

Funding Request Form

Instructions

Before filling out this form, please read the *Guidance Document on Funding Requests*.

To request financial support from Sandoz Canada Inc., you must fill out this funding request and attach all relevant supporting documents. Please fill out all the sections in block letters. All the information provided will be treated as confidential.

✉ Send the completed form to the following email address: donation.info@sandoz.com

Each funding request will be studied by an internal committee to assess its admissibility under our corporate policies and the values promoted by Sandoz Canada Inc. It can take up to **90 days** to process such a request. Please do not contact Sandoz Canada Inc. representatives to verify the status of your request, as they do not have the information related to the processing of your request.

Date of the request (YYYY-MM-DD) Date of the activity (YYYY-MM-DD)

Name of the organization Address

City Province Postal code

Phone Website

Is the applicant organization duly registered in Canada? Yes No

Please indicate the organization registration number (charitable organization number, etc.) if applicable : _____

Will the activity or event start in more than 90 days? Yes No

Federal tax number : _____

Provincial tax number : _____

Name of the activity, project or event for which you are requesting funding

\$ CAD

Amount requested

Person to contact

Name of the person to contact	Title	Organization
Address	City	Province
Phone	Email	Postal code

Description of the activity

To which category does the requested funding belong? Please choose a single category.

- Donation Please fill out the section A below
- Sponsoring Please fill out the section B below
- Grant Please fill out the section C below

If you selected "Grant," please specify to which category of grant it belongs:

- Educational grant Grant to HCP association
- Infrastructure grant Grant to patient association
- Research grant

To which category of priority consideration does the requested funding belong? Please choose a single category.

- Access to healthcare
- Access to medical information
- Medical capacity building

If the requested support does not belong to any of the abovementioned categories or priority considerations, your funding request is not admissible.

A. Donation

Please state what the donation will be used for.

B. Sponsorship

Please provide a precise and detailed description of the specific activity for which you are requesting sponsorship (activity date, location if applicable, etc.).

In what way will the sponsorship improve the general image or reputation of Sandoz?

C. Grant

Please provide a <u>precise</u> and <u>detailed</u> description of the specific activity for which you are requesting support	

Purpose of the activity

Nature of the content presented

Length of the event

Type of participants

Approximate number of participants

Location of the activity

By filling out this questionnaire, you recognize that you have answered each question to the best of your knowledge.