



EDUCATIONAL GRANT APPLICATION FORM (EMEA)

Reference: _____

EDUCATIONAL GRANT APPLICATION FORM

Instructions: This application form is for **Educational Grants** and NOT for Investigator-Initiated Study Research Grants, General Research Grants, Charitable Contributions/Donations, or Commercial Sponsorships. An Educational Grant is a payment or in-kind support to a third-party organizer, healthcare organization, or institution to support a specific medical or scientific educational program or programming (e.g., continuing medical education program, scholarship, or fellowship) dedicated to the advancement of healthcare professionals (“HCPs”), patients, and/or the public on clinical, scientific, and/or healthcare topics relevant to the therapeutic areas in which Terumo Aortic is interested and/or involved. Applications must be received at least **60 (sixty) days** prior to the event occurring for consideration. 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@terumoaortic.com

For any questions, please contact grants@terumoaortic.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:

Tax ID Number / Unique Identifier:

Year of Establishment:

Organization Type:

Mission of organization (please provide a description of the organization's educational /scientific mission, field of activity, notable projects/cooperations):

Bank details of the organization, as applicable:

Account Holder:

Bank:

Account No.:

Sort Code:

IBAN:

SWIFT/BIC:

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).

1. Is the requesting organization comprised entirely of, owned by, or controlled by Health Care Professionals (“HCPs”) (Y/N)? _____
2. Is the requesting organization a Health Care Organization (“HCO”) or physician’s practice (Y/N)? _____
3. Is a Terumo Aortic employee on the Board of Directors of the requesting organization (Y/N)? _____
4. Does a Terumo Aortic employee have a controlling position in the requesting organization (Y/N)? _____
5. 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)? _____
6. To your knowledge, is there any legal restriction for the requesting organization to receive and benefit of an Educational Grant from Terumo Aortic? (Y/N) _____
7. 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 5, 6, 7 above, please explain the potential conflict/ legal restriction 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 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 and purpose _____

GRANT REQUEST DETAILS

- Support for HCPs Participation at Third Party Organized Educational Event
- Support for Medical Educational Event / Initiative
- Scholarship and Fellowship
- Support for Public Healthcare Awareness Campaigns

Name of program/initiative for which support is requested:	
Program Description (please also provide a detailed agenda):	
Therapeutic Area:	
Country(s) for which the grant is intended	
Needs Assessment:	

Program Goals:	
Proposed Outcome:	
Methods for Measuring Success:	
Total Amount of Funding Requested: (indicate currency)	
<p>Please include the detailed budget here or as an attachment to this application:</p> <p>a) For supporting HCPs participation at Third Party events the budget shall include: i) number of HCPs to be supported, ii) average amounts proposed per HCP for flights, hotel & travel categories, registration fees etc.</p> <p>b) For other types of grants the budget shall include the costs related to the Event/ Initiative such as, among others, Faculty and Staff, Honoraria, Meals, Meeting Logistics, Content Development, Accreditation Costs. and/or Outcomes.</p>	
Total Budget for Program/Initiative: (indicate currency)	
Please indicate how the program will further its educational objectives:	
List other current sources of funding:	

PROGRAM/ INITIATIVE ACTIVITIES and DELIVERY FORMAT

Under this section you are required to provide a general description of the activities which are part of the program (*i.e.*, live or web program), including those for which Terumo Aortic’s support is sought, and the delivery format (*e.g.*, live case, didactic session, hands-on workshop, etc.)

Delivery Format Type:	
Delivery Format: In case of events, please specify if Live or Web If Live: indicate if it is a hands-on workshop, satellite symposia, symposia, research conference, lectures, didactic sessions, live cases If Web: online education/training module, webcast/live program, or other	
Activity Start and End Date:	
Web URL (optional):	
Geographic Reach: e.g., Local, Regional, National, International	
Audience Generation Tactics:	
Audience Group & Anticipated Number of Attendees for Each Group: <i>e.g.</i> , Physicians (<i>i.e.</i> , Cardiovascular Surgeon, Thoracic/ Vascular Surgeons, Cardiologist, Interventional Radiologist), Nurses,	

ACCREDITATION DETAILED INFORMATION (IF APPLICABLE)

Is the program accredited? Yes/No	
Is your organization the accreditor? If yes , please attach a copy of the accreditation certificate. If no , provide the Accreditor Organization Name.	

