

Independent Medical Education Grant Application Form
Please submit completed application to: grants@ljpc.com

1. Organization Requesting Grant:

2. Contact Name:

3. Amount Requested:

4. Medical Accreditation: Y/N

5. Grant Utilization:

- **Program Title:**
- **Program Dates:**
- **Program Location/Venue:**
- **Program Description:**
- **Please attach the following budget for the program:**
 - i. Proposed itemized budget**
 - ii. Draft agenda, objectives, and other supporting material**

6. Additional Program Information (if not applicable, skip to 7)

- **Anticipated attendees (i.e. surgeons, cardiologists, nurses, etc.)**
- **Number of attendees:**
- **Other sponsors/potential sponsors:**
- **Corporate sponsorship opportunities (i.e. recognition on signage, meeting materials, etc)**
- **Accreditation information, if applicable**
 - i. Accrediting body:**
 - ii. Credit category and hours:**

7. Requested Decision Date, if any:

La Jolla Pharmaceutical Company reviews grants every two month

8. The following information is required to process all payments and may be submitted with this Grant Request Form or separately, upon notification that a Request has been approved.

1. Completed W-9 Form (Tax ID)
2. Automated Clearing House (ACH) instructions, including bank name, account number, and routing number
3. For Accredited CME: Accreditation statement
4. For Charitable Donations: 501(c)(3) or 501(c)(4) Tax Exempt Statement

9. Acknowledgments and Signature

La Jolla Pharmaceutical Company (“La Jolla”) is committed to compliance with all applicable federal and state pharmaceutical industry laws, regulations and guidelines. By submitting this grant application, the requestor represents that it is committed to act in accordance with the above in the event that La Jolla decides to fund the requested grant.

Submission of this Grant Request Form and supporting documentation does not constitute nor represent a funding commitment by La Jolla. Funding decision is subject to approval by La Jolla’s internal review committee, which may approve or decline a request in La Jolla’s sole and absolute discretion. La Jolla reserves the right to award less than the amount requested based on program merit, business objectives, and budgetary constraints. If, for any reason, the program or event does not occur, or the awarded funds prove to be in excess of the estimated program costs, the unused portion of the grant shall be returned to La Jolla. La Jolla cannot provide grants retrospectively to cover program overages.

The requestor represents and warrants that this request is unrelated to the purchase, use or recommendation of La Jolla products. In addition, the requestor acknowledges that the organization will maintain control over the program/event at all times and that La Jolla may not influence the content, or selection of speakers, attendees, or individual recipients of fellowships or scholarships, where applicable.

I hereby further certify that the information provided in this request form is complete and correct, and that I have the authority to submit this request on behalf of the organization requesting the grant.

Signature _____ **Date** _____

Title _____