

APPLICATION FOR CHARITABLE DONATION (MONETARY OR PRODUCT)

OsteoMed may provide Charitable Donations in the form of financial or in-kind (i.e. product donation) support to bona fide, qualified 501(c)(3) nonprofits or similar charitable organizations to further such recipient's legitimate charitable missions.

Charitable Donation recipients must be registered as non-profit charitable organizations under the laws of their resident country and be entitled to receive the charitable donation.

OsteoMed's Grant Committee must review all requests for Charitable Donations 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. Charitable Donations may not be based on, or related to, past, present, or future volume of business generated for OsteoMed by the proposed recipient.

Applications for Charitable Donations 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. 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		
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/EVENT DETAILS		
Title of Program/Event:		

Program/Event Description: (Attach additional information as needed)	
Purpose of Funding (what does grant cover):	
Program/Event Start and End Dates:	
Amount of Funding Requested:	\$
Intended destination (country) for charitable donation:	
Is this a one-time request?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>PRODUCT DONATION REQUESTS</u> Type and Quantity of Product Requested: (You must provide specific item names/numbers if product donation is for int'l use)	

Please attach the following supporting documentation for consideration:

- Organizational information including brief history, mission statement and brochure
- W-9 Tax Form (US)
- Evidence of public or private status (US)
- IRS tax-exemption letter of fiscal sponsor (i.e. 501(c)(3), if applicable)
- The organization's corporate status under state law
- List of Major Donors with Amounts/Products
- Current list of Board of Directors or Executive Officers
- Letter of Request on company letterhead outlining the program, problem/need, your particular qualifications to address this need, and the products/amount requested.

Return completed form and documentation by email to: 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**

For Product Donations, Identify the Relevant Business Unit: _____