

EMEA EDUCATIONAL GRANT APPLICATION FORM

Instructions: This application form is for **Educational Grants** and NOT for Investigator-Initiated Study Research Grants, General Research Grants, Charitable Contributions/Donations, or Commercial Sponsorships. An Educational Grant is a payment or in-kind support to a third-party organizer or institution to support a specific medical or scientific educational program or programming (e.g., support for a continuing medical education program, scholarship, or fellowship). Applications must be received **at least ninety (90) days** prior to the event occurring for consideration. Also, please note that your application must be submitted with all required documents (see the "Required Documentation" section of this form). **Incomplete applications and/or missing or incomplete required documents will cause delays and may result in a denial of your application.**

Applications are accepted throughout the year. Please submit your application by email to: GrantCommittee.Emea@microvention.com

For any questions, please contact the EMEA MicroVention Grant Liaison Manager, Julia Châtelet, at GrantCommittee.Emea@microvention.com

A reference number will be attributed to each application and should be reminded for any interaction related to the application.

General Information

Date of the request: _____

Is the Requestor an institution or an individual Health Care Professional ("HCP") _____

Name of the Requestor: _____

Requestor's Contact name and title: _____

Address _____

Telephone _____

E-Mail address _____

Website _____

Is the Requestor a government entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the Requestor comprised entirely of, owned by, or controlled by HCPs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is a MicroVention employee on the Board of Directors of the Requestor's organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does a MicroVention employee have a controlling position in the Requestor's organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the Requestor a customer of MicroVention (e.g., can it purchase, prescribe, or influence the use of any MicroVention products) ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are any of the Requestor's organization's owners, officers, directors, or managers (current or former) a Government Official or a Family Member of a Government Official?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do any of the Requestor's owners, officers, directors, or managers (current or former) have a business relationship with a Government Official or a government entity, which has decision-making authority or official influence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

To your knowledge, are there any actual or potential conflicts of interest between the Requestor and MicroVention (e.g., are any representatives of the requesting organization related to a MicroVention employee)?

YES NO

If YES, please explain:

Within the past 5 years, has the Requestor, or any of its owners, officers, directors, employees, or sub-contractors, been the subject of any government investigation or proceeding involving fraud or corruption (e.g., bribery, money laundering, or other corrupt practices)?

YES NO

If YES, please explain:

Parent Organization Information

Is the requesting organization part of a larger organization? YES NO

If YES, please provide the following information:

Parent Organization Legal Name:

Parent Organization Address:

City:..... Postal Code: Country:

Prior Funding

Has the Requestor ever received funding from MicroVention? YES NO

If yes, please provide the following information:

Year when funding was provided:..... Amount of previous funding:

Type of previous funding (*Research/ Educational grant/ Charitable contribution...*):

.....

Program information

Title of Program/Initiative for which support is requested:	
Program Description (please also provide a detailed agenda):	
Therapeutic Area:	
Program Goals:	
Total Amount of Funding Requested: (Indicate the currency)	
Total Budget for Program/Initiative: (Indicate the currency)	
List other current sources of funding:	

Accreditation detailed information (If applicable)

Is the Program accredited?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is your organization the accreditor?	YES <input type="checkbox"/> Please attach a copy of the accreditation certificate. NO <input type="checkbox"/> Provide the Accreditor Organization Name:.....

Required documentation

List of Members of the Requestor's Board of Directors (with names and titles)	If applicable
Request letter	Required
Accreditation Certificate	If applicable
Detailed Agenda	Required
Detailed Program Budget	Required
Invitation Flyer / Marketing Material	Optional
Organization Governing Document (e.g., Organization's Articles of Incorporation)	If applicable
Payment Details	Required

Certifications

Please read the following certifications carefully. You must certify the following before you can submit your request to MicroVention for consideration. By signing this application form, you acknowledge that the following statements are true and correct.

You certify that you are authorized to submit an application for financial support from MicroVention and provide information in an application on behalf of the requesting organization and any partner organization(s), and you affirm that all responses and information provided in this application are truthful, accurate, and complete.

You certify that MicroVention has had no involvement in the creation or development of this project or the completion of this application form.

You certify that, if approved, the source of all support from MicroVention must be disclosed in all publications and presentations.

You certify that neither this request nor the requested funding is conditioned on, related to, or intended as an inducement or reward for: (a) any pre-existing or future business relationship with MicroVention; or (b) any business or other decision relating to MicroVention or its products (including regulatory approval, coverage and pricing determinations, tenders, or formulary status decisions).

Please note, if the grant request is approved, you will be required to sign a contract that includes additional terms and conditions as they relate to the execution of the request consistent with all applicable law and MicroVention policy.

 Name (Please print)

 Title

 Authorized Signature

 Date

Reference: _____

Organization Name

Date