<p>By checking this box, the applicant certifies that the program is accredited and the organization will abide to all terms and conditions set forth by the accrediting body.</p>	
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HCP PARTICIPATION AT THE EDUCATIONAL EVENTS (IF APPLICABLE)

<p>Please describe the application procedure and the objective selection criteria based on which the HCPs beneficiaries of the grant will be selected</p>	
<p>Please provide the name and/or position of the person who is responsible to select the HCPs to attend the Educational Events</p>	

REQUIRED DOCUMENTATION

<p>List of Members of the Requesting Organization’s Board of Directors (names and titles)</p>	<p>(If applicable)</p>
<p>Accreditation Certificate</p>	<p>(If applicable)</p>
<p>Detailed Agenda</p>	<p>(For live education events, the agenda must include hour by hour detail of all the content to be presented)</p>
<p>Program Budget</p>	
<p>Invitation Flyer/Marketing Material</p>	<p>(Optional)</p>
<p>Organization Governing Document (e.g., Organization’s Articles of Incorporation)</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 grant are on the OIG exclusion list or FDA debarment list.

Please note, if the grant request is approved, you will be required to sign a contract that includes additional terms and conditions as they relate to the execution of the request consistent with all applicable law and Terumo Aortic policy.

Name (Please print)

Title

Authorized Signature

Date

Organization Name

Date

GLOSSARY OF DEFINED TERMS

Close Family Member	Any spouse, partner, parent, grandparent, sibling, child, niece, nephew, aunt, uncle, cousin, or any other individual sharing the same household.
Government	Any department, agency, instrumentality, subdivision, or other body of any national, state, regional, or local government, including hospitals or other health facilities, which are owned or operated by a government, and any regulatory agency and government-controlled business, corporation, company and society.
Government Official (“GO”)	<ul style="list-style-type: none"> • Any officer or employee of any national, regional, local, or other government, or any department or agency of such a government, including any elected or appointed official (e.g., a member of a ministry of health); • Any political party, political party official, or candidate for public office at any level; • Any officer or employee of a company or enterprise owned or controlled by, or performing a function of, a government (includes e.g., any non-U.S. HCP employed by, practicing with, or acting on behalf of, a health care entity or agency owned, controlled, or operated by a government body, such as public hospital, clinic, or state university); • Any officer or employee of a public international organization, such as the World Bank, the World Health Organization (“WHO”), the United Nations, the International Monetary Fund (“IMF”), etc.; • Any member of a royal family or armed services; and <p>Any individual acting in an official capacity for or on behalf of any of the foregoing (whether paid or unpaid), or otherwise categorized as a Government Official under applicable local laws.</p>
Health Care Professional (“HCP”)	Any person or entity (a) authorized or licensed to provide health care services or items to patients or (b) who is involved in the decision to purchase, prescribe, order, or recommend a medical device/technology. This term includes individual clinicians (for example, physicians, nurses, and pharmacists, among others), provider entities (for example, hospitals and ambulatory surgical centers), and administrative personnel at provider entities (for example, hospital purchasing agents). This term does not include Health Care Professionals who are bona fide associates of Terumo Aortic.
Education Grant	A payment or in-kind support to a third-party organizer, healthcare organization, or institution to support a specific medical or scientific educational program (e.g., continuing medical education, scholarship, or fellowship) dedicated to the advancement of genuine medical education of healthcare professionals (“HCPs”), patients, and/or the public on clinical, scientific, and/or healthcare topics relevant to the therapeutic areas in which Terumo Aortic is interested and/or involved.
Terumo Aortic	Terumo Aortic, Inc. and any Terumo Aortic, Inc.-subsidiary entities (collectively, the “Company”).