



Educational Grant and Charitable Donation Request Form

Atos adheres to the AdvaMed Code of Ethics 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 the AdvaMed Code of Ethics, visit: <https://www.advamed.org/member-center/resource-library/advamed-code-of-et-hics/?msclkid=d0c1a544d09f11ec9b280dc8b7dc7cc6>

Instructions - please read before completing the form:

- Educational Grant or Charitable Donations applications ("Grant Application") must be submitted at least 60 days prior to the first event/ activity taking place.
- Please note there is no guarantee that any or all of the amount requested will be granted. Atos 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.
- All fields must be completed – fill in text or check the boxes.
- The completed Grant Application, including all required supporting documents, must be submitted via DocuSign.

1. Applicant Information

Name of requesting organization	
Employer Tax ID Number	
Company 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/cooperations.)	
Website	
Head of organization ¹	Full name:
	Position/title:
Contact person submitting the request ("Requestor")	Full name:
	Position/Title:
	Address:
	Telephone:
	Email:

2. Request type and details

Educational Grant: <input type="checkbox"/> Educational Grant to support third party events <input type="checkbox"/> Monetary <input type="checkbox"/> Product <input type="checkbox"/> Commercial Sponsorship <input type="checkbox"/> Other educational grants to HCOs (including public awareness campaigns, fellowships or other in-kind support)	Charitable Donation: <input type="checkbox"/> Monetary <input type="checkbox"/> Product
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: <ul style="list-style-type: none">• Is the request to support Indigent Care, Mission Trip or similar patient support?• If product is requested, please provide detail of the use.• Educational event and credentialing information can be provided in section 3 and 4.	

¹Head of organization will be the person who will need to sign the Grant Agreement which is a requirement for any product provided, if Atos approves the application.

2. Request type and details, continued

Product Requests (Please indicate the product type and quantity)			
Amount of funding requested from Atos Medical			
Amount of external funding requested in total			
Bank account details (This must be on account in the name of the body making the application and not an individual.)	Bank name:		
	Bank country:		
	Account Holder:		
	IBAN or acct number:		
	Bank ABA/Routing number:		

3. Educational Event Details

Event Title			
Event Dates	Start date:	End date:	
Event Location	City:	State:	County:
Event Venue	Name:		
	Address:		
	Website:		
Objective of the educational event Please provide a detailed description of the scope, purpose and anticipated outcome of the program. <ul style="list-style-type: none"> • Program directors • Number of attendees • Primary attendees (physicians, nurses, patients, others) • Presentation type (live, teleconference, webcast, other) 			
Targeted audience of the educational event	<input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> International		

4. Accreditation Information for Educational Events, if applicable

Accrediting body name	
Number of hours	
Type of credits	



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5. Supporting Documentation

Please attach the following documents or supporting information with this grant application, where applicable. Requests submitted without the 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

Requestor acknowledges submission of this Grant Request and the foregoing documentation **does not guarantee approval** of the request. Atos will only pay Grants upon approval by the Atos Grant Committee and after a letter of agreement has been countersigned by Atos. The Atos 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; and that if Atos provides a grant, the funds and any products provided, will be used only for the purposes specified in this Application. 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 Atos 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 Atos 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	

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