Global Educational Grant and Donation Application

Please submit this application and related documents: grants@amrytpharma.com at least 45 days prior to the event. Attach additional pages, as needed, for answers. Please complete electronically as handwritten applications will not be accepted. Items that do not apply may be noted as NA.

Required Documents:

For your Application to be reviewed, the following documents must be included:

U.S.	International
1. IRS Determination Letter of tax-exempt status OR Federal Tax ID Number	1. Written proof from the government tax authority confirming tax-exempt/non-profit charity status
2. IRS Form 990 (most recent year)	2. Detailed Budget
2. Detailed Budget	

Date:		
Total Cost of Event/Project:		
Amount Requested from Amryt:	**Currency:**	
Type of Grant Requested:	☐ **Independent Medical Education Grant (accredited and non-accredited education directed to HCPs)** ☐ **Community Relations Grant or Donation (directed to patients/the public)**	
Legal Name of Requesting Organization:		
Registered Legal Address (including state)		

Primary Contact Information:	
Last Name:	**First Name:**
Street Address:	
City:	**State (U.S. only):**
Country:	**Zip/Postal Code:**

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Phone:	**Email Address:**
Briefly Describe Your Organization: (attach additional documents if needed)	

Has any employee of your organization been involved in a business relationship with Amryt (and/or any other bio-pharmaceutical company) in the past 5 years? ☐ **No** ☐ **Yes**	**Provide the beginning and ending dates of the business relationship and name of the company.** **Describe in detail the specific services provided. (Use additional documents if needed)**	
Is your organization designated as <u>tax-exempt/non-profit charity</u> by the local tax authority? (Written documentation is required) ☐ **Yes** ☐ **No**		**Tax ID #**
Is any portion of your organization government-owned or government-controlled? ☐ **Yes (If yes, please describe in detail)** ☐ **No**	☐ **Yes (If yes, please describe in detail)**	
DATE(S) OF PROGRAM/EVENT:		
PROGRAM EVENT/TITLE:		

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TYPE OF PROGRAM/EVENT:	Other:
☐ Healthcare Professional Education ☐ Patient/Community Education ☐ Charitable Cause (Healthcare related) ☐ Other (describe):	
PROGRAM/EVENT DESCRIPTION: **(If needed, attach additional documents, e.g. Brochure, Invitation, Slides)**	
PROGRAM/EVENT VENUE ADDRESS (LOCATION (e.g., hotel) and CITY):	

CME Accredited: ☐ Yes ☐ No	NAME OF ACCREDITING ORGANIZATION (e.g., ACCCME, EACCME)
Other type of accreditation, if applicable:	
Will Aegerion be the sole supporter? ☐ Yes ☐ No	If No, how many other supporters do you anticipate?
ANTICIPATED NUMBER OF ATTENDEES:	
PROPOSED AUDIENCE: ☐ Physicians ☐ Nurses ☐ Dieticians ☐ Patients ☐ Caregivers ☐ Other (Please describe)	☐ Other:

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Budget: You may provide additional budget details in a separate document, if available (e.g., Excel spreadsheet).

Item	Per person/per unit amount	Total	Notes	Comments
Honoraria for speaker(s)				Include number of speakers to be paid and honoraria for each
Hotel				Include number of nights and the cost per night, per person
Transportation (e.g., airfare, train, taxi)				Include class of service and number of persons traveling
Meals for Patients				Included number of meals and cost per person **(Amryt does <u>not</u> provide funding for meals for HCPs)**
Room Rental				
AV				
Printing				
Other				List any other budget items
TOTAL BUDGET				
Amount requested from Amryt				

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By signing this application, you certify that you are the authorized representative of the applicant organization and that, to the best of your knowledge, the information provided is accurate and complete.

Authorized Representative Signature:

The following section to be completed by Patient Advocacy Organizations only:

Please provide information about other sources of income to your organization, e.g., support from other companies, donors (fundraising).

Does your organization have a yearly fundraising goal?	**If yes, what is the current year's goal?**
☐ **Yes** ☐ **No**	

What percentage of your revenue is allocated for administrative expenses?

What was the total operating budget for your organization last year?

What tools does your organization use for Accountability and Transparency?

List the specific diseases your organization supports.

Direct inquiries to grants@amrytpharma.com

VAT NO. IE3392622HH

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Describe the role patients and/or caregivers play in the leadership/management of your organization.

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