



IFCN Strategic Fund 2026

Support Application Form

Introduction:

The International Federation of Clinical Neurophysiology (IFCN) is pleased to announce a new funding stream, the IFCN Strategic Fund, to support initiatives from IFCN international Societies and Special Interest Groups and from the Young Neurophysiologist Network.

This round of awards will be for the present financial year (to end of 2026). The total amount available is \$80,000 and no more than eight grants are likely to be awarded. It is envisioned that projects will take place within one year of the award.

Eligibility criteria:

1. This support is targeted at IFCN Special Interest Groups or International Societies and the Young Neurophysiology Network. Check the list of IFCN Societies and Special Interest Group on the website www.ifcn.info
2. The projects may involve meetings' support, workshops and other projects and pieces of work. IFCN is keen to encourage working groups to produce consensus document and guidelines to be published in Clinical Neurophysiology or Clinical Neurophysiology Practice.
3. Proposals should include what gap or opportunity this proposal will address for IFCN.
4. Applications should include a budget, dates for completion and methods of audit. A short report must be submitted to IFCN ExCo within three months of completion.

Review Process:

Applications should be submitted to the IFCN Executive Committee by August 31st. The proposal will be reviewed and inform of its decision within four weeks.

Submission details:

Please send applications to the Secretariat of the IFCN via email at info@ifcn.info.

For any enquiries, please email: Kim Zaiss, IFCN Executive Director at kzaiss@info.info

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Applicants will be notified of the decision upon review by the IFCN Executive Committee. Applications will be considered on a first come first served basis.

Upon Approval of the endorsement/ funding support:

1. IFCN may assist with a logo and promotional materials (if applicable)
2. If appropriate the meeting/symposium/workshop will be added to the meetings calendar of the IFCN website and may be listed in forthcoming IFCN communications.

APPLICATION FORM

I. PERSONNEL

Name of Member International Society / SIG or YNN:

Contact Name:

Contact email:

Working Party members (please list):

II. PROPOSAL for Funding

a. Title of working paper/ event/ course proposal

b. Specific aims and rationale for strategic funding request. Please include the how, why and what the funds will be used for and its duration. Ex. How does this proposal align with the federation's strategic priorities and mission?

c. Background of any event/ publication(s)/ meeting or course (please list) relating to the subject matter.

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- d. Who will benefit from this initiative/ project? How will this project create value for IFCN as a whole?

III. MEETING DETAILS (if applicable)

- a. Proposed meeting location:
- b. Proposed number of attendees:
- c. Target audience:
- d. Proposed topic:
- e. Meeting location: Venue/City/Country
- f. Is the meeting being held in conjunction with an IFCN meeting (e.g. ICCN, ECCN, AOCCN, LACCN)
 - Yes ☐
 - No ☐

IV. FUND REQUEST DETAILS - if not used for a meeting

- a. List specific details of how the funding will be used
- b. List the goal of your end result; how will you show a return on investment

V. BUDGET PROPOSAL

ITEM	PROPOSED BUDGET
1. Anticipated costs for a meeting, vendor, or platform used for your funding request	
2. Travel (please include details below) a. Number of persons b. Estimated cost of round-trip flight per person	

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3. Accommodation a. Number of persons b. Cost and duration of stay	
4. Staffing: will you require administrative IFCN staffing support. If so, please list estimated number of hours. IFCN staff will calculate the cost.	
5. Other expenses: please list.	
TOTAL	

Please indicate if there are other sponsors for the work proposed here and include potential monetary support.

V. TIMELINE OF ACTIVITIES

Please list the proposed timeline of activities

e.g. *June 2024: In-person meeting;*
 July 2024: First draft of working paper
 September 2024: Manuscript finalised and submitted to IFCN Guidelines Committee for review

PRINT NAME: _____
SIGNATURE: _____ DATE: _____

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*Please submit the application to:

Contact Information
International Federation of Clinical Neurophysiology
555 East Wells St. Suite 1100
Milwaukee, WI 53202 USA
1+414-918-9816
info@ifcn.info

FOR IFCN Admin use only

Approved: _____

Date: _____

Funding amount granted: _____

Date: _____

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