

Grant Request Form

IMPORTANT CHECKLIST – PLEASE ENSURE THAT THE FOLLOWING ARE SENT ALONG WITH THIS GRANT REQUEST FORM:

<input type="checkbox"/>	Completed Grant Request Form
<input type="checkbox"/>	Signed Letter of Request on requesting institution’s company letterhead
<input type="checkbox"/>	Accreditation Statement, if event provided by accredited Continuing Medical Education (CME) provider
<input type="checkbox"/>	Grant amount requested
<input type="checkbox"/>	Agenda (if not available, please submit topics and titles)
<input type="checkbox"/>	Detailed budget showing the total program/enduring materials cost
<input type="checkbox"/>	Supporting documentation (i.e. program brochure, invitation, etc.)

SEND VIA MAIL, EMAIL, OR FAX

VIA MAIL:	VIA EMAIL:	VIA FAX:
ASCEND Therapeutics US, LLC Educational Grant Request Dept. 607 Herndon Parkway, Ste. 110 Herndon, VA 20170	grantrequest@ascendtherapeutics.com	703-478-0959

Grant Request Category

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

Requesting Institution

Name:			Tax ID:	
Address:				
City:		State:		ZIP Code:
Institution Contact:				Title:
Phone:		Email:		Fax:

1.	Does requesting institution, or any company affiliated with requesting institution, provide goods or services to ASCEND Therapeutics US, LLC?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	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:	\$	
		Amount requested from ASCEND Therapeutics US, LLC: \$	
10.	Does this program provide continuing medical education credit?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
		If Yes, how many units and type?	

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

Compliance Commitment:

ASCEND Therapeutics US, LLC 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, 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 US, LLC decides to fund the requested grant. Submission of this grant application does not constitute or represent a funding commitment by ASCEND Therapeutics US, LLC; rather such funding decision is subject to ASCEND Therapeutics US, LLC’s internal approval of the subject grant proposal, which may be approved or denied in ASCEND Therapeutics US, LLC’s sole and absolute discretion.

If approved, ASCEND Therapeutics US, LLC’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:	