

## EDUCATIONAL GRANT APPLICATION

Thank you for your interest in requesting an unrestricted educational grant. Accord BioPharma is committed to supporting innovative, high quality, independent medical education for healthcare professionals and patients that addresses unmet needs, fosters clinical excellence, and improves health outcomes.

To have your request for financial support formally considered, please submit the following information with your application on Accord BioPharma website:

- Completed Educational Grant Application
- W-9 Tax Form
- Proposed Agenda (If limited time event)

Budget requests for educational grants should be submitted **at least 45 days** prior to the start date of the program or project to ensure appropriate time to review. You will be contacted with a response by our grant review committee.

*\*Required field*

ORGANIZATION INFORMATION							
NAME OF REQUESTING ORGANIZATION: *							
ADDRESS 1: *							
ADDRESS 2:							
CITY: *		STATE: *		ZIP: *		CTRY: *	
REQUESTING ORGANIZATION'S ANNUAL REVENUE: *							
CONTACT INFORMATION							
PRIMARY CONTACT NAME: *							
PHONE #: *		EMAIL: *					
WEBSITE: *							

REQUEST INFORMATION	
<b>PROGRAM TITLE(S): *</b>	
<b>PROGRAM DESCRIPTION(S): *</b>	
<b>LOCATION:</b>	
<b>TYPE OF VENUE(S): *</b>	
<b>EVENT DATE(S) OR ESTIMATED LAUNCH OF ONLINE PROGRAM: *</b>	
<b>DESCRIPTION OF AUDIENCE: *</b>	
<b>PROJECTED NUMBER OF LEARNERS: *</b>	
<b>LEARNING OBJECTIVES: *</b>	
FOR ACCREDITED PROGRAMS	
<b>ACCREDITATION:</b>	
<b>NEEDS ASSESSMENT:</b>	
<b>INTENDED EDUCATIONAL OUTCOME LEVEL TO BE MEASURED:</b>	
<b>OUTCOMES ASSESSMENT PLAN:</b>	

REQUEST AMOUNT	
<b>TOTAL AMOUNT REQUESTED: *</b>	
<b>ARE OTHER SPONSORS BEING SECURED?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

BUDGET*	
DESCRIPTION OF EXPENSE	AMOUNT (USD)

I certify that the information provided in this form and supporting documentation is complete and accurate. I further understand that this is an application only and subject to review and approval by Accord BioPharma in its sole discretion.

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_