

# 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](mailto: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.

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

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Name of the organization \_\_\_\_\_ Address \_\_\_\_\_

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City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

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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 : \_\_\_\_\_

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

\$ \_\_\_\_\_ CAD

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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.

- Monetary 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. Monetary donation**

Please state what the monetary 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	

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Purpose of the activity

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Nature of the content presented

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Length of the event

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Type of participants

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Approximate number of participants

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Location of the activity

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