



**Peripheral Nerve Society
GRANT AGREEMENT**

This grant agreement is made as of [insert date], between the Peripheral Nerve Society (PNS) a nonprofit 501(c)(3) corporation (“Grantor”), and [insert institution name] with respect to the following goal of funding:

Grant Purpose: To cover mentee salary expenses for a [insert program type] program.

Agreement between Grantor and Grantee is as follows:

1. The purpose of this grant is to support the salary of the selected mentee, to perform the proposed project outlined below and, in the application, as submitted.
 - i. Grantee name(s):
 - ii. Mentor(s):
 - iii. Mentee:
 - iv. Description of Research proposal:
 - v. Expected time period of grant:
2. The Grantor shall pay to Grantee(s) the sum of a maximum of \$[] USD (the “Grant”) over [] years pending adequate progress made in first year of fellowship training. A 50% deposit of \$[] will be paid in [], at the start date of the fellowship training. The remaining \$[] will be paid in [], at the start of the [].
3. Grantee shall use the Grant solely for the purposes of completion of this proposed project as detailed in initial application, as well as Appendix A and outlined above, and Grantee shall repay to Grantor any portion of the Grant which is not used for those purposes. Any changes in the purposes of the Grant must be approved by Grantor in advance, in writing.

To enable the Grantor to fulfill its obligation to supervise activities specified in this Grant, Grantee shall submit the following: 1. Mid-point progress report after 1-year [insert date] and 2. A final report [insert date] 3. An abstract to be presented at the [insert year] PNS Annual Meeting. The support of the PNS shall be acknowledged in any scientific communication or publication. Reports shall be submitted to education@PNSociety.com.

4. Grantee shall notify Grantor immediately of any change in Grantee’s key project staff/members responsible for achieving the Grant purposes.
5. The Grantee shall list all efforts towards dissemination of grant activities, including all local, national and international presentations, conference abstract submissions and manuscript submission.

6. Grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless Grantor, its officers, directors, trustees, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees), directly or indirectly, wholly or partially, arising from or in connection with any act or omission of Grantee, its officers, directors, employees, or agents, in applying for or accepting the Grant, in expending or applying the proceeds of the Grant, or in carrying out project(s) to be funded or financed by the Grant, except to the extent that such claims, liabilities, losses, or expenses were caused by any act or omission of Grantor, its officers, directors, trustees, employees, or agents.

7. In the event that Grantee violates or fails to carry out any provision of this Agreement, including, without limitation, failure to submit reports when due, Grantor may, in addition to any other legal remedies it may have, refuse to make any future grants or installment payments of this Grant to Grantee, and Grantor may demand the immediate return of all or any unexpended portion of the Grant, and Grantee shall immediately comply therewith.

8. This Agreement supersedes any prior oral or written understandings or communications between the parties and constitutes the entire agreement of the parties with respect to the subject matter hereof. This Agreement may not be amended or modified except in a writing signed by both parties hereto.

IN WITNESS WHEREOF, the parties have executed or caused to be executed this Grant Agreement on the dates set forth opposite their signatures below.

Grantor: Peripheral Nerve Society

DATED: _____, 202__

Signed: _____

Name: _____

Title: _____

Grantee: [insert name]

DATED: _____, 202__

Signed: _____

Name: _____

Title: _____

Grantee confirms the below company/organization to receive all fund distributions:

Name:

Address:

Email:

Appendix A – Mentee Salary Range

Salary Range

These costs are based on a single, full-time graduate clinician, living in the [insert country]. The budget has been prepared in [insert currency] and converted to USD.

	Likely living costs for 12 months	
	Lower range (USD)	Upper range (USD)
Total		