

U.S. Educational Grant Request Form

Requestor Information

First Name*

Last Name*

Title*

Organization Name*

Street Address*

Apt/Suite/Office

City*

State*

Zip*

Email Address*

Phone Number*

Website

Tax ID*

Is your organization a teaching institution?*

Is your organization a hospital?*

*This Question is Required

Program Details

Program Title*

Name and address of Program location*

Disease State/Therapeutic Area*

Start Date*

End Date*

Purpose/Objective of Program*

Who is the target audience?*

How many attendees are you expecting?*

Will the program be live, virtual, online, or other (explain)? Indicate below:

What is the geographical reach of the Program: local, regional, national, global?

Accreditation

Is the event accredited?*

Name of Accrediting Body

Number of Hours

Grant Request Details

Dollar amount requested*

Total Event Budget*

How will the funding be used to support the Program?*

List other Program supporters, if applicable

Attachments

Please provide the following:

- Letter of Request*
 - Agenda and/or Topics*
 - Completed IRSW9 Form*
 - Completed Cordis Budget Form
 - Other Document(s), e.g., Statement of Accreditation, copy of CME Provider's Accreditation Certificate, copy of 501(c)(3) letter, etc.
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To remit

Please submit application and required attachments via email to: EducationalGrants@cordis.com

Certification

I certify that:

- This form was completed by the requesting organization;
 - The information within and any other supporting information attached is, to the best of my knowledge, a complete and accurate description of the request for restricted educational support from Cordis for this program;
 - The grant request is consistent with the requesting organization's guidelines and is not related to any commercial relationship, interest, or transaction.
- .

Name/signature:

Today's date:

*This question is required.