

Dermira Educational/Scholarship/Fellowship Grant Application

This Grant Application must be completed for all requests for educational grants, scholarships or fellowships. Completed Grant Request Forms must be submitted to the Dermira Grants Coordinator at apply.grants@dermira.com along with the following **required** documentation:

- **W-9 Form** of your organization
- **Signed Letter of Request** on your organization letterhead including description of program and amount of grant support sought
- **Accreditation Statement** if event or program is to be provided by an accredited CME provider
- **Agenda** if applicable for event or program. If not available, please submit meeting topics and titles
- **Detailed Budget** (inclusive of all program costs including of any enduring materials)
- **Supporting Documentation** (e.g., Program Brochure, Invitation, etc.)

Requestor Information			
Date of Request			
Name of Requesting Organization			
Mailing Address Address, City, State, Zip Code			
Contact Person's Name and Title			
Phone Number			
Email Address			
Website			
Institution's Tax-ID Number If non-profit, provide proof of tax exempt status			
Grant Type	<input type="checkbox"/> Educational Grant (CME)	<input type="checkbox"/> Scholarship	
	<input type="checkbox"/> Educational Grant (Non-CME)	<input type="checkbox"/> Fellowship	
	<input type="checkbox"/> Other (describe): _____		
Total Activity Budget			
Amount Requested from Dermira			
For Educational Grants Only			
Event Name			
Event Date		Location	
Estimated # Attendees		Target Audience	
Materials to be Used			
Event Description			

Objective	
Description of the learning objectives/disease state of the educational program	
Accreditation Organization, if any	
Will CME credit be issued?	<input type="checkbox"/> No <input type="checkbox"/> Yes # Units _____
For Scholarships / Fellowships Only	
Objective	
The educational objectives of the scholarship or fellowship	
Applicant Eligibility Requirements	
Requirements to be eligible or criteria applicants will be evaluated against for the scholarship or fellowship	

Compliance Commitment:

Dermira, Inc. is committed to compliance with all applicable federal and state pharmaceutical industry laws, regulations, and industry guidelines, including the PhRMA Code on Interactions with Healthcare Professional, ACCME Standards for Commercial Support of Continuing Medical Education, FDA’s Final Guidance on Industry-Supported Scientific and Educational Activities, AMA Guidelines on Gifts to Physicians from Industry, and the OIG Compliance Program Guidance for Pharmaceutical Manufacturers. By submitting this grant application, the requesting institution represents that it is committed to act in accordance with the above in the event Dermira, Inc. decides to fund the requested grant. Submission of this grant application does not constitute or represent a funding commitment by Dermira, Inc.; rather such funding decision is subject to Dermira Inc.’s internal approval of the subject grant proposal, which may be approved or denied in Dermira, Inc.’s sole and absolute discretion. If approved, Dermira Inc.’s provision to requesting institution of grant funds will constitute its sole funding commitment for this grant application.

I hereby certify that the information provided in this application is complete and correct, and I agree to act in accordance with the Compliance Commitment outlined herein.

Requestor	
Signature	Date