

Grant Request Form

Name of Requester:		Phone Number/Extension and Email Address:	
*Payee Organization/Institution:		Payee Organizational/Institutional Contact (if different than Requester):	
Address of Organization/Institution:		Taxpayer Identification Number of Organization/Institution:	
Date of Request:	Requested Deadline for Decision:	Amount (\$) of Request:	Product and Quantity Requested (if applicable):

***Note: Payments for approved Grants will be made payable to affiliated organizations or institutions, not individuals.**

1. HAS THE REQUESTING ENTITY OR INDIVIDUAL SUBMITTED A COMPLETE REQUEST?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date that Request was returned to Requester for completion: _____
2. HAS THE REQUESTING ENTITY OR INDIVIDUAL PROVIDED INFORMATION DETAILING THE REQUEST?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a copy. Otherwise, attach a statement addressing key points of the proposal.
3. HAS THE REQUESTING ENTITY OR INDIVIDUAL PROVIDED THE FOLLOWING INFORMATION?	
<input type="checkbox"/> Description of program/research to be funded (including title, therapeutic focus and learning objectives);	
<input type="checkbox"/> Description of how program/research will benefit patient care, knowledge, or other public health objective; and	
<input type="checkbox"/> Breakdown of how Grant funding will be used.	
4. THIS REQUEST RELATES TO FUNDING SUPPORT FOR: (Check all that apply)	
<input type="checkbox"/> Educational Grant (check if the following have been provided):	
<input type="checkbox"/> An IRS determination letter, if applicable	<input type="checkbox"/> Program agenda/materials, brochure or invitation, if available
<input type="checkbox"/> A statement of independence from Company influence, with the Requester taking responsibility for selecting content, speakers, faculty attendees, and logistical elements of the program	<input type="checkbox"/> Anticipated number of attendees, composition of audience and recruitment method
<input type="checkbox"/> Number and names of faculty or speakers, if known	<input type="checkbox"/> Accrediting organization, if applicable
<input type="checkbox"/> Research Grant (check if the following have been provided):	
<input type="checkbox"/> Copy of any related protocols, including aims, research design and methods	<input type="checkbox"/> Statement of other funding
<input type="checkbox"/> Number of Investigators and subjects	<input type="checkbox"/> Proposed project timeline
<input type="checkbox"/> Names and credentials of researchers	

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<input type="checkbox"/> Charitable Contribution (check if the following have been provided):	
<input type="checkbox"/> IRS tax determination letter	
5. Prior Funding (check one):	
<input type="checkbox"/> The Company has previously provided funding to requesting entity or individual. Specify amount(s), date(s), and purpose(s) of funding:	
<hr/> <hr/>	
<input type="checkbox"/> The Company has not previously provided funding to requesting entity or individual.	

Compliance Commitment:

Osmotica Pharmaceutical US LLC is committed to compliance with all applicable federal and state pharmaceutical industry laws, regulations, and guidelines, including the PhRMA Code on Interactions with Healthcare Practitioners, AACM 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 organization/institution represents that it is committed to act in accordance with the above in the event that Osmotica Pharmaceutical US LLC decides to fund the requested grant. Submission of this grant application does not constitute or represent a funding commitment by Osmotica Pharmaceutical US LLC; rather such funding decision is subject to Osmotica Pharmaceutical US LLC’s internal approval of the subject grant proposal, which may be approved or denied in Osmotica Pharmaceutical US LLC’s sole and absolute discretion.

If approved, Osmotica Pharmaceutical US LLC’s provision to requesting organization/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:	
Print Name:	
Title:	