

GRANTS EVALUATION APPLICATION FORM – FUNDING REQUEST

GALDERMA INITIATOR INFORMATION (To be filled by Galderma’s Initiator, if applicable)

Name:
 Department:
 Galderma Affiliate:

ORGANIZATION INFORMATION

Organization name:
 Name and title of appropriate contact person:
 Organization’s Tax ID number:
 Address:
 City: Postal Code:
 Country:
 Email address:
 Telephone (including country code):
 Website :

FOR INTERNAL USE

CRITERIA 3 :

ORGANIZATION CLASSIFICATION

	X
Academic Institution	
Medical Center	
Hospital or Health Care delivery system	
Medical society	
Patient organization / society	
Professional association	
Educational organization	
Other	

If other, please describe:

ORGANIZATION IN DETAIL

Mission statement :

 Geographic area and population served :

FOR INTERNAL USE

CRITERIA 6 :

Number of individuals served each year :

Therapeutic Area :

FUNDING REQUEST INFORMATION

Type of funding request

Books or educational materials	
Medical Meeting or convention	
Sponsorship	

FOR INTERNAL USE

CRITERIA 1 :
 CRITERIA 4 :
 CRITERIA 5 :

Other contribution (please describe below):

Objective of the initiative / funding request:

Major expected outcomes:

Total amount requested (specify currency):

How will this contribution will be used?

When is the funding required?

OTHER INFORMATION

Does your organization / initiative comply with internal rules or code of Ethics? Yes No

Please provide documents to support your answer.

FOR INTERNAL USE

CRITERIA 2 :

Please comment below:

Have you previously received funds from Galderma ? Yes No

When and for which initiative ?

Please comment below:

Have you or your organization requested funding for this or a similar initiative from another company or from another part of Galderma? Yes No

Please provide details below:

FINAL STEP

Email completed and original application form to :

professional.relations@galderma.com

Comments

Galderma will only consider requests that include a project description, supporting documentation and a signed summarizing letter on letterhead.

By sending your request you hereby represent and warrant that your program complies with applicable laws and regulations.

Please note:

Galderma has no legal obligation to fund any project.

If your request is accepted, any payment is subject to requestor's compliance with Galderma's internal financial policies.

Please note that in order to comply with transparency obligations, the funding may be reported in the public domain.