

# Grant Request Form

**IMPORTANT CHECKLIST — PLEASE ENSURE THAT THE FOLLOWING ARE SENT VIA MAIL OR FAX ALONG WITH THIS GRANT REQUEST FORM TO: ASCEND Therapeutics, Inc., Educational Grant Request Dept., 607 Herndon Parkway, Suite 110, Herndon, VA 20170 (fax: 703-478-0959).**

- Completed Grant Request Form
- Signed Letter of Request on your company letterhead
- Accreditation Statement, if event provided by accredited CME provider
- Grant amount requested
- Agenda (if not available, please submit topics and titles)
- Detailed budget showing the total program/enduring materials cost
- Supporting Documentation (i.e., Program Brochure, Invitation, etc.)

**Grant Request Category:**

- |   |  |
|---|--|
| <input type="checkbox"/> Professional Medical Education Conference/Symposium<br><br><input type="checkbox"/> Professional Medical Society Support | <input type="checkbox"/> Professional Medical Education Enduring Materials<br><input type="checkbox"/> Other (please specify)<br>_____ |
|---|--|

**Requesting Institution:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Institution Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Institution's Tax ID: \_\_\_\_\_

1. Does requesting institution, or any company affiliated with requesting institution, provide goods or services to ASCEND Therapeutics, Inc.?  Yes  No  
 If yes, provide details below (or use a separate sheet if necessary).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Title of proposed meeting/program/publication:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Date and location of proposed program/enduring material:  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Unmet Medical Education need addressed by proposed program/enduring material:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Disease state of interest:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Educational Objectives and Planned Evaluation Methods:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Description of expected attendees or target audience (i.e., specialty and type of Healthcare Professional):  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Estimated number of attendees: \_\_\_\_\_

9. Total program/enduring material cost: \$ \_\_\_\_\_ and amount requested from ASCEND Therapeutics, Inc.: \$ \_\_\_\_\_

10. Does this program provide continuing medical education credit?  Yes  No If so, how many units and type?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide accredited provider information:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please remember to attach supporting documentation as stated above in the checklist.**

**Compliance Commitment:**

ASCEND Therapeutics, Inc. is committed to compliance with all applicable federal and state pharmaceutical industry laws, regulations, and guidelines, including the PhRMA Code on Interactions with Healthcare Practitioners, ACCME Standards for Commercial Support of Continuing Medical Education, FDA’s Final Guidance on Industry-Supported Scientific and Educational Activities, AMA Guidelines on Gifts to Physicians from Industry, and the OIG Compliance Program Guidance for Pharmaceutical Manufacturers. By submitting this grant application, the requesting institution represents that it is committed to act in accordance with the above in the event that ASCEND Therapeutics, Inc. decides to fund the requested grant.

Submission of this grant application does not constitute or represent a funding commitment by ASCEND Therapeutics, Inc.; rather such funding decision is subject to ASCEND Therapeutics, Inc.'s internal approval of the subject grant proposal, which may be approved or denied in ASCEND Therapeutics, Inc.'s sole and absolute discretion. If approved, ASCEND Therapeutics, Inc.'s provision to requesting institution of grant funds will constitute its sole funding commitment for this grant application.

***I hereby certify that the information provided in this application is complete and correct, and I agree to act in accordance with the Compliance Commitment outlined herein.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_