|  |
| --- |
| **Please complete this Form and submit it, accompanied by Articles of Incorporation or equivalent documents indicating organization rules/charter, to the Allergan Inc. Grants & Donations Committee at** Canada.Grants.Committee@allergan.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 Inc. 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 *(include copies of relevant registration documents / articles of incorporation):*\* 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 [ ]  N/A. The funding request will go directly to the parent requesting Organization for which Articles of Incorporation or equivalent documentation are provided, and not the department/sub-division directly. |
| 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 Inc. funding/products will be used |  |
| For funding requests, will Allergan Inc. 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 Inc. entity in the last 12 months. |  |
| 1. **Organization Management Information**
 |
| Provide details of Company Directors or equivalent. |
| **Name** | **Title** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **YES** | **NO** | **Are any of the Company Directors or equivalent, listed above, classified as Government Officials, Family Members of an Allergan Inc. employee, or is a Customer or Supplier of Allergan Inc.? 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 Inc. 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.* |
|  |
| 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**

|  |
| --- |
| **Guidelines** |
| * Grant and Donation requests must comply with all applicable laws and regulations.
* Allergan Inc. 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 Inc. 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
 |

|  |
| --- |
| **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.
		- the Articles of Incorporation submitted with Form 1A must reflect the entity that would receive funds if request is approved.

**Section 3 – Nature of Request*** Fill in request details, e.g. amount of funds/product being requested and nature of request, etc. Allergan Inc. 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 Inc. 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.** |

|  |
| --- |
| **Requirement Checklist*****Send the documents required below to the Allergan Inc. Grants & Donations Committee at*** *Canada.Grants.Committee@allergan.com* |
| [ ]  The completed **three (3)** pages of Form 1A: Canada Grants & Donation Request Form. (Required)[ ]  A copy of your Organization’s Articles of Incorporation or equivalent documents indicating organization rules/charter. Note that your Organization’s full legal entity name must coincide with Articles of Incorporation or equivalent documentation submitted. (Required)**[ ]** Any relevant accompanying documents which may assist Allergan Inc. in evaluating your submission, if applicable. (Not Required) |