US EDUCATIONAL FELLOWSHIP 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) or ACGME Accreditor***

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

***Fellowship Program Details***

Fellowship Title:

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

Location:       Academic Year Date(s):

Scope of Fellowship Program (Check all that apply):  Clinical Fellowship  Research Fellowship  Other (Grand Rounds, Journal Clubs, Hands-on Training, etc.):

Short Description of Educational Fellowship:

Fellowship Goals & Objective(s):

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

Vascular  Cardiac  General Medical  Other:

***Educational Fellowship Program Details Cont.***

Total number of Fellows enrolled:

ACGME Accredited Program? ☐ Yes ☐ No

Total # of Fellows funding would support:

Estimated # of Faculty:

Will support for the Fellowship be sought from multiple sources (i.e., NIH funding, foundation support, industry support, etc.)?

Estimated number of other industry sources

Type of support needed, check all that apply:

|  |  |
| --- | --- |
| Funding Amount Requested: $ | Non-Sterile Product(s) Needed:  Type(s):  Amount of Devices: |
| Other: |

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

Fellowship funding should be to encourage educational experience for Residents and Fellows outside of core clinical curriculum.

Description of how funds will be used for the Fellowship program:

Research Education

Travel to Meeting and/or Conferences

Local Journal Clubs

Grand Rounds

Modest Salary Support, no more than 25% of total budget. (Applicable to clinical fellows only.)

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 Fellowship Grant submission. Please note, if all required items are not included, the submission cannot be processed, and funds cannot be awarded.

Program Agenda (Grand Rounds, Journal Clubs, Hands-on Training, etc.)

Goals & Objectives for Fellowship Program

Tax ID (W-9)

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

Board of Directors for Benefiting Organization

Detailed Budget for requests over $5K (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: