

AEGERION PHARMACEUTICALS

Grant Request Application



Date: _____

Amount Requested (Currency): _____

Type of Grant Requested: CME

Educational Grant

-OR-

-OR-

NON-CME

Charitable Donation

REQUESTING ORGANIZATION (Legal Name): _____

PRIMARY CONTACT INFORMATION:

| | | | | | | | |
|----------------|--|-------|--|----------------|--|-----------------|--|
| Last Name | | | | First | | | |
| Street Address | | | | | | | |
| City | | State | | Country | | ZIP/Postal Code | |
| Phone | | | | E-mail Address | | | |

PROPOSED GRANT DESCRIPTION: (Please provide a detailed description of what this activity this grant would support).

BRIEFLY DESCRIBE YOUR ORGANIZATION:

Is your organization designated as non-profit by local tax authority? (Written documentation required)

Yes No Tax ID # _____

Is your organization a tax-exempt organization providing financial or other assistance to patients in order to access drug treatments ("Patient Assistance Organization")? If Yes, please attach additional information requested on page 3.

Yes No

DATE(S) OF PROGRAM/EVENT:

PROGRAM EVENT/TITLE:

TYPE OF PROGRAM/EVENT:

- Professional Education
- Patient/Community Education
- Charitable Cause (Healthcare related)
- Other (describe):

PROGRAM/EVENT DESCRIPTION/OBJECTIVES:

(If needed, attach additional documents, e.g. Brochure, Invitation, Slides)

PROGRAM/EVENT VENUE ADDRESS (LOCATION AND CITY):

WILL THIS PROGRAM BE ACCREDITED?

Yes No

Name of Accrediting Organization (if applicable):

ANTICIPATED NUMBER OF ATTENDEES:

PROPOSED AUDIENCE:

ITEMIZED BUDGET

Please include specific details about what the funds will be used for. Also include detail on any payments to physicians or meals that will be funded by the grant.

Required Documents

In order for your Educational Grant request 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. Detailed Budget | 2. Detailed Budget |

Patient Assistance Organizations

(Providing financial assistance to patients to access drug treatments) require additional information:

| |
|--|
| 1. Recent Form 990 (U.S. only) |
| 2. OIG Advisory Opinion, if applicable (U.S. only) |
| 3. Written Certification from your organization regarding compliance with OIG and IRS Guidance (U.S. only) |
| 4. Audit Reports conducted by independent outside auditors, if any |
| 5. Identity of other entities or organizations affiliated with your organization, if any |