Background: The American Academy of Neurology ("AAN") has established a fund to offer hardship support gifts ("Grant(s)") for individual neurologists or neurology practices impacted by recent hurricanes in the south and southeast regions of the United States (the “Hurricanes” or singularly a “Hurricane”). The fund was established solely for the purpose of helping individual neurologists or neurology practices in need. AAN, AAN employees and others have given to the fund. The Grants are intended to provide short term assistance to neurologists or neurology practices experiencing acute hardship and distress as an immediate result of a Hurricane, to enable neurologists and neurology practices to continue to provide needed health care services in communities that have become distressed as a result of a Hurricane.

Eligibility criteria: For an individual neurologist to be considered for a Grant, the neurologist must have completed the Hardship Grant Application Form completely and answered any questions asked of the AAN Hardship Grant Selection Work Group related to the Hardship Grant Application Form. In addition, the person must be (a) actively practicing neurology; (b) in an area experiencing distress as a result of a Hurricane; (c) experiencing acute hardship and distress as an immediate result of a Hurricane; and (d) not related by blood or marriage to any AAN board member, AAN officer, AAN Hardship Grant Selection Work Group member, or AAN staff member.

For a neurology practice to be considered for a Grant, one of its representative must have completed the Hardship Grant Application Form completely, including having provided the practice’s EIN number, and answered any questions asked of the AAN Hardship Grant Selection Work Group related to the Hardship Grant Application Form. In addition, the practice must be (a) actively practicing neurology; (b) in an area experiencing distress as a result of a Hurricane; (c) experiencing acute hardship and distress as an immediate result of a Hurricane; and (d) no member of the practice may be related by blood or marriage to any AAN board member, AAN officer, AAN Hardship Grant Selection Work Group member, or AAN staff member.

AAN will not discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, age, disability, public assistance status, or sexual orientation.

Decisions: AAN does not expect that the Hurricane Relief Fund will be large enough to meet the needs of all impacted neurologists and neurology practices. Decisions about which neurologists and neurology practices will receive a Grant will be made by the AAN Hardship
Grant Selection Work Group, which will be appointed by the AAN Board of Directors. All decisions are final and do not require detailed explanation. The Hardship Grant Selection Work Group will meet on an as-needed basis. Grant award decisions will be based solely on the following criteria:

1. The availability of funds to provide Grants.
2. The eligibility criteria set forth in this document.

**Amount of Grants:** Applicants may request the amount needed for the purposes described in this document. However, the final amount of the Grants awarded will be determined by the AAN Hardship Grant Selection Work Group. No person or practice will be considered for more than one Grant.

**Use of funds:** Grant funds must be used to alleviate the neurologist’s or the practice’s hardship and distress directly resulting from the natural disaster so that the neurologist or the practice can continue to provide needed health care services in communities that have become distressed as a result of a Hurricane.

**Notice of Awards:** Applicants will be notified in writing via the Hardship Grant Award Notification Form regarding the approval or denial of the applicant’s Hardship Grant Application. The Hardship Grant Award Notification Form will be signed by a member of the Hardship Grant Selection Work Group.

**Revocation:** AAN reserves the right to cancel and demand return of any Grant awarded at any time if the applicant fails to meet the standards set forth in these Guidelines and Procedures, or falsifies information reported to AAN.

**Records:** AAN will keep this Hardship Grant Guidelines and Procedures document and the following records in an organized fashion, searchable by name of the applicant, for not fewer than six (6) years following the last Grant payment or denial of Grant payment to an applicant:

- Hardship Grant Application Forms
- Hardship Grant Award Notification Forms

**Tax Compliance:** The Grants are gifts. Recipients should consult personal tax advisors regarding the possible taxability of a Grant.

**Disclosure of Practice EIN and Name:** AAN may be required to disclose the name and EIN number of Domestic Organizations that receive a Grant on the AAN’s IRS Form 990, which is publicly available.
HARDSHIP GRANT APPLICATION FORM

DIRECTIONS: Scan and email completed application and required attachments (if any) to Michelle Uher at muher@aan.com.

Date of Application: ____________, 20___

NAME:

LAST ____________________________ FIRST ____________________________ M.I. ____________________________

AAN Member ID (if applicable): ____________________________

Email: ____________________________

NAME OF PRACTICE (if applicable):

____________________________________________________________________________________

EIN NUMBER OF PRACTICE*: ____________________________
(*Not required if the request is for an individual neurologist)

DISCLOSURE (Required for Practices seeking a Grant) □ I, an authorized agent of the Practice, confirm Practice’s understanding that AAN may be required to disclose the name and EIN number of Domestic Organizations that receive a Grant on the AAN’s IRS Form 990, which is publicly available.

ADDRESS OF PRACTICE:

NUMBER __________________ STREET __________________ CITY __________________ STATE __________________ ZIP __________________

TELEPHONE: (_______) ___________ WORK TELEPHONE: (_______) ___________

area code number area code number

CITIZEN STATUS □ U.S. Citizen □ Eligible Non-Citizen

Attach copy of Alien Registration Card: I-151 or I-551C.

PRACTICE STATUS □ Active practice □ Limited/restricted/non-active practice
MEDICAL LICENSE NUMBER(S) ____________________________

STATE(S) OF LICENSURE ____________________________

1. What natural disaster impacted you/your practice and when (provide specific dates)?

__________________________________________________________________________________

2. Describe in detail you/your practice’s current financial hardship and distress and how it was caused by the natural disaster listed in response to question 1.

__________________________________________________________________________________

__________________________________________________________________________________

3. How much hardship assistance are you requesting?

$ ____________________________

4. Describe in detail how you or your practice would use the Grant (if awarded) to enable you or your practice to continue to offer needed health services in your community during a time of acute hardship and distress.

__________________________________________________________________________________

__________________________________________________________________________________

5. IMPORTANT: Do you or any of the practices’ members or employees have a relative (by blood or by marriage) who serves as a director or officer of the American Academy of Neurology or the American Academy of Neurology Institute or as an AAN staff member?

☐ Yes ☐ No

If yes, provide his/her name(s) and relationship(s) to you or to the person(s) in your practice.

__________________________________________________________________________________

CERTIFICATION OF APPLICANT

I certify that all the information included in this Hardship Grant Application Form for short term hardship assistance is true and complete, and that if I am, or the practice I represent, is awarded a Grant for hardship assistance I, or the practice, will use the Grant solely to alleviate the hardship and distress directly resulting from the natural disaster in the manner described in this Hardship Grant Application Form, and for no other purpose.

__________________________________________
Signature

__________________________________________
Date
AMERICAN ACADEMY OF NEUROLOGY
Hurricane Relief Fund for Affected Neurologists & Neurology Practices

HARDSHIP GRANT AWARD NOTIFICATION FORM

Date: __________________, 20____

Name of Applicant: ____________________________________________________________

Date of Application: __________________________________________________________

Amount requested in Application: _____________________________________________

Check One:

☐ Approved                        Amount:  

☐ Not Approved

$________________

Signature of a Member of the Hardship Grant Selection Work Group:

__________________________________________________________
Signature                                      Date

If Awarded:

Certification of Recipient:  I hereby certify that I have received and read the AAN Hardship Grant Guidelines and Procedures.  I further certify that I, or the practice for which I’m an authorized agent, will use the Grant only as described in my, or our, Hardship Grant Application Form to relieve the hardship and distress caused to my individual practice or our practice and the community I, or we, serve by the Hurricane.

__________________________________________________________
Signature                                      Date