

## EDUCATIONAL GRANT & DONATION APPLICATION FORM

This Educational Grant & Donation Application Form is for **Education and Other Charitable Requests** (other than research grants). Applications must be received at least **ninety (90) days** prior to the event occurring for consideration. Also, please note that your application must be submitted with all required documents – please refer to MicroVention’s email for a list of required documents. Missing or incomplete documents will cause delays and may result in a denial of your application. Additionally, this application process is solely for Educational Grants and Donations, and NOT for sponsorships or exhibit requests. For Sponsorships or Exhibit requests, please contact Cathy Demyanovich, Sr. Director, Corporate Communications, at [cathy.demyanovich@microvention.com](mailto:cathy.demyanovich@microvention.com).

### APPLICANT INFORMATION

Date: ____/____/____	Name of Person or Organization: _____		
Organization Contact: _____	Title: _____		
Address: _____	City: _____	State: _____	Zip: _____
Tel. No. _____	Email: _____	Website: _____	
Social Security or Federal Tax ID Number: _____			

### PROGRAM INFORMATION

Name of program/initiative for which support is requested:	
Total Amount of Funding Requested:	
Total Budget for Program/Initiative:	
Name of Organization’s Financial Institution where MicroVention’s financial support would be deposited:	
Brief description of program/initiative (attach detailed narrative):	
Please indicate how the requested support furthers the Charitable Mission and Charitable Focus (as expressed in the Grants & Donations Policy) of MicroVention:	
List other current sources of funding:	
Indicate if the applicant received any previous funding from MicroVention or its affiliates and the relevant amount(s) of funding and date(s):	Amount \$: _____ Date: ____/____/____ Amount \$: _____ Date: ____/____/____ Amount \$: _____ Date: ____/____/____
Is the organization (or parent organization) on the United States CMS Open payments List of Teaching Hospitals?	Yes                  No
Is the organization owned and/or controlled by a health care professional?	Yes                  No

### PROGRAM ACTIVITIES and DELIVERY FORMAT

Under this section you are required to provide a general description of the activities which are part of the program (*i.e.*, live or web program), including those for which MicroVention’s support is sought, and the delivery format (*e.g.*, live case, didactic session, hands-on workshop, etc.)

Delivery Format Type:	
Delivery Format: <b>Specify if Live or Web</b> <b>If Live:</b> indicate if it is a hands-on workshop, satellite symposia, symposia, research conference, lectures, didactic sessions, live cases. <b>If Web:</b> online education/training module, webcast/live program, or other.	
Number of Speakers/Faculty:	

Activity Start and End Date:	
Web URL (optional):	
Geographic Reach (Local, Regional, National, International):	
Audience Generation Tactics:	
Audience Group (e.g. Physicians (i.e., Interventional Radiologists, Interventional Cardiologists), Nurses, Technicians, Fellows):	
Specialty:	
Category of Credit: e.g. ACCME, AMA, N/A, Other	
CE/CME Credit Hours for Category:	
BUDGET:	Please include the budget as an attachment to this application. The budget for the event shall include, but not be limited to, all costs related to Faculty and Staff, Honoraria, Meals, Meeting Logistics, Content Development, Accreditation Costs, and/or Outcomes.

#### ACCREDITATION DETAILED INFORMATION (IF APPLICABLE)

Is the program accredited?	Yes	No
Is your organization the accreditor? <b>If yes</b> , please attach a copy of the accreditation certificate. <b>If no</b> , provide the Accreditor Organization Name.	Yes	No Accreditor Organization:
By checking this box, the applicant certifies that the program is accredited and the organization will abide to all terms and conditions set forth by the accrediting body.		

#### PRODUCT SUPPORT

Are you seeking IN-KIND product support from MicroVention for any of the activity described above?	If Yes, a <b>Product Support Form</b> shall be attached to this application form
Are you requesting MicroVention to loan a Simulator(s)?	If Yes, please describe
Are you requesting a Model(s)?	If Yes, please describe
May a clinical specialist be present for Simulator and/or Model support?	

#### ATTACHMENT TO THIS APPLICATION FORM

W-9 (current)	
IRS Letter of Determination	If applicable
Accreditation Certificate	If applicable
Detailed Agenda	For live education events, the agenda must include hour by hour detail of all the content to be presented.
Letter of Request	A formal letter on your organization's letterhead that describes the program and requested support from MicroVention
Invitation Flyer/Marketing Material	Optional
Organization Governing Document	

#### PAYMENT

Is the Payee address the same as the Organization address?	If No, please indicate the address for forwarding financial awards (checks):
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\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Name

Applications are accepted throughout the year. Please submit your donation application by email to:  
[MVGrantCommittee@microvention.com](mailto:MVGrantCommittee@microvention.com) .

For any questions, please contact: MicroVention, Attention: Grant Review Committee, 35 Enterprise, Aliso Viejo, CA 92656 USA; phone: 714-247-8000.