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: