

Instructions for Educational Grant Request

The Educational Grant Request Application is used to request funding for fellowship programs, conferences, meetings, events and activities that are unaffiliated with Acumed to provide Educational Support. Educational Support refers to funds granted to a third party conference sponsor or educational organization with the intent of reducing conference/program costs – that is, legitimate expenses and bona fide educational activities (non-educational support, such as solicitations for exhibit space or other forms of advertising are outside of the scope of the Educational Grant Request Application, please contact marketingevent@acumed.net for your non-educational support needs).

Acumed’s Grants Approval Process complies with all ethical and legal requirements, including the AdvaMed Code of Ethics as well as all applicable state and federal anti-kickback laws. This includes reporting requirements that may be imposed by national and state laws, or regulations. Grant requests should be submitted for approval ***60 days before*** the date of the event. Each request is evaluated on the individual program’s merits and is reviewed by the Grants Committee for approval.

Employees of Acumed are not permitted to make any verbal commitments regarding Grant Requests and they do not have the authority to award Grant Requests. All Grant Requests go through a review process outlined by Acumed’s Grants Committee. All Grant Requests stay independent of employee recommendations. Please contact Grants@acumed.net if you have any questions.

Required Documents Checklist for Educational Grant Requests: The following documents describe the proposed medical educational program or activity, and must be attached to the application form:

Fellowship Program:

- Signed Grant Request Application;
- Letter of Request outlining your activity, the specific amount being requested, names of faculty members who will participate, number of fellows/residents/health care professionals affected, general background on the educational activity. Please send the letter of request on company letterhead;
- Accreditation on status of the Educational Sponsor;
- Purposed itemized budget for the entire program;
- Completed and signed W-9 Form;
- Agenda for Program and/or Program brochure that includes a description of the program;
- Purposed itemized budgetary breakdown of how the funds will be utilized within the overall program and supporting documentation.

Educational Conference, Meeting or Activity that is not affiliated with Acumed:

- Signed Grant Request Application;
- Letter of Request outlining your activity, the specific amount being requested, names of faculty members who will participate, number of fellows/residents/health care professionals affected, general background on the educational activity. Please send the letter of request on company letterhead;
- Accreditation on status of the Educational Sponsor;
- Agenda for program, topics for discussion, and schedule (must include date, times, topics, faculty, etc.);
- Event Brochure and marketing materials that include a description of the activity (screen shots are acceptable);
- Purposed itemized budgetary breakdown of how the funds will be utilized within the overall program and supporting documentation (please attach screen shots of estimated airfare and/or confirmation of reservations for airfare, course registration and lodging);
- Completed and signed W-9 Form.

Once the application form has been completed, please submit your application with attachments to the web address below:

<http://www.acumed.net/form/grant-application-submission>

EDUCATIONAL GRANT REQUEST APPLICATION

Title of Educational Activity:			
<i>Please provide all formal marketing materials, agendas, schedules, descriptions and supplemental materials for the activity you are requesting Acumed to support.</i>			
Fellowship Grant Request: <input type="checkbox"/>	Educational Conference Grant Request: <input type="checkbox"/>	CME Grant Request: <i>If so, how many credits will be awarded?</i> <input type="checkbox"/>	Other: <input type="checkbox"/>
Applicant/Check Payable to Sponsoring Organization: <i>(Checks may NOT be made payable to an individual or Private Practice)</i>			
Name of Requestor or Contact Person:			
Grant Request Amount:			
Organization Address:			
Phone:		Fax:	
Dates of Activity:		Email address:	
Tax ID:		Is your organization or institution a 501(c)(3) organization for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If approved, is Acumed the sole grant provider for this event, conference, or activity?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Organizations Providing Support:

Total number of health care professional participants expected: _____

Estimated number of faculty participating: _____

Please answer ALL questions 1-5 listed below:

