State Liaison. A cover letter,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

Proactive Grant Application Criteria and Guidelines

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

- ♥ An AmSECT State Liaison.
- ♥ A legally formed and state and federally registered state perfusion society.
- ♥ The names and addresses of perfusionists and AmSECT members in a state, and those persons serving in leadership positions, as officers, as defined in state society bylaws.
- ♥ A brief description of the issue(s) and the professional benefit to perfusionists in a state.
- ♥ A survey of non-AmSECT and AmSECT perfusionists in the state on the issue(s) involved.
- ♥ A legislative or regulatory feasibility study and strategic plan outline.
- ♥ A copy or a summary of the state legislation or regulation affecting the profession.
- ♥ An itemized budget of estimated revenues and expenses for society activities.
- ♥ The filing of a Financial Accounting Report with the AmSECT Government Relations Committee.

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Proactive Grant Application

1. Name of State Perfusion Society : _____

Address: _____

City _____ State _____ Zipcode _____

2. Has a previous Proactive Grant Application been made YES NO

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

4. Name of AmSECT State Liaison : _____

5. Estimated total number of practicing perfusionists in the state # _____

6. 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 _____		

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

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

9. State Purpose of Society As Given In IRS Form 1024

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.

10. Names and Addresses of perfusionists *(Attach list of all perfusionists practicing in the state as ATTACHMENT # 4)*
11. Current Society Membership Dues \$ _____
12. Proactive Grant Amount Requested *(from Pro Forma Income Statement)* \$ _____
13. Calendar years covered by Proactive Grant *(from Pro Forma Income Statement)* Years _____
14. Grant Funds requested as percent of Total Estimated Society Revenues for calendar years covered by Proactive Grant *(from Pro Forma Income Statement)* % _____
15. On one page describe the legislative or regulatory issue(s) involved and what the society proposes to do and the professional benefit to perfusionists in a state in undertaking these proactive activities. *(Attach copy as ATTACHMENT #5)*
16. On one page summarize the results of a representative survey of non-AmSECT and AmSECT perfusionists, including data on the ratio of surveyed perfusionists who support, oppose, or have no opinion on the legislative or regulatory issue(s) involved. *(Attach copy as ATTACHMENT # 6)*
17. Include a legislative or regulatory feasibility study for the issue(s) proposed to be addressed by the Society. This may included an assessment by a reputable state lobbyist, a summation of views by several lobbyists familiar with the appropriate legislative or regulatory decision makers, a summation of views and options of state legislative staff or legislators obtained through personal contact or written communications, and any other pertinent data. *(Attach copy as ATTACHMENT # 7)*
18. Include a copy of the introduced or proposed legislation or regulation, or a written summary. *(Attach copy as ATTACHMENT # 8)*
19. Include a legislative or regulatory strategic plan which outlines the breadth and scope of the informational and educational activities planned by the Society. *(Attach copy as ATTACHMENT # 9)*
20. 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 help pay for the costs of professional services
 - To help pay for the costs of society mailings to perfusionists in the state
 - To help pay for the costs 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)* _____
21. Filing of Financial Accounting Report
- Six months after the receipt of a Proactive 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. *(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 Proactive 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.*
22. Include copy of IRS Form 1024 and copy of IRS Form 8718, or copy of IRS Determination Letter. *(Attach copy as ATTACHMENT # 10)*
23. ***Include Completed Society Application Pro Forma Income Statement as ATTACHMENT #1***

Name of Person Submitting Application (Please Print) _____

Signature _____ Date ____/____/____

Position with Society/Title _____

Proactive 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 Proactive 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 and/or 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	\$ 00000	\$ 00000
Newsletter Printing	\$ 00000	\$ 00000
Newsletter Postage	\$ 00000	\$ 00000
Contracted Professional Services	\$ 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	# 6	Survey of Perfusionists
# 2	State Certificate of Incorporation	# 7	Feasibility Study
# 3	Society Bylaws	# 8	Legislation or Regulation
# 4	List of Names/Address of Perfusionists	# 9	Strategic Plan Outline
# 5	Issue and Professional Impact/Benefit	# 10	IRS Forms 1024,8718,Determination