

IME Grant Request Form

INSTRUCTIONS

- This Independent Medical Education (IME) Grant Request Form is required to be completed independently and submitted to Emergent Medical Affairs for all requested IME grant funding requests.
- IME grants may be provided to independent third parties in support of programs that offer educational opportunities for healthcare providers on topics related to Emergent's research and business objectives in therapeutic areas in which Emergent participates or those that are of interest to Emergent.
- Emergent personnel may not solicit, suggest, or recommend that any individual or entity seek an IME grant from Emergent.

REQUESTOR INFORMATION	
Requesting Organization Name:	
Mailing Address:	
Website:	
Primary Contact's Name & Title:	
Phone:	Alternate Phone:
Email Address:	
IME GRANT INFORMATION	
<i>NOTE: All IME Grant requests <u>require</u>, on the requesting organization's letterhead, a description of the proposed program and the amount of grant support sought.</i>	
Date of IME Grant request:	
Date of Event/Activity:	
Name of Event/Activity	
Description of Event/Activity:	
Location of Event/Activity:	
Estimated Number of Attendees:	
Name and Affiliation of Event Speakers (if available):	
Learning Objectives of the Event/Activity:	

Event Agenda: <i>Attach as necessary</i>	
Detailed Needs Assessment: <i>Attach as necessary</i>	
Medium through which the Event/Activity will be delivered: <i>(e.g. Live presentation, written materials, online courses, etc.)</i>	
Target Audience: <i>(e.g. Basic Scientists, Academicians, Non-Physician Health Professionals, Practitioners, Students/Residents/Trainees)</i>	
Method to Obtain Learning Results, Outcomes, and other Relevant Program Metrics if applicable:	
Will CME Credits be Awarded? (Y/N/NA) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If Yes, Identity of CE/CME Credits Provider:
PAYMENT DETAILS	
Total Amount Requested:	Date Needed By:
Tax ID Number: <i>(US: Provide signed W-8 or W-9 and Declaration of Tax-Exempt Status)</i> <input type="checkbox"/> W-8 or W-9 Form attached	
Complete Itemized Budget: <i>Total per item program costs including administration, overhead, meals, content development, faculty fees, honoraria, and travel for personnel and HCPs serving as faculty or moderators. Attach budget as necessary (indicate currency if other than US dollars).</i> <input type="checkbox"/>	
REQUIRED DOCUMENTATION	
NOTE: Documents listed below must be provided along with this completed form. Requests without these required documents will not be accepted or reviewed.	
Document Name	Attached? (Y/N/NA)
Description of Proposed Program on Requesting Organization's Letterhead	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Tax Form(s) (For US, W-8 or W-9 and Declaration of Tax-Exempt Status)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Detailed Program Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
SIGNATURE	
Primary Contact's Name & Title:	

Signature*:	Date:
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*Signature of the grant requester primary contact is required.

Submission of this form does not guarantee Emergent's approval of your IME grant proposal. IME grant support will be provided upon Emergent's approval and in accordance with the terms of a fully executed Letter of Agreement.

Submit this form and any additional associated documents via email to medicalgrants@ebsi.com.