



## Educational Grant Application

This application and all supporting documentation must be submitted to CorMedix via email at [edgrants@cormedix.com](mailto:edgrants@cormedix.com) at least forty-five (45) days prior to the educational event for which funding is being requested. Attach additional pages, as needed, for answers. Please complete this form and any attached information in typewritten format as handwritten applications will not be accepted. Please indicate "Not Applicable" for any information requested that does not apply to the applicant or educational event.

### Required Supporting Documentation:

For your application to be reviewed, the following documents must be included:

1. IRS determination letter of tax-exempt or non-profit status
2. IRS Form 990 (most recent year) (tax-exempt entities, only)
3. IRS Form W-9
4. Detailed, line-item budget for educational event

<b>Date of Application:</b>
<b>Legal Name and Address of Requesting Organization:</b>
<b>Description of Requesting Organization:</b>
<b>Name of Authorized Representative of Requesting Organization</b> (person who is authorized to sign agreements on behalf of the organization):
<b>Name of Primary Contact:</b> <b>Name:</b>  <b>Phone:</b> <span style="margin-left: 200px;"><b>Email</b></span> <b>Address:</b>
<b>Is your organization designated as <u>tax-exempt</u> by the IRS?</b> (written documentation is required) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Tax ID #:</b>



## Educational Grant Application

Is any portion of your organization government-owned or government-controlled?

- No  
 Yes (if yes, please describe in detail)

**Type of Grant Requested:**

- Accredited Medical Education Grant** (for education directed to healthcare providers)  
**Name of Accrediting Organization** (if applicable):
- Unaccredited Medical Education Grant** (for education directed to healthcare providers)
- Educational activities or initiatives directed to patients/the public**

**Program/event description:**

(Learning objectives, program agenda)

**Program/event venue address (location (e.g., hotel) and city):**

**Anticipated number of attendees:**

**Proposed audience:**

- Physicians**  
 **Nurses**  
 **Patients**  
 **Other (Please describe):**

**Will CorMedix be the sole supporter?**

- Yes**    **No**

**If No, how many other supporters do you anticipate?**



## Educational Grant Application

Describe how CorMedix grant support will be acknowledged:

Amount Requested from CorMedix:

Total Cost of Event:

By signing this application, you certify that you are the authorized representative of the applicant organization and that, to the best of your knowledge, the information provided is accurate and complete.

Authorized Representative Signature and Date:

### Budget

(List additional budget items in the blank rows below as needed.)

Item	Per person	Total	Notes
<b>Honoraria for speaker(s)</b> Include number of speakers to be paid and honoraria			
<b>Hotel</b> Include number of nights and the cost per night, per person			
<b>Transportation (e.g., airfare, train, taxi)</b> Include class of service and number of persons traveling			



**Educational Grant Application**

<b>Meals</b> Include number of meals and cost per person			
<b>Room Rental</b>			
<b>AV</b>			
<b>Printing</b>			
<b>TOTAL BUDGET</b>			
<b>Amount requested from CorMedix</b>			

**INTERNAL USE ONLY**

<b>Department</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
Medical			
Legal			
<b>Outcome</b>		<b>Amount Funded</b>	
<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b>		<b>Notes:</b>	