

APPLICATION FOR RESEARCH GRANT (MONETARY OR PRODUCT)

OsteoMed may provide Research Grants in the form of direct financial support or free or reduced-price, in-kind product support for clinical research in areas of legitimate interest to OsteoMed. Per OsteoMed policies, Research Grants are only appropriate to support investigator-initiated research. Healthcare institutions, research-based organizations, and individual HCPs may all request and receive Research Grants. OsteoMed only gives Research Grants to support research with defined goals, objectives, and milestones. Unrestricted Research Grants are prohibited. No direct payment will be made payable to an individual or HCP.

OsteoMed's Grant Committee must review all requests for Research 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. Research 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 Research Grants should be submitted for consideration at least **two (2) months prior** to the date of the relevant 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		
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 DETAILS		
Primary Investigator & Institutional Affiliation:		

Title of Research Protocol:	
Study Purpose/Objective:	
Project Start and End Dates:	
Amount of Funding Requested:	\$
Product Donation Only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ship-to-address for product supplies/specimens:	
Anticipated Plans for Final Study Results:	Presentation <input type="checkbox"/> White Paper <input type="checkbox"/> Publication <input type="checkbox"/>

Please attach the following supporting documentation for consideration:

- Protocol
- List of Materials (Product, Cadaver, Fixture, etc., including Quantity and Type Requested)
- Itemized Budget
- Current IRS form W9 for Grant Recipient
- Organizational information

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: _____