

DIRECTIONS

- This Medical Education Grant Request Form is **REQUIRED** to be completed independently by a third party and submitted to Adamas Medical Affairs for all requested Medical Education Grant funding requests.
- Medical Education Grants may be provided to independent third parties in support of programs that offer educational opportunities for Healthcare Providers on topics related to Adamas’ research and business objectives in therapeutic areas in which Adamas participates or those that are of interest to Adamas.
- Adamas Personnel may not solicit, suggest, or recommend that any individual or entity seek a grant from Adamas. Except for requests for proposals distributed or authorized by the Adamas Grant Review Committee, funding requests that are solicited by Adamas Personnel will be rejected.

REQUESTOR INFORMATION	
Requesting Organization Name:	
Mailing Address:	
Website:	
Primary Contact’s Name & Title:	
Phone:	Fax:
Email Address:	
MEDICAL EDUCATION GRANT INFORMATION	
<i>NOTE: All Medical Education Grant requests REQUIRE a description of the proposed program on the requesting organization’s letterhead which describes the program and includes the amount of the grant support sought.</i>	
Date of Event or Activity:	
Name of Event or Activity:	
Description of Event or Activity:	
Location/Address of Event or Activity:	
Projected Attendance:	
Name and Affiliation of Event Speakers (if available):	
Learning Objectives of the Event:	

Event Agenda: *Attach as necessary*

See attachment

Detailed Needs Assessment: *Attach as necessary*

See attachment

Medium through which the Program will be Delivered: *e.g. Live presentation, written materials, online courses, etc.*

Target Audience:

Method to Obtain Learning Results, Outcomes, and other Relevant Program Metrics:

Will CME Credits be Awarded? (Y/N/NA)

Yes No N/A

If Yes, Identity of CE/CME Credits Provider:

PAYMENT DETAILS

Total Amount Requested:

Date Needed By:

Tax ID Number: *Provide signed W-9 and Declaration of Tax-Exempt Status* W9 Form attached

Complete Itemized Budget: *Total per item program costs including administration, overhead, meals, content development, faculty fees, honoraria, and travel to personnel and HCPs serving as faculty or moderators. Attach budget as necessary.*

See attachment

REQUIRED DOCUMENTATION

NOTE: *Documents listed below must be provided along with this completed form. Requests without any of these required documents will not be accepted or reviewed.*

Document Name	Attached? (Y/N/NA)
Description of Proposed Program on Requesting Organization's Letterhead	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
W-9 and Declaration of Tax-Exempt Status	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Detailed Program Budget	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

INTERNAL ADAMAS USE ONLY
REVIEWED & APPROVED BY

Grant Review Committee Administrator Name:

Grant Review Committee Action: Approved Not approved

Signature: _____

Date: _____