

Grant Request Form

This Grant Request Form must be completed for all requests for educational grants. Completed Grant Request Forms must be submitted to **Grants@herontx.com** along with the following **required** documentation:

- **W-9 Form** of your organization
- **Signed Letter of Request** on your company letterhead including description of program and amount of grant support sought
- **Accreditation Statement** if event is to be provided by an accredited CME provider
- **Agenda** if applicable
- **Detailed Budget** showing all program costs including of enduring materials, if any
- **Supporting Documentation** e.g., Program Brochure, Invitation, etc.

Materials must be sent via email to Grants@herontx.com. Following the submission, the Heron Grants Coordinator will follow-up to confirm receipt of the materials and communicate next steps.

Request Information			
To be completed for all requests			
Name of Requesting Organization			
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 Heron			
Grants Information			
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	
Consistency with Heron's Mission	
Explanation of how the proposed educational activities are consistent with Heron's mission or with diagnostic, treatment, or disease areas of interest to Heron	
Accreditation Organization, if any	
Will CME credit be issued?	<input type="checkbox"/> No <input type="checkbox"/> Yes # Units _____

Compliance Commitment:

Heron Therapeutics, Inc. (Heron) 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, 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 that Heron decides to fund the requested grant. Submission of this grant application does not constitute or represent a funding commitment by Heron; rather such funding decision is subject to Heron's internal approval of the subject grant proposal, which may be approved or denied in Heron's sole and absolute discretion. If approved, Heron'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.

Signature: _____ Date: _____

Printed Name: _____ Title: _____