

Global Grant and Donation Application

Please submit this application and all related documents to: grants@aegerion.com
 Attach additional pages, as needed, for answers.

Date:	
Amount Requested:	Currency:
Type of Grant Requested:	<input type="checkbox"/> Independent Medical Education Grant (accredited and non-accredited education directed to HCPs) <input type="checkbox"/> Community Relations Grant or Donation
Legal Name of Requesting Organization:	
Legal Address of Requesting Organization	

Primary Contact Information:	
Last Name:	First Name:
Street Address:	
City:	State (U.S. only):
Country:	Zip/Postal Code:
Phone:	Email Address:

BRIEFLY DESCRIBE YOUR ORGANIZATION:
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<p>Has any employee of your organization been involved in a business relationship with Aegerion (and/or any other bio-pharmaceutical company) in the past 5 years?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Provide the beginning and ending dates of the business relationship and name of the company.</p>	
	<p>Describe in detail the specific services provided. (Use additional documents if needed)</p>	
<p>Is your organization designated as tax-exempt by the local tax authority? (Written documentation is required)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Tax ID #</p>	
<p>Is any portion of your organization government-owned or government-controlled?</p> <p><input type="checkbox"/> Yes (If yes, please describe in detail) <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes (If yes, please describe in detail)</p>	
<p>DATE(S) OF PROGRAM/EVENT:</p>		
<p>PROGRAM EVENT/TITLE:</p>		
<p>TYPE OF PROGRAM/EVENT:</p> <p><input type="checkbox"/> Healthcare Professional Education <input type="checkbox"/> Patient/Community Education <input type="checkbox"/> Charitable Cause (Healthcare related) <input type="checkbox"/> Other (describe):</p>	<p>Other:</p>	
<p>PROGRAM/EVENT DESCRIPTION: (If needed, attach additional documents, e.g. Brochure, Invitation, Slides)</p>		
<p>PROGRAM/EVENT VENUE ADDRESS (LOCATION (e.g., hotel) and CITY):</p>		

CME Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF ACCREDITING ORGANIZATION (if applicable):
Other type of accreditation, if applicable: 	
Will Aegerion be the sole supporter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, how many other supporters do you anticipate?
ANTICIPATED NUMBER OF ATTENDEES: 	
PROPOSED AUDIENCE: <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses <input type="checkbox"/> Dieticians <input type="checkbox"/> Patients <input type="checkbox"/> Caregivers <input type="checkbox"/> Other (Please describe)	<input type="checkbox"/> Other:
ITEMIZED BUDGET (Attach separate documents, if needed) Please include specific details about how the funds will be used. <ul style="list-style-type: none"> • Include detail on any payments to physicians that will be funded by the grant. • Costs for hotels must include the number of nights and the cost per night, per person • Include details on room rental, meals, AV equipment • Include per-person details on transportation costs, e.g. airfare (including class of service), ground transportation 	

By signing this application, you certify that you are the authorized representative of the applicant organization and that, to the best of your knowledge, the information provided is accurate and complete.

Authorized Representative Signature:

The following section to be completed by Patient Advocacy Organizations only:

Please provide information about other sources of income to your organization, e.g., support from other companies, donors (fundraising).

Does your organization have a yearly fundraising goal?

- Yes
 No

If yes, what is the current year's goal?

What percentage of your revenue is allocated for administrative expenses?

What was the total operating budget for your organization last year?

What tools does your organization use for Accountability and Transparency?

List the specific diseases your organization supports.

Describe the role patients and/or caregivers play in the leadership/management of your organization.

Required Documents

For your Application to be reviewed, the following documents must be included:

U.S.	International
1. IRS Determination Letter of tax-exempt status <u>OR</u> Federal Tax ID Number	1. Written proof from the government tax authority of tax-exempt/non-profit status
2. IRS Form 990 (most recent year)	2. Detailed Budget
2. Detailed Budget	