CANADA EDUCATIONAL GRANT APPLICATION

W. L. Gore & Associates, Inc.

***Benefitting Organization Information***

Name of Benefitting Organization:

Address:

City:       Province:       Postal Code:       Country:

Contact Person:       Title:

Phone Number:       E-mail:

Charitable 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:       Postal Code:       Country:

Contact Person:       Title:

Phone Number:       E-mail:

To whom should funds be made payable?  Benefiting Organization

Third Party Organizer (Attach Remittance Information)

***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.***

CACME CME Accredited Program?  Yes  No Estimated # of Attendees:

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, 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 *United States teaching hospital* (directly or indirectly)?

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

Does Grant include Support for Meals for *United States Health Care Providers/Professionals*?

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 US Physician Sunshine Act after event**

No, Funding will **NOT** be used for meals for any United States Health Care Providers/Professionals

***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

Remittance / Payment Documentation

If Applicable, documentation of Benefiting Organization Charitable Status

Board of Directors for Benefiting Organization

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

If Applicable, Third Party Organizer Remittance / Payment Documentation

***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: