



Reference: _____

CHARITABLE CONTRIBUTIONS / DONATIONS APPLICATION FORM

Instructions: This application form is for **Charitable Contributions/Donations** and NOT for Investigator-Initiated Study Research Grants, General Research Grants, Educational Grants, or Commercial Sponsorships. A Charitable Contribution/Donation is a payment or in-kind (e.g., product) support provided to further a charitable purpose, such as indigent care, patient care, or public education that is provided to charitable and/or non-profit entities. Applications must be received in time for the Company to have at least **60 (sixty)** to review the application. Also, please note that your application must be submitted with all required documents (see the "Required Documentation" section of this form). **Incomplete applications and/or missing or incomplete required documents will cause delays and may result in a denial of your application.**

Applications are accepted throughout the year. Please submit your application

by email to: grants@terumoortic.com

For any questions, please contact grants@terumoortic.com

A reference number will be assigned to each application and should be referenced in any interaction related to the application.



REQUESTING ORGANIZATION INFORMATION

Date: / / Name of Organization/Institution:

Organization Contact:

Title:

Address:

City:

State/Province:

ZIP/Postal Code:

Country:

Telephone Number:

Email Address:

Website:

Federal Tax ID Number (for U.S. entities):

Tax Status:

Year of Establishment:

Organization Type:

Annual Operation Budget:

Is the organization (or parent organization) on the United States Centers for Medicare & Medicaid Services (CMS) Open Payments List of Teaching Hospitals (for U.S. entities) (Y/N)?

Do you have a Board of Directors (Y/N)? _____ If yes, please provide a list all Members of the Board of Directors (names and titles).

Is the requesting organization comprised entirely of, owned by, or controlled by Health Care Professionals (“HCPs”) (Y/N)?

1. Is the requesting organization a Health Care Organization (“HCO”) or physician’s practice (Y/N)?
2. Is a Terumo Aortic employee on the Board of Directors of the requesting organization (Y/N)?
3. Does a Terumo Aortic employee have a controlling position in the requesting organization (Y/N)?
4. Is the requesting organization a customer of Terumo Aortic (e.g., can it purchase, prescribe, or influence the use of any Terumo Aortic products) (Y/N)?
5. Is the requesting organization a government entity (Y/N)?
6. Are any of the requesting organization’s owners, officers, directors, or managers (current or former) a Government Official (“GO”) or a Family Member of a GO (Y/N)?
7. Do any of the requesting organization’s owners, officers, directors, or managers (current or former) have a business relationship with a GO or a government entity, which has decision- making authority or official influence over Terumo Aortic’s business activities (Y/N)?
8. To your knowledge, are there any actual or potential conflicts of interest between the requesting organization and Terumo Aortic (e.g., are any representatives of the requesting organization related to a Terumo Aortic employee) (Y/N)?
9. Within the past 5 years, has the requesting organization, or any of its owners, officers, directors, employees, or sub-contractors, been the subject of any government investigation or proceeding involving fraud or corruption (e.g., bribery, money laundering, or other corrupt practices) (Y/N)?

If you answered “Yes” to 9 and/or 10 above, please explain the potential conflict and/or the government investigation/proceeding:

Parent Organization Information

Is the requesting organization part of a larger organization (Y/N)? _____ If yes, please provide the following information:

Parent Organization Legal Name:

Parent Organization Address:

City:

State:

Zip:

Parent Organization Federal Tax ID Number (for U.S. entities):

Parent Organization Chapter/Branch/Department:

Prior Funding

Has the requesting organization ever received funding from Terumo Aortic (Y/N)?
 If yes, please provide the following information:

Year when funding was provided:

Amount of previous funding (indicate currency):

Type of previous funding:

Additional Information

Has the requesting organization discussed this request with any Terumo Aortic employee (Y/N)?

Has anyone from Terumo Aortic assisted with the preparation of this request (Y/N)?

Has a Terumo Aortic employee promised support for the requesting organization (Y/N)?

MISSION and REQUEST INFORMATION

Organization's Mission Statement:	
Total Amount of Funding Requested: (indicate currency)	
Please indicate how the requested support furthers the charitable mission and charitable focus:	
List other current sources of funding for the Organization:	

<p>Are you seeking IN-KIND product support from Terumo Aortic for any of the activity described above? If Yes, a Product Support Form shall be attached to this application form</p>	
<p>Are you requesting Terumo Aortic to loan a Simulator(s)? If Yes, please describe</p>	
<p>Are you requesting a Model(s)? If Yes, please describe</p>	
<p>May a clinical specialist be present for Simulator and/or Model support?</p>	

REQUIRED DOCUMENTATION

<p>W-9 Form (current) (or comparable form for applicants outside the United States)</p>	
<p>List of Members of the Requesting Organization's Board of Directors (names and titles)</p>	<p>If applicable</p>
<p>Request Letter</p>	
<p>IRS Letter of Determination (for U.S. entities)</p>	<p>If applicable</p>
<p>Accreditation Certificate</p>	<p>If applicable</p>
<p>Invitation Flyer/Marketing Material</p>	<p>Optional</p>
<p>Organization Governing Document (e.g., Organization's Articles of Incorporation)</p>	

PAYMENT

<p>Is the Payee address the same as the Organization address?</p>	<p>If No, please indicate the address for forwarding financial awards (checks):</p>
---	---

CERTIFICATIONS

Please read the following certifications carefully. You must certify the following before you can submit your request to Terumo Aortic for consideration. By signing this application form, you acknowledge that the following statements are true and correct.

You certify that you are authorized to submit an application for financial support from Terumo Aortic and provide information in an application on behalf of the requesting organization and any partner organization(s), and you affirm that all responses and information provided in this application are truthful, accurate, and complete.

You certify that Terumo Aortic has had no involvement in the creation or development of this project or the completion of this application form.

You certify that, if approved, the source of all support from Terumo Aortic must be disclosed in all publications and presentations.

You certify that neither this request nor the requested funding is conditioned on, related to, or intended as an inducement or reward for: (a) any pre-existing or future business relationship with Terumo Aortic; or (b) any business or other decision relating to Terumo Aortic or its products (including regulatory approval, coverage and pricing determinations, tenders, or formulary status decisions).

You certify that neither you nor your organization’s directors, trustees, and/or anyone who will be involved in the project(s) that will be funded by this request are on the OIG exclusion list or FDA debarment list.

Name (Please print)

Title

Authorized Signature

Date

Organization Name

Date