



American Pediatric Surgical Nurses Association, Inc.  
5353 Wayzata Blvd.  
Suite 350  
Minneapolis, MN 55416 USA  
www.apsna.org

## Innovation Award

[Enter Date]

[Enter Name]

[Enter Address]

Dear [Enter Name]:

This Award Letter is to advise you that The American Pediatric Surgical Nurses Association, Inc. (APSNA) has approved your application for the Innovation Award (the "Award") described below, to be made upon the following terms and conditions:

1. The Awardee is [Enter Name]. The project name is "[Enter Title]." The total project grant award for the period of [Enter Start Date] to [Enter End Date] (the "Grant Period End Date") is \$[Enter Amount].
2. The Award will be paid in a single up-front installment. The Awardee must accept the terms of this Agreement prior to disbursement of award funds. Within thirty (30) days of receiving the countersigned Agreement, APSNA will disburse the award funds to Awardee per mutually agreeable arrangements. Award funds shall be used exclusively to support the project as set forth in the Awardee's approved proposal, attached to this agreement.
3. The Award must be used for exempt purposes only [according to Internal Review Code Section 117](#).
4. The Awardee is solely responsible for all activities supported by the Awardee. Nothing in this Agreement creates a partnership, agency, joint venture, employment or any other relationship or continued relationship. The Awardee shall not represent itself as an agent of APSNA for any purpose, and has no authority to bind APSNA in any manner whatsoever.
5. The award may not be used to influence the outcome of any specific public election or to carry on, directly or indirectly, any voter registration drives within the meaning of [Internal Revenue Service Code Section 4945\(d\)2](#).
6. Awardee agrees to deliver to submit a formal abstract application for presentation at the APSNA Annual Conference the following year.
7. Publicizing this award can help increase the community's awareness of your programs and encourage increasing support for your efforts. When publicizing your award, the following informational sentence about APSNA is required in published press releases and articles:

***"Support for this project was provided by the American Pediatric Surgical Nurses Association, Inc."***

8. In accordance with IRS regulations, receipts of itemized expenditures under this award, as well as copies of reports submitted to APSNA, should be kept for at least seven years following the date of such receipts and expenditures.

9. The Awardee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless APSNA, its officers, directors, trustees, employees and agents, from and against any and all claims, liabilities, losses and expenses (including reasonable attorney's fees) directly, indirectly, wholly or partially arising from or in connection with any act or omission of the Awardee or Awardee's employees or agents, in implementing and operating the project, except to the extent that such claims, liabilities, losses or expenses arise from or in connection with any act or omission of APSNA, its officers, directors, trustees, employees or agents.

We wish you success in your project.

Sincerely,

**The American Pediatric Surgical Nurses Association, Inc.**

By \_\_\_\_\_  
[Enter Name]  
President

**Grantee [Enter Name]**

By \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20xx