1. Do you or your organization have any financial or personal relationships within Acumed that could be considered potential conflicts of interest, including employment, consultancies, stock ownership, or other arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you or your organization have any current agreements with Acumed, including royalty agreements, product development agreements, honoraria, or other contracting arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has any promise, verbal or written, been made to you or your organization for the potential participation relating to grants, biomechanical or clinical research projects?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you or your organization currently excluded, debarred, or otherwise excluded from participating in federal healthcare programs?	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Have you or your organization ever been convicted of a criminal offense related to the provision of health care items or services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you answered "yes" to any questions listed in 1-5 above, please explain below:

❖ **FELLOWSHIP PROGRAM** Please answer questions 6-8 if this grant is to be used to support a fellowship program:

6. Does the fellowship program in question have an academic or charitable affiliation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Would the fellowship grant funds being used to support the genuine medical education of fellow(s) participating in a fellowship program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Please identify the educational goals or objectives of the fellowship program below:

❖ **EDUCATIONAL CONFERENCE OR ACTIVIETY** Please answer questions 9-18 if this grant is to be used to support an educational conference, CME event or other type of activity:

9. Meeting Location/Venue address and name:	
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10. Please provide details on where the prospective attendees will be coming from. *(Include separate attachment if required).*

11. Is the event primarily dedicated to objective scientific and educational activities? <i>Please provide supplemental documentation.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Is the organization being charged for this program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Are the attendees required to pay a registration fee? If so, how much?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Does the organization have a genuine educational function?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Does the organization have independent control and responsibility for the selection of program content, educational methods, and materials?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Does the organization have independent control of faculty/speakers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

17. What was the selection process used to determine which resident(s), fellow(s), health care professional(s) would attend?

18. Please identify the educational goals or objectives of this program, conference, meeting or activity.

How and where is the event advertised and promoted? *(Please include the following)*

- ❖ Attach sample invitation, if available.
- ❖ Please provide details on how the program is marketed/advertised to prospective attendees.
- ❖ Include details of website marketing, direct mail or other forms of promotion; include specifics on who is receiving an invitation.

Please proceed to the signature page

Before the signature

- I have the requisite authority to make this grant request application and agree to the terms and conditions of the grant on behalf of the Applicant Institution or Organization.
- This request does not violate the Applicant Institution’s Code of Ethics or Conflict of Interest Policy.
- All information provided on this application and any attachments is true and correct.
- The grant request form was completed without input from any member or representative of Acumed Sales.
- All decisions related to the program, conference, including content, faculty, and scholarship recipients (if applicable) have been made by the educational sponsor.
- Such use will promote improvements or quality in healthcare, give a balanced view of therapeutic options, and will not advance any proprietary business interests.
- It is understood and agreed that neither this grant request application nor the acceptance of grant funds creates any obligation on the part of any person or entity to purchase, prescribe, order or otherwise make use of (or arrange for or recommend the use of) Acumed products.
- Applicant Institution or Organization agrees to comply with all applicable laws as well as the AdvaMed Code, including any reporting requirements.
- Applicant Institution or Organization agree that the above described grant shall not be used to support or fund, directly or indirectly (i) entertainment of any kind, (ii) the costs of any spouses or guests, or (iii) any other matter not permitted herein.
- If any funds from this educational grant remain unspent after payment of the permitted expenses of the event, Applicant Institution or Organization will repay those funds to Acumed.
- Acumed reserves the right to audit use of the above described grant, and Applicant Institution or Organization agrees to grant reasonable access to copies of receipts related to the expenditure of the grant funds at reasonable times to conduct such audit.
- If approved by Acumed, this application will become a binding agreement between Acumed and the Applicant.

Applicant’s Printed Name

Applicant’s Title

Authorized Signature of Applicant Institution or Organization (Check Payable) and Date

Date

**This signature should be from an individual that is authorized to sign on behalf of the Applicant. The Applicant is the Organization/ Foundation/ Institution that has been identified as the payee. This could be the Program Director if he/she is authorized to sign for grant requests.*

Signature line must be completed in order to process this request