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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**](mailto: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** | | | | | | |
| 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** | | | | | | |
| 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***](mailto: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) |