STATEMENT OF POLICY: The American Pediatric Surgical Nurses Association, Inc. (APSNA), is a 501(c) 3 organization with an all-volunteer Board of Directors (BOD). The organization endeavors to optimize the preparation, education, and effectiveness of current BOD members, and develop, and educate potential future BOD members to become APSNA leaders. The organization may provide limited financial assistance to support both 1) general members to attend APSNA related organizational meetings and 2) BOD members engaged in required APSNA organizational meetings that fulfill the APSNA mission.

Purpose: The purpose of this policy is to ensure that all requests for leadership funding: 1) are for a nonprofit purpose and support of the organization, 2) are reviewed by an equitable process, 3) distributed fairly, and 4) develop future leadership through activity funding.

Related Policies:
- Conflict of Interest
- Diversity and Inclusion
- Statement of Values and Ethical Standards
- Awards Policy
- Grants Policy
- Travel Reimbursement Policy
- Nominations Policy

PROCEDURE:

I. This funding is intended to defray some of the costs associated with meeting attendance and allow strategic partnering with other organizations that increases APSNA’s influence beyond our membership.

II. This funding policy does not apply to Special Interest Group (SIG) members submitting for SIG activities via the SIG Project Proposal.

III. General members engaged in APSNA related leadership activities may formally request financial assistance for this purpose.

IV. The potential candidate will be an APSNA member for at least 2 years at the time of the application.
V. The applicant has not previously been on the board and s/he agrees to stand for an APSNA BOD Position within 2 years of conference attendance. The Nominations Chair and Committee will monitor this and follow up with the recipient yearly.

VI. BOD members attending required leadership meetings that are not funded by APSNA may apply for this. These are travel and hotel costs for the annual spring conference and travel to and from the annual fall BOD meeting.

VII. The APSNA BOD will budget a yearly amount for this purpose, provided sufficient funds are projected to be available for this purpose. At a minimum, the budgeted amount should provide for funding for one BOD member and one non-BOD member as defined in the statement of policy.

VIII. Application Guidelines:
A. The BOD or APSNA non-BOD member completes and submits the Request for Financial Support electronically (see attached) to the APSNA Treasurer at least 90 days before the event.

B. All required elements of the application will be submitted.

C. Non-BOD member applicants will develop:
   1. Three objectives before attending the conference/meeting.
   2. These objectives will be used to report to the membership/BOD.

D. Non-BOD member applicants agrees to:
   1. Participate in the governance meetings of the meeting/conference attended and/or,
   2. Submit to contribute as a speaker in a pediatric surgical nursing topic in the meeting/conference attended, and/or,
   3. Propose goals for mutual benefit to partner organization’s leadership.

IX. Selection Process:
A. The Nominations Committee will review applications for non-BOD Members. The applications are blinded. In the event of a tie vote, the APSNA BOD will review the applications and cast the deciding vote.

B. BOD Member applicants will be reviewed by the Executive Committee and if there is more than one applicant the one who has not received funding in the prior year will be given priority. If none of the applicants received prior funding the award may be split equally among the applicants.

X. If both BOD members and general members apply for funding as described above, effort will be made to fund an individual(s) in each group so that both member types are supported.

XI. Members may be funded in full (up to $500.00 annually) or at a percentage of the request. Each request will be evaluated on an individual basis. The applicant may apply one time a year. Priority will be given to first time requestor. Applications for funding will be accepted until all funds are depleted.

XII. Each year the BODs will endeavor to budget funds to support this policy while considering the overall financial requirements of the organization.
Request for Financial Support for Board of Directors Required APSNA Meeting or APSNA Member Requesting Support for Elective Leadership Meeting (APPLY ON LINE).

I am requesting financial assistance for travel and the registration fees as detailed below. Thank you for your consideration.

Name of Conference or Meeting:
Date of Conference or Meeting:
Three objectives for attending Meeting:

Name: ____________________________________________________________

APSNA BOD Title (if applicable): ________________________________

Conference Fee: ________
Travel Expense: ________
Hotel Fee: ________
Total: ________

If approved, I will
☐ Read the above reference related policies, and will submit the completed Request for Travel Reimbursement form, with my receipts, within 30 days after the meeting, to the treasurer for reimbursement at treasurer@apsna.org
☐ As an APSNA general member will participate in the governance meetings of the meeting/conference attended and/or,
☐ Submit to contribute as a speaker in a pediatric surgical nursing topic in the meeting/conference attended, and/or,
☐ Propose goals for mutual benefit to APSNA and the partner organization’s leadership.

Signature: _______________________________________________________
Date: ________________________________