



GRANT REQUEST FORM

Name of Requester:		Phone Number/Extension and Email Address:	
Payee Organization/Institution*:		Payee Organizational/Institutional Contact (if different than Requester):	
Address of Organization/Institution:		Taxpayer Identification Number of Organization/Institution:	
Date of Request:	Requested Deadline for Decision:	Amount (\$) of Request:	Product and Quantity Requested (if applicable):

***Note: Payments for approved Grants will be made payable to affiliated organizations or institutions, not individuals.**

1. HAS THE REQUESTING ENTITY OR INDIVIDUAL SUBMITTED A COMPLETE REQUEST?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, date that Request was returned to Requester for completion: _____
2. HAS THE REQUESTING ENTITY OR INDIVIDUAL PROVIDED INFORMATION DETAILING THE REQUEST?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, attach a copy. Otherwise, attach a statement addressing key points of the proposal.
3. HAS THE REQUESTING ENTITY OR INDIVIDUAL PROVIDED THE FOLLOWING INFORMATION?		
<input type="checkbox"/> Description of program/research to be funded (including title, therapeutic focus and learning objectives);		
<input type="checkbox"/> Description of how program/research will benefit patient care, knowledge, or other public health objective; and		
<input type="checkbox"/> Breakdown of how Grant funding will be used.		

4. THIS REQUEST RELATES TO FUNDING SUPPORT FOR: (Check all that apply)						
<input type="checkbox"/> Educational Grant (check if the following have been provided):						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> An IRS determination letter, if applicable</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Program agenda/materials, brochure or invitation, if available</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> A statement of independence from Company influence, with the Requester taking responsibility for selecting content, speakers, faculty attendees, and logistical elements of the program</td> <td style="padding: 5px;"><input type="checkbox"/> Anticipated number of attendees, composition of audience and recruitment method</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Number and names of faculty or speakers, if known</td> <td style="padding: 5px;"><input type="checkbox"/> Accrediting organization, if applicable</td> </tr> </table>	<input type="checkbox"/> An IRS determination letter, if applicable	<input type="checkbox"/> Program agenda/materials, brochure or invitation, if available	<input type="checkbox"/> A statement of independence from Company influence, with the Requester taking responsibility for selecting content, speakers, faculty attendees, and logistical elements of the program	<input type="checkbox"/> Anticipated number of attendees, composition of audience and recruitment method	<input type="checkbox"/> Number and names of faculty or speakers, if known	<input type="checkbox"/> Accrediting organization, if applicable
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<input type="checkbox"/> Number and names of faculty or speakers, if known	<input type="checkbox"/> Accrediting organization, if applicable					
<input type="checkbox"/> Research Grant (check if the following have been provided):						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Copy of any related protocols, including aims, research design and methods</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> Statement of other funding</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Number of Investigators and subjects</td> <td style="padding: 5px;"><input type="checkbox"/> Proposed project timeline</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Names and credentials of researchers</td> <td></td> </tr> </table>	<input type="checkbox"/> Copy of any related protocols, including aims, research design and methods	<input type="checkbox"/> Statement of other funding	<input type="checkbox"/> Number of Investigators and subjects	<input type="checkbox"/> Proposed project timeline	<input type="checkbox"/> Names and credentials of researchers	
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<input type="checkbox"/> Number of Investigators and subjects	<input type="checkbox"/> Proposed project timeline					
<input type="checkbox"/> Names and credentials of researchers						
<input type="checkbox"/> Charitable Contribution (check if the following have been provided):						
<input type="checkbox"/> IRS tax determination letter						
5. Prior Funding (check one):						
<input type="checkbox"/> The Company has previously provided funding to requesting entity or individual. Specify amount(s), date(s), and purpose(s) of funding: <div style="border-bottom: 1px solid black; margin-bottom: 10px; width: 80%; margin-left: 20px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; width: 80%; margin-left: 20px;"></div>						
<input type="checkbox"/> The Company has not previously provided funding to requesting entity or individual.						