

**INSTRUCTIONS**

- This Medical Education Grant Request Form is **REQUIRED** to be completed independently by a third party and submitted to Urovant Sciences Medical Affairs for all requested Medical Education Grant funding requests.
- Medical Education Grants may be provided to independent third parties in support of programs that offer educational opportunities for Healthcare Providers on topics related to Urovant Sciences’ research objectives in therapeutic areas in which Urovant Sciences participates or those that are of interest to Urovant Sciences.
- Urovant Sciences Personnel may not solicit, suggest, or recommend that any individual or entity seek a grant from Urovant Sciences. Except for requests for proposals distributed or authorized by the Urovant Sciences Grant Review Committee, funding requests that are solicited by Urovant Sciences Personnel will be rejected.
- To submit, please email completed Medical Education Grant Request Form and any attachments to [grants@Urovant.com](mailto:grants@Urovant.com)

REQUESTOR INFORMATION	
Requesting Organization Name:	
Mailing Address:	
Website:	
Primary Contact’s Name & Title:	
Phone:	Alternate Phone:
Email Address:	
MEDICAL EDUCATION GRANT INFORMATION	
<i>NOTE: All Medical Education Grant requests <b>REQUIRE</b> a description of the proposed program on the requesting organization’s letterhead which describes the program and includes the amount of the grant support sought.</i>	
Date of Event or Activity:	
Name of Event or Activity:	
Description of Event or Activity: <i>Add attachments as necessary</i>	
Location/Address of Event or Activity:	
Estimated Number of Attendees:	
Name and Affiliation of Event Speakers (if available):	

<p><b>Learning Objectives of the Event:</b></p>				
<p><b>Event Agenda:</b> <i>Add attachments as necessary</i></p>				
<p><b>Detailed Needs Assessment:</b> <i>Add attachments as necessary</i></p>				
<p><b>Medium through which the Program will be Delivered:</b> <i>e.g. Live presentation, written materials, online courses, etc.</i></p>				
<p><b>Target Audience:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;">                 Basic Scientists Practitioners             </td> <td style="width: 33%; vertical-align: top;">                 Clinical Academicians Students/Residents/Trainees             </td> <td style="width: 33%; vertical-align: top;">                 Non-Physician Health Professionals             </td> </tr> </table>		Basic Scientists Practitioners	Clinical Academicians Students/Residents/Trainees	Non-Physician Health Professionals
Basic Scientists Practitioners	Clinical Academicians Students/Residents/Trainees	Non-Physician Health Professionals		
<p><b>Method to Obtain Learning Results, Outcomes, and other Relevant Program Metrics if applicable:</b></p>				
<p><b>Will CME Credits be Awarded? (Y/N/NA)</b></p> <p>Yes      No      N/A</p>	<p><b>If Yes, Identity of CE/CME Credits Provider:</b></p>			

**PAYMENT DETAILS**

<b>Total Amount Requested:</b>	<b>Date Needed By:</b>
<b>Tax ID Number:</b> <i>Provide signed W-8 or W-9 and Declaration of Tax-Exempt Status</i>	
	W-8 or W-9 Form attached
<p><b>Complete Itemized Budget:</b> <i>Total per item program costs including administration, overhead, meals, content development, faculty fees, honoraria, and travel to personnel and HCPs serving as faculty or moderators. Attach budget as necessary (indicate currency if other than US dollars).</i></p>	

**REQUIRED DOCUMENTATION**

*NOTE: Documents listed below must be provided along with this completed form. Requests without any of these required documents will not be accepted or reviewed.*

Document Name	Attached? (Y/N/NA)		
Description of Proposed Program on Requesting Organization’s Letterhead	Yes	No	N/A
W-8 or W-9 and Declaration of Tax-Exempt Status	Yes	No	N/A
Detailed Program Budget	Yes	No	N/A

**\*INTERNAL UROVANT USE ONLY\***  
**REVIEWED & APPROVED BY**

**Urovant Review Committee Administrator Name:** \_\_\_\_\_

**Review Date** \_\_\_\_\_

**Participants** \_\_\_\_\_

**Recommended Action:**       Approved       Not approved

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_