



APPLICATION FOR CHARITABLE PRODUCT DONATION

OsteoMed may provide product donations for **Charitable** purposes, such as supporting indigent care or in sponsorship of events where the proceeds are intended for other domestic or international humanitarian needs. Donations shall be determined by the charitable objective and be made only to *bona fide* charitable organizations (registered 501(c) (3) or not-for-profit institutions). No direct funding will be made payable to an individual or Healthcare Professional. OsteoMed does not fund capital projects. OsteoMed will not serve as the exporter of product donations to international destinations.

Charitable Grants may not be based on, or related to, past, present, or future volume of business generated for OsteoMed by the proposed recipient. Any evidence that suggests that the request for a Charitable Grant is tied, in any way, to past, present, or future volume of business will cause the request to be rejected and the request may not be resubmitted.

To complete this request, the following information is needed:

1. Organization information including brief history, mission/purpose statement, brochure, as well as Organizational NPO #, if applicable (**Please attach**)
2. Cover letter/proposal summary on organization letterhead outlining the program, problem/need, your particular qualifications to address this need, as well as a list of the specific products/amount requested, if applicable
3. A list of your organization's Board of Directors and Executive Officers (**Please attach**)
4. A list of major donors with amounts/products and years in which other donations were made (**Please attach**)
5. Federal Tax ID number for your organization (**Required if requesting funding**)
6. Current IRS form W9 for Grant recipient (**Required if requesting funding**)
7. IRS tax-exemption letter of fiscal sponsor (i.e. **501(c) (3)**, if applicable)
8. Evidence of public or private status (i.e. **W-8BEN**) for Grant Recipient (non-U.S.)
9. The organization's corporate status under state law
10. Disclosure: Information related to any HCP-owned or controlled organization or any other known conflict of interest issues must be disclosed.

PART 1: RECIPIENT INFORMATION		
Charitable Grant Recipient: (Legal Name of Organization or Institution)		Tax Identification Number:
Organization NPO# (if applicable): NPI# (if applicable):		
Contact Person Name:		Title:
Address of Charitable Grant Recipient:		
Contact Person information:	Phone:	Fax:
	E-Mail:	
Payee if different from Recipient above:		

PART 2 : PROGRAM DETAILS	
Title of Program/Event:	
Program/Event Description: (Attach additional information as needed)	
Purpose of Charitable Grant Funding (What the grant covers):	
Is this a one-time request? YES or NO Program/Event Start and End Dates:	
Intended destination (country) for charitable donation:	
<u>FOR PRODUCT DONATION REQUEST-</u> Type and Quantity of Product Requested: (You <u>must</u> provide specific item names/item numbers if product donation is for international use due to Regulatory and Import/Export requirements)	

* Please click File > Save As to save the completed form to your computer. Once saved please attach in an email with supporting documents to: charitablecommittee@OsteoMed.com.

Below information to be completed by OsteoMed Committee:

Date Submitted: _____

Tracking # _____

Group(if product donation):

SBO CMF Power Biologics Spine

BUVP/Date _____ Approve Not approved

CO/Date _____ Approve Not approved

COO/Date _____ Approve Not approved

CFO/Date _____ Approve Not approved

CFO/Date _____ Approve Not approved