Please read the information and criteria on the GSK Canada Medical Grant website. If any of these criteria has not been met, your grant application will not be eligible for funding. To apply, please complete, sign, and email this form and any other supporting documentation to **ca.medical-education@gsk.com**. For any enquiries or to arrange a call with our team, please contact our email.

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| **Application Sections** | |
| 1. Medical Grant Requester Details 2. Grant Request Details | 1. Declarations and Signature |

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1. Medical Grant Requester Details

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| Name of organization |  | |
| Type of organization | Scientific or professional organization  Professional medical, pharmacy, or nursing society  Patient advocacy group, patient-centered organization  University Faculty  Integrated Health Network or Health Authority  Hospital department or division  Other; please specify: | |
| Is your organization a healthcare organization (HCO)?  *Please note that both HCOs and non-HCOs can be eligible. This information is for our internal records and processes and does not impact the funding decision.* | Yes  No  *HCO: A legal entity that is a healthcare, medical or scientific association or organization such as a hospital, clinic, foundation, university, or other teaching institution or learned society (except for patient organizations).* | |
| Is your organization for-profit?  *Ineligible organizations include for-profit online education, publishing or communications companies and similar ventures.* | Yes No | |
| Description of organization  *Please include a* ***brief ~200****-word description of your organization’s governance structure and purpose. Feel free to include links or attachments to your application to provide more background to your organization.* |  | |
| Payable name and address (if application is approved)  *Please note that GSK cannot remit funds to a third-party vendor or an individual; funds must be remitted only to the requesting organization.* | Name |  |
| Address |  |
| Preferred method of payment  (if application is approved) | Cheque  Electronic funds transfer (EFT) | |
| Taxes (if applicable) | Province |  |
| Tax Registration Number |  |
| Contact name and address for business correspondence and payment | Name |  |
| Address |  |
| Email |  |
| Telephone |  |

1. Grant Request Details

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| For reference purposes, please provide a name for this grant | For example – Student Scholarship Fund |
| Describe in detail the purpose of the grant and the impact of the grant  *Note that the IME form should be used for HCP education events funding requests.* | For example - The purpose of the grant is to fund the day’s events at several hospitals. The hospitals are XX, YY and ZZ. The day’s events are in the attached agenda.  The impact of the day’s event is described in the attached invitation. |
| Total amount of funding requested | $ |
| Do you have any additional funders confirmed for this grant? | Yes  No |
| Is the amount requested more than 25% of your organization’s annual revenue? | Yes  No |

**Budget Form - This form is an example for applicants, and it is not an exhaustive list of budgetary items that must be included in your application.**

If you are applying for a grant from GSK that does not qualify as an Independent Medical Education grant, please fill out the form below detailing the budgetary breakdown of your initiative. If you are unsure of whether your initiative qualifies as an Independent Medical Education event, please consult our [website](https://ca.gsk.com/en-ca/healthcare-professionals/medical-grants/).

The form below consists of budgetary items that may be considered when organizing an event. For applicants who wish to fund scholarships and/or fellowships, please indicate so in the “other” row as a budgetary item and indicate who will be choosing the student who will receive the award.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Budget item | | Hourly cost | | Hours | Total | | Further description of expense if necessary |
| Logistics (e.g., venue) | | | | | | | |
|  | |  | |  |  | |  |
|  | |  | |  |  | |  |
| Audience generating material and activities (e.g., invitations, leaflets, electronic distribution) | | | | | | | |
|  | |  | |  |  | |  |
|  | |  | |  |  | |  |
| Faculty expenses (e.g., honoraria, travel, accommodation). For honoraria, please state the number of hours of work *and* hourly cost. Prep work can be included. | | | | | | | |
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| Program material development (e.g., content development & delivery costs for webcasts, e-learning modules, slides, publications) | | | | | | | |
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|  | |  | |  |  | |  |
| Other | | | | | | | |
|  | |  | |  |  | |  |
|  | |  | |  |  | |  |
| **Full Program Total** | | | | | **$** | | |
| **Amount requested from GSK** (please provide if different from above and partial funding is requested). | | | | | **$** | | |
| **Are there multiple sponsors for this educational initiative?**  *Please note that this information is for our internal records and processes and does not impact the funding decision.* | | | | | | | Yes  No |
| **Do you require GSK to pay taxes on the funded amount? If yes, state province, applicable tax(es), and tax registration number(s):**  *GSK requires organizations to provide an invoice if tax payments are required.* | | | | | | | Yes  No |
| **Province** |  | | | | | | |
| **Tax** |  | | **Tax Registration Number** | | |  | |
| **Tax** |  | | **Tax Registration Number** | | |  | |

1. Declarations and Signature

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| **Conflict of Interest Declaration** | |
| 1. To the best of your knowledge, do any individuals in your organization (e.g., executives, employees, volunteers, etc.) or family members of individuals in your organization have a direct conflict of interest with GSK (e.g., family relationship with a GSK employee, significant financial investment in GSK, business relationship with GSK, etc.)? | |
| Organization/Executives/Employees  Yes  *If yes, please explain:*  No | Family of Employees/Volunteers/Executives  Yes  *If yes, please explain:*  No |
| 1. To the best of your knowledge, do any individuals in your organization (e.g., executives, employees, volunteers, etc.) or family members of individuals in your organization have a role which involves making decisions or advising on or influencing decisions, on the regulation of medicines or vaccines, or the funding or provisions of healthcare, which could be a conflict? | |
| Organization/Executives/Employees  Yes  *If yes, please explain:*  No | Family of Employees/Volunteers/Executives  Yes  *If yes, please explain:*  No |
| 1. To the best of your knowledge, does this contribution, coupled with any other contributions from all GSK sources, in the current year exceed 25% of the total annual funding anticipated by your organization? | |
| Yes  *If yes, please explain:*  No | |
| 1. GSK is committed to meeting the highest ethical standards in the way we do business, including in how we partner with your organization. We will not make, offer to make, or authorize any payment or transfer of value to secure an improper advantage or to improperly obtain or retain business (e.g., to a sales agent, distributor or intermediary). Can you certify that your organization understands the importance of this commitment to GSK and that your organization will operate and represent our interests in line with these ethical standards? | |
| Yes  No  *If no, please explain:* | |

I certify that I am a duly authorized representative or agent of the application organization and that, to the best of my knowledge, the information provided is accurate. I understand that I may be required to provide additional documentation in support of the information provided above at the request of GSK and agree.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signature |  |
| Position/Title |  | Date |  |