

GRANT APPLICATION FORM

Ferring Grant Number _____

Ferring P.O Number _____

Submission Date _____

Applicant Organization Details

Organization/Institution Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Website: _____

Phone number: _____

Contact name: _____

Contact title: _____

E-mail Address: _____

Banking Details

Name of Account Holder: _____

Account Number: _____ Transit Number: _____ Branch Number: _____

Please provide your organization's principal purposes and services:

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):

Program Information

Program Title: _____

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

Event start date: _____ Event end date: _____

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

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

CME accredited? Yes/No _____ Is this a new program? Yes / No _____

Budget Details:

Total Amount Requested _____ CAD Total Project Budget: _____