

Nihon Kohden Educational Grant Application

To avoid delays please ensure all printed information is legible.

This Application is to be used to request funds to be used for general public and healthcare professional educational purposes.

Print Form

Request Form

Date Submitted Requested Grant Amount Grant Requested By Date

I. Applicant Information

No PO Boxes. Please enter physical address ONLY.

Applicant Name

Applicant Address

Address 2

Address 3

City State Zip

If not in US, City/Country

Applicant Website Address

Contact Information (please include email address to facilitate communication)

Contact Person

Email

Phone

Fax

Please check if Applicant or Payee is located in Massachusetts or Vermont

II. Payee Information *Please note: checks must be made payable to the education conference provider as listed on the W-9*

Check if Payee is the same as Applicant. If different, please complete the information below.

Payee Name

Federal Tax ID Number

Payee Address

Please include copy of W-9 with submission

Address 2

Tax Status

City State Zip

If Non-Profit, please provide tax exempt status: (e.g., 501(c)(3))

If not in US, City/Country/Postal Code

II. Payee Information

Program Name

Program Type

These contributions include grants for the advancement of medical education and patient or public education on health care topics. Examples of eligible programs include, without limitation: residency programs, general public education, general educational funds.

Is program accredited? Yes No If yes please, provide the name of the accrediting body

Please detail goals and objectives and/or targeted groups (e.g., diabetic patients, orthopedic surgeons, ATC, PT, etc.) of educational program(s)

Additional support requested (e.g., samples, supplies)

Is any portion of the grant for exhibit space, advertisement or other items? Yes No

If yes, please provide details (including applicable amount)

Please enter the nature and amount of donation that Nihon Kohden has provided in past year(s) if any

Date Submitted _____

Applicant Name

Reminder: All information must be present and supporting documentation must be received for consideration.

IV. Additional Information

V. Supporting Documentation

In addition to the completed request form the following documents must be included:

- **A Letter of Request on the institution's letterhead**
- **The program brochure/explanation of objectives/goals and selection criteria (as applicable)**
- **W-9**
- **IRS Tax-Exemption Determination Letter (if applicable)**
- **Detailed Budget to support requested funding amount**

VI. Certification of Compliance

Nihon Kohden will not make a charitable contribution that implicitly or explicitly rewards a customer for past or future purchases, uses, orders, or recommendations of Nihon Kohden products. Any evidence that a charitable contribution is tied in any way to the past, present, or future use, order, recommendation or purchase of Nihon Kohden products will result in denial, and may exclude the organization from consideration for future funding. By signing below the Applicant understand, agrees and certifies:

- 1) All information provided on this Educational Grant Application Form is true and accurate to the best of the Applicant's knowledge;
- 2) Neither Applicant nor Nihon Kohden, including their respective personnel, contractors or agents, have stated or implied, explicitly or implicitly, that this donation is intended to provide prohibited remuneration or impose a requirement for the purchase, use, order or recommendation of Nihon Kohden product.

If, for any reason, you find that you cannot complete this certification or if you have any questions regarding this certification please contact Nihon Kohden's Grants Committee via email at Grants@nkusa.com to discuss your concerns.

Signature of Person Completing Form Date

Printed Name of Person Completing Form

PLEASE SUBMIT YOUR COMPLETED REQUEST FORM AND ALL SUPPORTING DOCUMENTATION TO NIHON KOHDEN'S GRANTS COMMITTEE VIA FAX (949) 271-5675 OR VIA EMAIL Grants@nkusa.com

Nihon Kohden provides all charitable donations and follows disclosure requirements in accordance with applicable and federal laws.

FOR NIHON KOHDEN USE ONLY

Approved Declined

Comments

Grants Committee Approval Signature _____ Date _____