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# **Chapter Annual Report**

**20**      **- 20**

       Chapter, SfN

**Part I: Chapter Information**

Current Chapter Representative Name (Must hold Regular or Emeritus SfN Membership)

University/Institution

Address

City State Zip

Email Address

**Names and addresses of Chapter officers for the upcoming year 20**      **- 20**

Chapter Representative Name- If different from above (Must hold Regular or Emeritus SfN Membership)

University/Institution

Address

City State Zip

Email Address

President Name (If different than Chapter Representative)

University/Institution

Address

City State Zip

Email Address

Vice President Name

University/Institution

Address

City State Zip

Email Address

Secretary Name

University/Institution

Address

City State Zip

Email Address

Treasurer Name

University/Institution

Address

City State Zip

Email Address

Number of Current Chapter Members:

Regular:       Postdoctoral Trainees:

Graduate Students:       Undergraduate Students:

Please list all institutions and universities involved in chapter activities:

Does your chapter currently charge dues:      Yes      No

If so, how much are dues?

Does your chapter have a website:      Yes      No

If so, list the URL:

Does your chapter have a Facebook page:      Yes      No

Does your chapter have a Twitter feed:      Yes      No

Does your chapter issue a regular newsletter:      Yes      No

If so, attach a copy of the newsletter to your completed report.

**Part II: Chapter Finances**

# CASH BALANCE at the BEGINNING of this report cycle (May 1, 20     ) $

(This BEGINNING balance must be the END balance on last year’s report.)

1. INCOME:

## Chapter Grants $

## Member Dues $

## Chapter Meeting Registration Fees $

## Fundraising $

## In Kind Support Donations $

## Other (list major items):

## $              $              $              $

## TOTAL REPORTABLE INCOME (total of B)\* $

## EXPENSES:

Meetings $

Seminars $

Brain Awareness Week (BAW) Outreach

Website $

Other (list major items):

       $        
       $        
       $        
       $

Other miscellaneous       $

## TOTAL EXPENSES (total of D) $

## SURPLUS or (deficit) (Total income less total expenses; C - E) $

## CASH BALANCE at SUBMISSION DATE of this report (April 30, 20     ) (A + F) $

\* All U.S. Chapters must have their own IRS (Internal Revenue Service) Employee Identification Number, which must be registered under SfN as a subordinate, which allows the chapter to utilize SfN’s tax exemption status. If your chapter’s total income is less than $50,000, file IRS form 990N. If your chapter exceeds $50,000, file form 990EZ or 990. All 990s (EZ, N or regular 990) must be filed every year in conjunction with the submission of this report to SfN. Note: you should file your forms directly with the IRS however, please send a copy to SfN.

# IRS (Internal Revenue Service) Employee Identification Number:

(For U.S Chapters Only)

Chapter financial records for 20     - 20      have been audited:       Yes       No

IRS Form (990/990N/990EZ) Included:       Yes       No

#### *All chapters (U.S. and International) are responsible for ensuring they are in compliance with National, State, and Local tax requirements.*

Has the chapter complied with National, State, and Local tax requirements:       Yes       No

National, State, and Local Tax Forms Included:       Yes       No

**Part III: Chapter Meetings**

You may attach additional information about meetings to this report.

1. Date and Time:

Location:

Briefly describe any major decisions made or notable discussions points:

1. Date and Time:

Location:

Briefly describe any major decisions made or notable discussions points:

1. Date and Time:

Location:

Briefly describe any major decisions made or notable discussions points:

1. Date and Time:

Location:

Briefly describe any major decisions made or notable discussions points:

1. Date and Time:

Location:

Briefly describe any major decisions made or notable discussions points:

**Part IV: Chapter Activities**

Provide a brief, two sentence description of each event your chapter held as well as fill in the provided grid. If you have additional information about your events, attach them to your report.

1. Event

|  |  |  |
| --- | --- | --- |
| **Information required** | **Who** | **Institutions involved** |
| **Organized and run by** |  |  |
| **Collaborating Chapters?** |  |  |
| **Attendees** |  |  |

1. Event

|  |  |  |
| --- | --- | --- |
| **Information required** | **Who** | **Institutions involved** |
| **Organized and run by** |  |  |
| **Collaborating Chapters?** |  |  |
| **Attendees** |  |  |

1. Event:

|  |  |  |
| --- | --- | --- |
| **Information required** | **Who** | **Institutions involved** |
| **Organized and run by** |  |  |
| **Collaborating Chapters?** |  |  |
| **Attendees** |  |  |

1. Event:

|  |  |  |
| --- | --- | --- |
| **Information required** | **Who** | **Institutions involved** |
| **Organized and run by** |  |  |
| **Collaborating Chapters?** |  |  |
| **Attendees** |  |  |

1. Event:

|  |  |  |
| --- | --- | --- |
| **Information required** | **Who** | **Institutions involved** |
| **Organized and run by** |  |  |
| **Collaborating Chapters?** |  |  |
| **Attendees** |  |  |

**Report Certification:**

I certify that the report information provided is accurate and correct to the best of my knowledge.

Date:       Signature:

**Part V. Chapter-of-the-Year Award Nomination**

Background This award is aimed at recognizing outstanding chapters for their efforts and accomplishments across a broad range of activities that are in line with the mission and strategic initiatives of SfN. The Chapter-of-the-Year (CoY) Award will include a grant of $1,000 to support chapter goals/programs and the award will be presented during the Chapters Workshop at the SfN annual meeting.   
  
The Award will be judged based on a two-step review and evaluation process using the chapter annual reports required from chapters by May 1 of each year. Annual reports must meet the basic reporting requirements to be considered (see eligibility below).The annual reports that qualify will be screened by SfN staff using the criteria proposed below and a ranking scale of 1 through 5. The highest-rated reports (up to 10) will then be sent to the Membership and Chapters Committee for final judging.

Eligibility   
For award consideration, chapters must:

* Include brief nominating essay
* Submit an annual chapter report by May 1
* Submit reports on activities funded by a previous chapter grant
* Be current on reports from all other programs through which funding have been received

Selection Criteria The selection committee will evaluate nominations based on the following selection criteria:

* Evidence the chapter has implemented an innovative idea that includes the public, media, or political representatives in their outreach programs
* Extent to which chapter outreach includes providing neuroscience resources for K-12 education
* Extent and effectiveness of the chapter's methods for communicating with its members and to the general public (use of websites, Facebook, chapter newsletters, etc.)
* Degree to which the chapter promotes involvement with the local community outside of SfN members
* Demonstration of commitment to engagement in neuroscience advocacy issues
* Evidence of effective partnering across multiple institutions in implementing chapter activities
* Diversity of chapter members and of participants in chapter activities
* Demonstration of innovative programs and activities that can serve as models for other SfN chapters

Conditions and Responsibilities   
Award recipients must meet the following conditions and responsibilities:

* A representative from the chapter leadership must be present at the Chapter's Workshop to accept the award
* If requested, the chapter will give a presentation on a topic selected by SfN at the Chapter's Workshop

Essay

Provide a one-page essay based upon the above selection criteria detailing why your chapter should receive the Chapter-of-the-Year Award.