

Patient Advocacy Organization Financial Support Application

Dermira proudly commits to providing charitable support that help patients and non-profit healthcare-related organizations deliver programs, services and activities that enhance the lives of people with skin conditions.

Please submit this application along with other required documentation to apply.patientadvocacy@dermira.com.

In addition to this completed application, Dermira requires the submission of the following documentation for each activity request:

1. **Letter of Request (LOR) on nonprofit organization’s letterhead that includes:**
 - Program/Activity title
 - Description of the proposed program/activity with goals and objectives
 - Start date and end date of the program/activity
 - Audience description and anticipated number of attendees
 - Estimated overall budget for the program/activity and amount of funding requested from Dermira. Please designate if multiple funding sources are being requested.
2. **W-9 Form** of your organization (provided annually)
3. **Detailed budget for program/activity**
4. **Agenda**, if applicable for program. If not available, please submit titles and topics to be covered in program /project/event and detailed budget showing all costs
5. **Copy of current 990 Form** (provided annually)
6. **Copy of 501(c)(3) or 501(c)(6) tax-exempt charitable status** (provided annually)

Applications will be considered for review only upon submission of this application and all required documentation. Please submit requests for support well in advance of the proposed program/activity (≥60 days) to ensure adequate time for internal processing, review and response. Dermira will generally review the application within 45-60 days of submission.

Applicant Organization Details	
Organization’s Name	
Address	
Website	
Primary Contact Name	
Primary Contact Information	
Type of Organization	
Tax Status	
Tax-ID #	

Program Information	
Program/Activity Title	
Program/Activity Description	
Program/Activity Goals & Objectives	
Program Type (Sponsorship, Grant, Collaboration, Other)	
Program/Activity Start Date	
Program/Activity End Date	
Audience Description	
Anticipated # of Attendees	
Budget	
Total Overall Budget for Program/Activity	
Total Budget Amount Requested from Dermira	
Is Co-funding Being Requested from Other Companies to Support This Program/Activity	

Dermira complies with all federal, state and local country laws, as well as industry and academic codes and guidelines that govern such charitable contribution activities. In addition, Dermira sets strict standards on all its interactions with patient organization leaders, healthcare professionals and other community partners.

Dermira will provide an email notification upon approval or denial of the application. Thank you for your interest in Dermira to support the requested activity.