

APPLICATION FOR EDUCATIONAL GRANT

OsteoMed may provide funding of Educational Grants to independent, educational, scientific or policymaking conferences to Approved Institutions/Organizations or Accredited Programs in order to support the general medical training of Healthcare Professionals in order to promote scientific knowledge, medical advancement and the delivery of effective health care. No direct payment will be made payable to an individual or Healthcare Professional (HCP).

Educational 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 an Educational 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. Federal Tax ID number for your organization (US)
2. Organization information, including your mission statement
3. Program/Event/Educational Tool information (if applicable)
4. Valid E-mail address for communications
5. A list of your organization's Board of Directors and Executive Officers
6. Documentation verifying Accreditation
7. Current IRS form W9 for Grant Recipient (US)
8. Evidence of public or private status for Grant Recipient (non US)
9. 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		
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:		

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

Please attach the following supporting documents for consideration:

- Program Brochure/Agenda for Third Party Conference Support (draft copies acceptable)
- W-9 Tax Form – Attached (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

Return completed form and documentation by email to: grants@OsteoMed.com

The requesting organization affirms that the foregoing information is true and accurate and that this donation is not offered to induce use of, purchase of or recommendation of OsteoMed products by a Healthcare Professional. 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.

Below information to be completed by OsteoMed Committee:

Date Submitted: _____ Tracking # _____

BUVP/Date _____ Approve Not approved

CO/Date _____ Approve Not approved

COO/Date _____ Approve Not approved

CFO/Date _____

Approve

Not approved

CEO/Date _____

Approve

Not approved