# GRANT OR DONATION

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| **TEMPLATE GUIDANCE** | |
| **Type of  communication** | **Agreeing to a Grant or Donation Request.** |
| **Templates** | There are two types of templates needed when completing a grant or donation request:   1. Grant/Donation Request - To request approval internally to provide a grant or donation. 2. Grant/Donation Agreement - To document your donation or grant agreement with the recipient of the funds. |
| **Type of activity** | **Grant or Donation** |
| **Recipients** | **Grant or Donation Recipient Organization** |
| **Process** | * Customise the highlighted sections. Do not make any other changes to the template. * Be sure to delete these directions and fill in the brackets [ ] and highlighting before sending. * Adjust to reflect local laws and industry codes, as required. * Delete any sections that do not specifically apply to the Product Training. * Document internal approval to fulfil the Grant or Donation request using the Grant/Donation Request form. * Send the Grant/Donation Agreement to the recipient organization for completion. * Retain a copy of the completed forms for your records. |

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| **GRANT & DONATION TYPES (SUBJECT TO LOCAL LAWS, REGULATIONS & INDUSTRY CODES)** | | |
| **Type** | **Description** | **Qualified Recipient** |
| **Charitable Donation** | Financial or in-kind support provided to a  non-profit or charitable organisation to further the legitimate and documented objectives of the organisation, and/or to support genuine fund-raising drives for projects undertaken by the organization | Non-profit or charitable organization that is registered under the laws of the applicable country and entitled to receive the donation |
| **Educational Grant**  **– Healthcare  Education** | Financial or in-kind support for bona fide educational activities for HCPs  May include grants to third party conference organisers to reduce conference costs and/or to fund reasonable honoraria, travel, lodging and meals for HCPs that are bona fide conference faculty.  May not be used to fund parties, entertainment or similar events (e.g. sporting or cultural events, city tours, musical performances). | Healthcare institutions or organisations for accredited or non-accredited healthcare education |
| **Educational Grant**  **– Scholarships/ Fellowships** | Financial support for extended medical education programs, such as scholarships and fellowships | Training institutions, healthcare institutions or professional societies |
| **Educational Grant**  **- Research** | Financial, in-kind or free product support for clinical or non-clinical research in areas of legitimate interest to the Company | Healthcare institutions or research-based organisations |
| **Educational Grant**  **– Public Education** | Financial or in-kind support of education of patients or the public about important healthcare topics | Training institutions, healthcare institutions or professional societies |
| **Grant of Medical Equipment, Materials, Supplies, or Educational Materials** | Medical textbooks, subscriptions to medical publications, anatomical models or similar | Training institutions, healthcare institutions or professional societies |

**GRANT/DONATION REQUEST FORM**

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| **REQUEST FORM** | | |
| Choose the grant or donation type (see attached list for more details) | * Charitable Contribution * Healthcare Education/Public Education * Fellowship/Scholarship | * Research * Medical Equipment, Supplies, etc. * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Provide details of  the funding, equipment or services to be provided |  | |
| **REQUESTING ORGANIZATION** | | |
| **Organization Name** |  | |
| **Contact Person** |  | |
| **Address** |  | |
| **ZIP / City** |  | |
| **Country** |  | |
| **Phone / Fax-Numbers** |  | |
| **E-Mail** |  | |
| Provide a description of the organization’s charitable, educational or scientific purpose |  | |
| State the specific purpose of the requested Grant or Donation | * **Education:** describe the type of educational event, date, location, name and attach any available brochures or printed information; identify the intended target audience: * **Fellowship:** provide the dates, details and location of the program, cost breakdown and provide any available materials, including application forms: * **Research:** provide a description of the study objectives, deliverables, and other available details: * **Equipment:** provide a description of the equipment to be purchased, cost estimate, supplier, intended use and location of use: * **Charitable Donation:** | |
| **APPROVAL PROCESS** | | |
| Please send this form completed to | | |
| **ADDITIONAL DOCUMENTATION** | | |
| Include any request letters received from the requesting organization. | | |
| **CERTIFICATION** | | |
| I confirm that the information provided is true and complete to the best of my knowledge after reasonable investigation. I further certify that the grant or donation is not being offered or provided as a price concession, reward to favored customers or inducement to recommend, prescribe or purchase Company products or services, and is not be tied in any way to past, present or future use of Company products or services. | | |
| Signature: Date: | | |
| **APPROVER (CEO/CFO/CCO/ETC.)** | | |
| I approve the grant/donation being provided:  Signature: Date: | | |

# GRANT/DONATION AGREEMENT

### [Name of Recipient Organization] [Address]

[Proof of Non-Profit Status, such as Registration Number, if applicable]

### [Date]

Re: **[Type of Donation or Contribution, such as Funding to Support Research, Educational Grant, etc.]**

Dear [Name of Representative of Recipient Organization],

We have received your request from [recipient] for [identify relevant details of the requested grant or donation]

to be used for the purpose of [describe purpose].

[Company] understands that [Recipient] is involved in [describe activities, such as scientific medical research in a specified field, care and treatment of patients, etc.], and will use the support for the performance of these activities. [Recipient] confirms that it is entitled to receive the funding, and that the receipt of the support does not violate any applicable rules, laws, regulations or organizational policies.

[Recipient] agrees that the support is reasonable and appropriate to fulfill the stated purposes and is not excessive or above fair market value.

[Company] has evaluated the request and will provide the funding, as it is intended to [state purpose, for example support medical research, advance medical science or education, further patient and public education, or support charitable or other philanthropic purposes]. [Company] and [Recipient] agree that the support is not being given in exchange for the use, recommendation, prescription, or influence on the use \_\_\_\_\_\_\_\_\_\_ of products, or with regard to the value or volume of business generated between the parties.

To ensure appropriate transparency, [Recipient] at all relevant times and in all relevant materials. agrees that [Company] support must be clearly disclosed at all relevant times and in all relevant materials.

Please confirm your agreement with and acceptance of the details in this agreement by signing below and returning the signed agreement to me.

Kind regards,

## [Company]

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Name of authorized representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized Representative

## [Recipient]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorized Representative