Coloplast

Ostomy Care
Urology & Continence Care
Wound & Skin Care

COLOPLAST CORP.
EDUCATIONAL, FELLOWSHIP, RESEARCH, OR CHARITABLE GRANT REQUEST FORM

General Information

Organization Requesting Grant: _____
Employer Tax I.D. No.: _____ (should match Payee Information)
Amount of Grant Request: $_____
Request type (educational, fellowship, research, or charitable): _____
Request Date:**: _____

** Please note that, in general, only grant requests that have been completed in full and received by the Coloplast Corp. Grant Committee ***at least ninety (90) days prior*** to the start of the program will be considered.

Requestor must submit the following documents or supporting information with this Grant Request; requests submitted without supporting documentation *will not* be considered and returned to the requestor:

- ☐ W9 Form (Tax ID)
- ☐ Program Objectives/Course Agenda (for educational program)
- ☐ Event flyer or brochure (for charitable program)
- ☐ Budget Information (itemize list of expenses)
- ☐ List of other funding sources
- ☐ **Contingency Plans (if full funding is not obtained)**
- ☐ Accreditation statement, including approved hours (for educational program)
- ☐ Research Project Plan including Protocol (for research program)

Program Information

Program Title: _____
Program Date(s): _____
Program Director(s): _____
Program Description: _____
Program Location: _____
Anticipated or Average Number of Attendees: _____

Will intimate healthcare needs such as inflatable penile prosthesis implants, continence, urological, ostomy, skin and wound support be a part of this Program?*: Yes

**Please note that grant requests that feature the above support for people with intimate healthcare needs have the best chance of approval by the Coloplast Corp. Grant Committee.*

If "yes", please explain: _____

Educational Program Specific Information

Primary attendees (physicians, nurses, patients, others): _____
Presentation type (live, teleconference, webcast, CD-ROM, other): _____
Accreditation Information:
- Accrediting body name: _____
- Number of hours: _____
- Category of credit: _____

Contact Information

	Requestor Information:	Payee Information:
Name:		
Address:		
Primary Contact:		
Phone:		
Fax:		
Email:		

Submission of this Grant Request and the foregoing documentation ***does not guarantee approval*** of the request. Coloplast Corp. will only pay grants upon approval by the Coloplast Corp. Grant Committee and after the Grant Agreement has been countersigned by Coloplast Corp. *The Coloplast Corp. Grant Committee reserves the right to award less than the amount requested.*

The undersigned affirms to the best of his/her knowledge and belief and after reasonable inquiry that the foregoing information is true and accurate and that this grant is not offered to induce use of, purchase of, or recommendation of Coloplast products by a Healthcare Professional. The undersigned also affirms that he/she is authorized to sign on behalf of the Recipient/Payee indicated above.

The undersigned further affirms that any meals and refreshments provided as part of an educational program will be modest in value, subordinate in time and focus to the purpose of the educational program, and clearly separate from the educational portion of the program. In addition, any faculty honoraria, travel, lodging and meal expenses for the educational program covered by the funds from this grant will be reasonable in value. Further, the venue for the educational program will be appropriate to the subject matter and conducted in a setting conducive to the exchange of information.

_____ _____

Signature of Requestor Date

_____ _____

Printed Name of Requestor Title of Requestor

Please submit Grant Request and all required documents:

by fax to 612.344.2408 or by email to grants@coloplast.com