Coloplast Corp. North America
Educational Grant or Charitable Donation Request Form

Coloplast Corp. and Comfort Medical (collectively "Coloplast") adhere to the AdvaMed Code of Ethics and the MedTech Canada Code of Conduct which sets strict, clear and transparent rules for our industry's relationship with Healthcare Professionals (HCPs) and Healthcare Organizations (HCOs), including support to independent medical education via grants. For more information about:

- AdvaMed Code of Ethics: https://www.advamed.org/member-center/resource-library/advamed- code-of-ethics/
- MedTech Canada Code of Conduct: https://medtechcanada.org/general/custom.asp?page=com

Instructions – Please read before completing the form

- Educational Grant or Charitable Donations applications (collectively "Grant Application") must be submitted at least 90 days prior to the first event/activity taking place. Any application not complying with this timeline will be rejected.
- Fellowship Grant Requests must be submitted during the open enrollment time, from January 15 to October 15 for the following academic year. The open period to request a grant for all 2027/2028 Fellowships is January 15th, 2026-October 15th, 2026.
- If you are requesting a Community Grant please visit: https://www.coloplast.us/about-us/corporate-responsibility/local-community-engagement/
- Please note there is no guarantee that any or all of the amount requested will be granted. Coloplast may reject, approve in full or approve a lower amount at its absolute discretion.
- Product donations for training purposes, if granted, will be fulfilled based on reasonable quantities and inventory available, and may be demonstration or non-sterile, if appropriate.
- Charitable Donations will only be made to organizations recognized as exempt from federal income tax under Section 501(c)(3) of the U.S. Internal Revenue Code or a registered charity in Canada.
- The completed Grant Application, including all required supporting documents, must be submitted by e-mail to grants@coloplast.com.

All fields must be completed – fill in text or check the box

1. Application Information	
Organization Requesting Name	
Employer Tax ID Number	
Address	
City of registration	
Country of principal activity	
Mission of organization (please provide a description of the organization's educational/scientific mission, field of activity, notable projects/co-operations)	
Website:	
Head of organization[1]	Full name:
	Position within organization
Contact person submitting the request ("Requestor")	Full name:
	Position within organization:
	Telephone number:
	Address:
	Email Address:

[1] Head of organization will be the person who will need to sign the Grant Agreement which is a requirement for payment, if Coloplast approves the application.

2. Request Type and Details

☐ **Educational Donation:**
- ☐ Educational Grants to Support Third Party Events
  - ☐ Monetary
  - ☐ Product
- ☐ Commercial Sponsorship
- ☐ Other Educational Grants to HCOs

☐ **Charitable Donation:**
- ☐ Monetary Donation
- ☐ Product Donation

☐ **Fellowship Grant**

Therapeutic or diagnostic areas		
Country in which the Grant is intended		
Please provide a detailed description on how the Educational Grant, Fellowship Grant Commercial Sponsorship, or Charitable Donation will be used, including but not limited to: • Is the request to support Indigent Care, Mission Trip, or similar patient support? • If a product is requested, please provide detail of the use. *Educational event and credentialing information can be provided in sections 3 & 4*		
Product Requested	Product Type	Quantity
Amount of funding requested from Coloplast	$	
Amount of external funding requested in total	$	
Bank account details *(This must be an account in the name of the company making the application and not an individual)*	Bank Name: Bank Country: Account Holder: IBAN or Acct Number: Bank ABA/Routing Number:	

3. Education Event and Followship Grant Details

Title		
Dates	Start Date:	End Date:
Location	City: State: Country:	
Venue	Name: Address: Website:	

Objective of the Educational Event or Fellowship Grant (provide a detailed description of the scope, purpose, and anticipated outcome of the program, which shall include, among other things, the following: • Program Directors • Number of Attendees • Primary Attendees (physicians, nurses, patients, others: • Presentation Type (live, teleconferences, webcast, CD-ROM other)	
Targeted audience by the Educational Event	☐ Local ☐ National ☐ International
4. **Accreditation Information for Educational Events (if applicable)**	
Accrediting Body Name	
Number of Hours	
Type of Credits	

5. Supporting Documentation

Please attach the following documents or supporting information with this Grant Application, where applicable. Requests submitted without appropriate supporting documentation will not be considered and returned to the Requestor.

- W9 (Tax information)
- Program Objectives/Course Agenda (for Educational and Fellowship programs)
- Event flyer or brochure
- Budget Information (itemized list of expenses)
- For charitable donations, verification of your organizations 501c3 or registered charity status
- For Education programs, Accreditation statement, including approved hours
- List of organizations Board of Directors and Executive/ Senior Leadership
- List of other funding sources and contingency plan if full funding is not obtained
- Full list of Commercial Sponsorship of support options or levels, if applicable

6. Additional Comments/Considerations

Requestor acknowledges submission of this Grant Request and the foregoing documentation ***does not guarantee approval*** of the request. Coloplast will only pay Grants upon approval by the Coloplast Grant Committee and after a letter of agreement has been countersigned by Coloplast. *The Coloplast Grant Committee reserves the right to deny the request or award less than the amount requested.*

Requestor affirms this form was completed on behalf of the requesting organization and attests to the truth and accuracy of the information provided. Requestor affirms this request is not implicitly or explicitly linked in any way to past, present or potential future purchase, lease, recommendation, prescription, use, supply or procurement of Coloplast products or services. Requestor affirms this grant is not requested as part of an agreement or effort to induce use of, purchase of, or recommendation of Coloplast products or services by Requestor. Requestor also affirms that they are authorized to sign on behalf of the Recipient/Payee indicated above.

Requestor 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 documentation by email to grants@coloplast.com