

## Welcome to Ferring Canada's grant requests submission page

Ferring Canada supports different healthcare stakeholders as well as non-profit organizations through Sponsorship and Grants. External stakeholders are encouraged to submit their requests directly through our website by using the Grant Application Review Form. We are also encouraging any applicant to consult the Useful Definitions section below.

In cases when a Healthcare Professional or representative of an organization has questions on the application process or requests clarification on how to complete the Grants Application Review Form, they should direct their questions to the Grants Coordinator at [grants.canada@fering.com](mailto:grants.canada@fering.com).

Upon review of an unsolicited request, Ferring Canada's Grants Committee may approve with full or partial funding, and with any terms or conditions the Committee deems reasonable or necessary, seeking and receiving legal advice as appropriate. If the Grants Committee identifies in a fiscal year there are no sufficient funds to pay for an approved Grant, they may defer funding until sufficient funds subsequently become available and will inform the applicant accordingly.

Award of a Grant from Ferring would not impose in any way an obligation, expressed or implied, on the recipient or any other person or entity to use, purchase, order, prescribe, influence the use or pricing of, or arrange for the use, purchase or prescription of a Ferring product, provide favorable formulary status for, or otherwise support Ferring in commercializing its products.

Ferring employees do not solicit applications for Sponsorships or Grants. Our approach is consistent with the principles set forth in Ferring's policies and Standard Operating Procedures.

### Definitions

**“Grant”** - A voluntary award of funds, products, services and/or assets (tangible or intangible) by Ferring to a worthy and eligible recipient in support of an activity consistent with Ferring's mission (corporate, social responsibility, educational, etc.). A Grant is distinguished from a fee for service activity in that a Grant is support provided for an activity having a primary purpose not to benefit Ferring (although benefit in the form of recognition may result). A fee for service activity is one in which the primary purpose is to benefit Ferring and would not be supported or undertaken without the expectation of such benefit.

**“Educational Grant”** - A Grant in support of an Educational Program and/or Materials. A group or organization may sometimes refer to support of an Educational Program and/or Materials as a Grant, Sponsorship, Conference Sponsorship, Membership, or other term without applying the same definitions used by Ferring.

**“Sponsorship”** - A Grant made in support of a specific event or activity, or specific set of events or activities, such as a scientific or professional meeting, a community health fair, health screening program, or similar, organized or managed by an eligible recipient group or organization.

**“Government Employees”** - The term Government means a body of people that sets and administers public policy, and exercises executive, political, and sovereign power through customs, institutions, and laws within Canada or a Canadian Province or Territory.

# GRANT APPLICATION REVIEW FORM

Ferring Grant Number \_\_\_\_\_

Ferring P.O Number \_\_\_\_\_

Ferring P.O. Date \_\_\_\_\_

\*Submission Date \_\_\_\_\_

## Applicant Organization Details

\* Organization/Institution Name: \_\_\_\_\_

\* Cheque made payable to: \_\_\_\_\_

\* Tax # \_\_\_\_\_ Exempt? \_\_\_\_\_

\* Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\* City: \_\_\_\_\_ \* Prov: \_\_\_\_\_ \* Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_

\* Phone number: \_\_\_\_\_

\* Contact name: \_\_\_\_\_

\* Contact title: \_\_\_\_\_

\* E-mail Address: \_\_\_\_\_

**\*Please provide your organization's principal purposes and services:**

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**\*Are any members of the board of your organization government employees? Government employee means involvement in formulary or reimbursement decisions, participation in guidelines committees or practice protocol development or Hospital P&T committees. No If yes, please list name(s):**

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## Program Information

\*Program Title: \_\_\_\_\_

\*Specific purpose for which funds are requested (short description):

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\*Event start date \_\_\_\_\_ \*Event end date \_\_\_\_\_

\*Please describe previous funding history with Ferring (if applicable):

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\*List all sponsoring and partnering organizations and describe their role, if applicable:

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\*CME accredited? Yes/No \_\_\_\_\_ \*Is this a new program? Yes / No \_\_\_\_\_

## Budget Details:

\*Total Amount Requested \_\_\_\_\_ CAD \*Total Project Budget: \_\_\_\_\_