

EMEA RESEARCH GRANT APPLICATION FORM

Instructions: This application form is for **Investigator-Initiated Study and General Research Grants** and NOT for Educational Grants, Charitable Contributions/Donations, or Commercial Sponsorships. An Investigator-Initiated Study Research Grant is funding or product for clinical studies initiated, developed, designed, and managed by a qualified sponsor who assumes sole responsibility for conduct and management of the study. A General Research Grant is support for research that does not include the study of a MicroVention product, including health services research unrelated to a MicroVention product, registry development, and/or queries unrelated to a MicroVention product, and outcomes research unrelated to a MicroVention product. This includes observational studies, such as certain outcomes research studies where the primary focus is the scientific understanding of a condition. 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: _____

Name of the Requestor
(organisation or institution): _____

Requestor's Contact name
and title: _____

Address _____

Telephone _____

E-Mail address _____

Website _____

Is the Requestor a government entity? YES NO

Is the Requestor comprised entirely of, owned by, or controlled by HCPs? YES NO

Is a MicroVention employee on the Board of Directors of the Requestor's organization? YES NO

Does a MicroVention employee have a controlling position in the Requestor's organization? YES NO

Is the Requestor a customer of MicroVention (e.g., can it purchase, prescribe, or influence the use of any MicroVention products) ? YES NO

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 NO

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 NO

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

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Study proposal

General Information

Is the request for: an Investigator-Initiated Study Research Grant **or** a General Research Grant

Study Title:

Short Title:

Project Type (e.g., health services research, outcomes research, or registry development) :

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Block to fill in only for Investigator-Initiated Study

Primary MicroVention Product:

Therapeutic Area(s) to be Studied:

Consistent with the product's instructions for use?

Project Lead/Principal Investigator (PI)

PI Full Name:

PI Email Address:

PI Current Title/Position:

PI Professional Address:

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

PI specialty / field of expertise:.....

Site Information

Site Name:

Site Type (Hospital / Clinic / Other):

Address:

City:

Postal Code: Country:

Multi-Site Study? YES NO

If yes, how many sites? How many countries?

Proposal Details

Number of Subjects:.....

Start date:

Length of Study (in months):

Study End to Final Study Report (FSR) (in months):

Has the study been duly submitted to the Administrative Authority for approval/authorization? YES NO Has the Study been approved/authorized by the administrative authority? YES NO

If Yes, when?.....

Study Phase(s):

Overview/Hypothesis:

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Background/Rationale:

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Scientific Summary

Primary Objectives/Endpoints:.....

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Secondary Objectives/Endpoints:.....

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Inclusion Criteria:.....
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Exclusion Criteria:.....
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Population:
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Sample Size/Statistical Power:
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References:
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Requested Funding

Total Study Costs (including indirect costs and direct costs with Overhead):
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Requested Currency:

Amount Requested:

Product requested (only for Investigator-Initiated Study):Volume:.....

Please list all other sources of funding (grants, additional supporters, etc.):.....
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Budget Comments:
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Planned Results/Publications

Will you be publishing the results of the study? YES NO

If **YES**, please answer the following questions:

- Result type (e.g., abstract, final report, manuscript, poster, etc.):
- Date of first anticipated publication:

If **NO**, please provide your reason(s) for not publishing:

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After publication please provide MicroVention with a copy of for filling.

Required documentation

List of Members of the Requestor's Board of Directors (with names and titles)	Required
Request letter	Required
Copy of the submission/approval of the study by the administrative authority	Required
Study Synopsis	Required
Detailed Study budget	Required
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_____
Organization Name_____
Date