US EDUCATIONAL GRANT APPLICATION

W. L. Gore & Associates, Inc.

***Benefitting Organization Information***

Name of Benefitting Organization:

Address:

City:       State:       Zip Code:       Country:

Mail Check to (if different than above):

Contact Person:       Title:

Phone Number:       E-mail:

Tax ID:       Tax Exempt 501(c)(3) Organization ? [ ]  Yes [ ]  No

***Third Party Organizer Information (if submitting on behalf of Benefitting Organization)***

Name of Third Party Organizer *(e.g. Conference Organizer)*:

Address:

City:       State:       Zip Code:       Country:

Contact Person:       Title:

Phone Number:       E-mail:

Tax ID:

To whom should funds be made payable? [ ]  Benefiting Organization [ ]  Third Party Organizer

***Educational Program Details***

Program / Event Title:

Targeted Audience & Specialty *(e.g. Vascular Surgeon Fellows)*:

Location:       Date(s):

Scope of Educational Program: [ ]  Global Event [ ]  National Event [ ]  Regional Event [ ]  Local Event

Type of Educational Program: [ ]  Fellowship [ ]  Conference / Symposium [ ]  Workshop / Hands-on [ ]  Disease Awareness / Patient Outreach [ ]  Grand Rounds [ ]  Other:

Short Description of Educational Program(s):

Program(s) Objective(s):

Educational Program(s) most closely aligns with the following topics (check all that apply):

 [ ]  Vascular [ ]  Cardiac [ ]  General Medical [ ]  Other:

***Educational Program Details Cont.***

 Estimated # of Attendees:

ACCME CME Accredited Program? ☐ Yes ☐ No

 Total # of fellows/ residents in program:

Estimated # of CME/CE Credits:       Estimated # of Faculty:

Will support for the Program(s) be sought from multiple sources (other than Gore)?

[ ]  Yes, Estimated number of other industry sources       [ ]  No, Gore would be sole supporter of the entire event / program

Type of support needed, check all that apply:

|  |  |
| --- | --- |
| [ ]  Funding Amount Requested: $       Type of Currency (e.g. USD, Pesos, CAD, etc.) Will any portion of funds be used for Gore's purchase of Program Exhibit/Booth Space or Advertising? [ ]  No; all funds used to support Educational Program [ ]  Yes; Exhibit/Booth- $      [ ]  Yes; Advertising/Marketing- $       | [ ]  Non-Sterile Product(s) Needed: Type(s):       Amount of Devices:       |
| [ ]  Other:        |

Has Gore previously provided support for the event / program in the past 5 years? If yes, please provide past history support (year & amount):

Short description of how funds will be used:

Would any portion of Grant support benefit a teaching hospital (directly or indirectly)?

[ ]  No [ ]  Yes, Benefitting Organization [ ]  Yes, Other:       Tax ID:

Does Grant include Support for Meals?

[ ]  Yes, Meals for all attendees (e.g. meals and refreshments open to all attendees, must be modest in nature

 and subordinate in time and focus to the training and/or education).

[ ]  Yes, Meals for limited attendees (e.g. faculty dinner)

**Note: Additional reporting information needed for Physician Sunshine Act after event**

[ ]  No, Funding will **NOT** be used for meals

***Application Attachments (REQUIRED)***

The following attachments are *required* to be included with every Educational Grant submission. Please note, if all required items are not included, the submission cannot be processed and funds cannot be awarded.

[ ]  Program Agenda

[ ]  Tax ID (W-9)

[ ]  \*If Applicable, 501(c)(3) documentation of Benefiting Organization

[ ]  Board of Directors for Benefiting Organization

[ ]  Detailed Budget for requests over $25K (template available)

[ ]  \*If Applicable, Third Party Organizer Tax ID (W-9)

***Authorizations / Approvals***

*By signing below, I hereby certify that I am authorized to submit on behalf of the Benefiting Organization, and that the information is complete and accurate.*

Signature: Date: Click here to enter a date.

Printed Name:

Title: