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| **Please complete this Form and submit it, accompanied by Letter of Request to the Abbvie Grants & Donations Committee at** **subvention-grant@abbvie.com*****~Refer to the Instructions page attached on how to complete this Form~*** |
| 1. **Details of Requester**
 |
| Title / Name: |  |
| Position / Job Title: |  |
| Email Address: |  |
| Telephone number: |  |
| Name of Allergan/Abbvie Contact: |  |
| Total amount of funding or product requested: |  |
| If this is a request for a product donation, list brand name(s) and amount of product requested: |  |
| 1. **Organization Information**
 |
| Full Legal Name of Organization Requesting Funding/Product (name of single entity that would receive funds if request is approved):  |  |
| Registered Organization Address: |  |
| Organization web address: |  |
| Legal Status of Organization \* Grants and donations are not provided to for-profit organizations (e.g., corporations or private medical practices or clinics). | [ ]  | Charitable Organization |
| [ ]  | Public/Government-owned Healthcare Institution |
| [ ]  | Other Non-Profit Organization |
| [ ]  | Other (specify)\*: |
| Is the requesting department or sub-division (i.e. of a university, hospital, etc.) legally permitted to receive funding? | [ ]  Yes [ ]  No  |
| 1. **Nature of Request**
 |
| Please describe the nature of the request/project in detail. |  |
| Will you be hiring Health Care Professionals and or vendors for this project? If yes, please describe | [ ]  Yes [ ]  No |
| Please provide a breakdown of all the costs associated to this project (in no more than $5000 increments) to describe how Allergan/Abbvie funding/products will be used |  |
| For funding requests, will Allergan/Abbvie be the sole source of funding for this project/activity/event?If no, please indicate what other organization will support the project/activity/event and to which level. | [ ]  Yes [ ]  No |
| For funding requests, approximately what percentage of the Organization’s annual income would this funding represent: |  |
| Please provide details of any funding or product donations the Organization has received from any Allergan/Abbvie entity in the last 12 months. |  |
| 1. **Organization Management Information**
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| Provide details of Company Directors or equivalent. |
| **Name** | **Title** |
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| **YES** | **NO** | **Are any of the Company Directors or equivalent, listed above, classified as Government Officials, Family Members of an Allergan/Abbvie employee, or is a Customer or Supplier of Allergan/Abbvie? i.e. are any of the following categories applicable:** |
| [ ]  | [ ]  | A current or former elected or appointed government official such as employees, agents or representatives of any government agency or institution or government-owned or government-controlled company, i.e. Minister of Health, Member of Parliament, Health Canada employee, etc. |
| [ ]  | [ ]  | A political party official |
| [ ]  | [ ]  | Associated with a government agency or institution |
| [ ]  | [ ]  | Associated with a public international organization |
| [ ]  | [ ]  | Associated with a political party |
| [ ]  | [ ]  | Member of a Formulary Committee with voting rights |
| [ ]  | [ ]  | Family Member of an Allergan/Abbvie employee (Father, Mother, Sister, Brother, Daughter, Son, Aunt or Uncle) |
| *If yes to any of the above, please provide details, identifying the individual and the nature of the relationship.* |
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| 1. **Requestor Declaration**
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| I confirm that I am legally authorized to act as representative of the Organization shown in Section 2 above and that all details provided herein are complete and accurate. |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Instructions**

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| **Guidelines** |
| * Grant and Donation requests must comply with all applicable laws and regulations.
* Allergan/Abbvie considers Grants and/or Donations requests from institutions or charities, provided they are restricted to the enhancement of patient care, genuine clinical research and/or genuine charitable causes.
* Allergan/Abbvie does not provide Grants and/or Donations in support of purposes or events where the fundamental or primary focus is placed on generating profit for the requesting organization
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| **Instructions** |
| **Section 1 – Details of Requester*** Fill in Requester contact information.

**Section 2 – Organization Information*** + - Fill in Organization contact information. Grants and donations are not provided to for-profit organizations (e.g., corporations or private medical practices or clinics).
		- Name of entity that would receive funds if request is approved.
		- if funds are to be directed to a specific department, include that department name under the full legal entity name, for example, University of ABC c/o Department of XYZ.

**Section 3 – Nature of Request*** Fill in request details, e.g. amount of funds/product being requested and nature of request, etc. Allergan/Abbvie will not fund any social or entertainment activity through the funding provided in support of an educational event.
* Please provide details of any funding or product donations the Organization has received from any Allergan/Abbvie entity in the last 12 months.

**Section 3 – Organization Management Information*** Provide details of Company Directors or equivalent, Name(s) and Title(s)

**Section 4 – Requester Declaration*** Have Form 1A signed by a representative that is legally authorized to act on behalf of the Organization.

**Incomplete, inaccurate, or in-sufficient submissions may require additional information, which may delay or invalidate your Grant and/or Donation request. This process can take 6-8 weeks once all information is received by the Grants & Donations Committee and does not include Grant/Donations Requester’s response times.****The Grants & Donations Committee will communicate with you directly during the review if additional information or documentation is required and of the final decision of the review.** |

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| **Requirement Checklist*****Send the documents required below to the Abbvie. Grants & Donations Committee at*** ***subvention-grant@abbvie.com*** |
| [ ]  The completed **three (3)** pages of Form 1A: Canada Grants & Donation Request Form - Specialty. (Required)[ ]  A copy of your Letter of Request on Formal Letterhead (Required)**[ ]** Any relevant accompanying documents which may assist the evaluation of your submission, if applicable. (Not Required) |