****

**Corporate Grants Committee**

**Request Form**

Please fill out this form in English and return it by email with the supporting documentation listed on the last page.

Contact us with any questions: grants@nuvasive.com

**SECTION I: Request Information**

|  |
| --- |
|  |

Date Submitted:

|  |
| --- |
|  |

Date Funding Needed:

*Please note: if date of funding needed is less than 8 weeks, please provide justification as an attachment.*

|  |
| --- |
|  |

Date of Event:

|  |
| --- |
|  |

Meeting or Event Title:

|  |
| --- |
|  |

Institution or Organization:

Is the recipient a nonprofit entity? N [ ]  Y [ ]

|  |
| --- |
|  |

 Check made payable to:

*Please note: checks for approved grants will be made payable to the affiliated institution, not an individual.*

Purpose of Grant (check one):

[ ]  Research (see Section III.A)

[ ]  Fellowship (Research or Clinical – see Section III.B)

 Fellow(s) Name:

|  |
| --- |
|  |

 Med PIN:

 [ ]  Fellow not yet selected

[ ]  Other Educational Activity (please explain on next page under Additional Information – See Section III.C)

 [ ]  Accredited (ACCME) Event

[ ]  Grant Donation (see Section III.D)

|  |
| --- |
|  |

Amount Requested (in local currency):

Has NuVasive® sponsored this program in the past? N [ ]  Y [ ]

|  |
| --- |
|  |

In what year?

|  |
| --- |
|  |

Amount:

If products are requested, please attach the product name(s) and amounts requested.

**SECTION II: Requester Contact Information**

|  |
| --- |
|  |

Name of Main Administration Contact (not the surgeon):

|  |
| --- |
|  |

|  |
| --- |
|  |

Phone Number: Email:

|  |
| --- |
|  |
|  |
|  |

Mailing Address:

|  |
| --- |
|  |

Any additional information to provide clarity:

**SECTION III: Documentation**

***Checklist of supporting documentation required for each grant type to be submitted with this request:***

1. **Research Project Grant:**

[ ]  Please provide a written grant request on the requesting institution’s letterhead that describes the proposed focus of research.

[ ]  Please provide a study protocol, which should identify any sub-investigators and describe the size of the study, the endpoints, the study design, and how the study will add to existing knowledge about the product.

[ ]  Please provide a study budget and how the requested grant will be used in the study.

[ ]  Tax documents:

US: please include W-9 IRS form with signature and date within the last year.

OUS: please include W-8BEN form with signature and date within the last year.

[ ]  If charitable organization:

 US: please include IRS determination letter.

 OUS: please provide documentation supporting your status as a charitable entity.

[ ]  ***Not attached – please provide explanation for any missing documentation*** [Comments]

1. **Grant to Fund Fellowship (Research or Clinical):**

[ ]  Please provide a written grant request on the requesting institution’s letterhead that describes the proposed focus of research and/or training.

[ ]  Program outline including education expectation of the fellow (clinic time, research, classes, etc.), a pedigree of past alumni, and recent graduates from the program.

[ ]  Curriculum vitae of the fellow, if available. Please note: the name of the fellow and curriculum vitae will be required in advance of full execution of Letter of Agreement.

[ ]  Tax documents:

US: please include W-9 IRS form with signature and date within the last year.

OUS: please include W-8BEN form with signature and date within the last year.

[ ]  If charitable organization:

 US: please include IRS determination letter.

 OUS: please provide documentation supporting your status as a charitable entity.

[ ]  ***Not attached – please provide explanation for any missing documentation*** [Comments]

1. **Grant to Support Other Educational Activity:**

***Educational or Scientific Meeting (Accredited or Non-Accredited)***

[ ]  Please provide a letter requesting financial support on the requesting sponsor’s letterhead, including description of the activity or the program, names of any co-sponsors, proposed date(s), location(s), topics to be covered, names of faculty (or number if faculty have not yet been designated), and the anticipated number of attendees. Please let us know if a NuVasive® representative will be attending.

[ ]  For an accredited educational event please provide a copy of the accreditation certificate.

[ ]  Copies of the proposed agenda and any promotional materials that have been prepared, if available.

[ ]  Tax documents:

US: please include W-9 IRS form with signature and date within the last year.

OUS: please include W-8BEN form with signature and date within the last year.

[ ]  If charitable organization:

 US: please include IRS determination letter.

 OUS: please provide documentation supporting your status as a charitable entity.

[ ]  ***Not attached – please provide explanation for any missing documentation*** [Comments]

***Travel Expenses for In-training Healthcare Professional (Resident or Fellow)***

[ ]  Please provide a letter on the institution’s letterhead describing the proposed meeting and indicate how the meeting fulfills the desired educational experience.

[ ]  Curriculum vitae of the resident or fellow.

[ ]  Requested travel budget and/or travel itinerary.

[ ]  Any abstracts or presentation materials to be presented at the meeting by the resident or fellow, if available.

[ ]  Tax documents:

US: please include W-9 IRS form with signature and date within the last year.

OUS: please include W-8BEN form with signature and date within the last year.

[ ]  If charitable organization:

 US: please include IRS determination letter.

 OUS: please provide documentation supporting your status as a charitable entity.

[ ]  ***Not attached – please provide explanation for any missing documentation*** [Comments]

1. **Charitable Donation:**

[ ]  Please provide a summary description of the project to be funded, including how the project will benefit patient care, knowledge, or other public health objectives, the total budget for the project, and how the requested funding will be used.

[ ]  Draft educational materials, if available.

[ ]  Tax documents:

US: please include W-9 IRS form with signature and date within the last year.

OUS: please include W-8BEN form with signature and date within the last year.

[ ]  If charitable organization:

 US: please include IRS determination letter.

 OUS: please provide documentation supporting your status as a charitable entity.

[ ]  ***Not attached – please provide explanation for any missing documentation*** [Comments]

***Please attach all supporting documentation and email your submission to:*** ***grants@nuvasive.com******.***

***If you are an international entity, applications must be submitted in English text.***





**NuVasive, Inc.** 7475 Lusk Blvd., San Diego, CA 92121 • phone: 800-475-9131 fax: 800-475-9134

 **NuVasive UK Ltd.** Suite B, Ground Floor, Caspian House, The Waterfront, Elstree, Herts WD6 3BS UK

phone: +44 (0) 208-238-7850 fax: +44 (0) 207-998-7818

**www.nuvasive.com**

©2016. NuVasive, Inc. All rights reserved.  , NuVasive and Speed of Innovation are registered trademarks of NuVasive, Inc.

16-NUVA-0752