

## APPLICATION FOR HEALTHCARE EDUCATION GRANT

OsteoMed may provide financial or in-kind support for bona fide HCP educational activities organized by third-party organizations with genuine educational missions. OsteoMed's expectation is that educational activities supported by HealthCare Education Grants will be limited to: (1) Grand Rounds; (2) Journal Clubs; and (3) Third-Party Educational Conferences. Per OsteoMed policies, stipends related to an HCP's attendance at a third-party educational conference are **not** considered HealthCare Education Grants. No direct payment will be made payable to an individual or HCP.

OsteoMed's Grant Committee must review all requests for HealthCare Education Grants for legal, compliance, and business appropriateness. Only the Grant Committee has the authority to approve or deny any such request. OsteoMed's Grant Committee ensures that grant-making decisions are appropriately independent from OsteoMed's sales and marketing functions, and ensures that OsteoMed follows all laws applicable to any grant request. HealthCare Education Grants may not be based on, or related to, past, present, or future volume of business generated for OsteoMed by the proposed recipient.

Applications for Healthcare Education Grants should be submitted for consideration at least **two (2) months prior** to the date of the relevant event or program. If you have any questions about your application, please communicate directly with [grants@osteomed.com](mailto:grants@osteomed.com). Please be advised that OsteoMed's sales personnel are not permitted to discuss pending grant or donation applications.

**To complete this request, please provide the following information:**

PART 1: RECIPIENT INFORMATION		
Grant Recipient: (Legal Name of Organization or Institution)		Tax Identification Number:
Organization NPO# (if applicable): NPI# (if applicable)		
Contact Person Name:		Title:
Address of Grant Recipient:		
Contact Person information:	Phone:	Fax:
	E-Mail:	
Payee (if different from Recipient above):		
PART 2 : PROGRAM/EVENT DETAILS		
Title of Program/Event:		

<b>CME Event</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list CME Provider			
<b>Program/Event Description:</b> (Attach additional information as needed)			
<b>Program/Event Start and End Dates</b>			
<b>Amount of Funding Requested:</b>	\$	<b>Total Program/Event Budget:</b>	\$
<b>Purpose of Funding (what does grant cover):</b>			
<b>PART 3: DISCLOSURE INFORMATION</b>			
<b>Is your organization owned or controlled by a Healthcare Professional?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If yes, please indicate the name of the Healthcare Professional</b>			
<b>Disclose any other known conflict of interest issues here:</b>			

**Please attach the following supporting documentation for consideration:**

- Program Brochure/Agenda for Third Party Conference Support (draft copies acceptable)
- W-9 Tax Form (US)
- Evidence of public or private status (US)
- Documentation verifying Accreditation as applicable
- Program/Event/Educational Tool Detailed Budget
- List of Other Sponsors for the Program/Event/Educational Tool
- Current list of Board of Directors or Executive Officers
- Letter of Request on company letterhead outlining your Mission Statement

**Return completed form and documentation by email to: [grants@OsteoMed.com](mailto:grants@OsteoMed.com).**

*By submitting this application, the requesting organization affirms that the foregoing information is true and accurate and that this grant or donation is not offered to induce use of, purchase of or recommendation of OsteoMed products by a HCP. The organization further affirms that any meals and refreshments provided as part of this event will be modest in value, subordinate in time and focused to the purpose of the conference, and clearly separate from the educational portion of the program. In addition, any faculty honoraria, travel, lodging and meal expenses covered by the funds from this grant will be reasonable in value. Further, the venue will be appropriate to the subject matter and conducted in a setting conducive to the exchange of information.*

**To Be Completed by OsteoMed Grant Committee:**

**Date Submitted:** \_\_\_\_\_

**CCO/Date** \_\_\_\_\_

**Approved  Not approved**

**CFO/Date** \_\_\_\_\_

**Approved  Not approved**

**CEO/Date** \_\_\_\_\_

**Approved  Not approved**