
Grant Request

Organization

Organization Legal Name :

Tax ID # :

Tax Status :

Contact :

Address :

Primary Phone :

Ext.

Fax :

Email :

Accreditations :

Program Overview

Therapeutic Area:

Abbreviated Program Title:

Full Program Title:

Association Name:

Meeting Type:

Start Date:

End Date:

Does your organization require that you receive a response from Ironwood within specific deadline?

If yes, please indicate your organization's deadline. :

Program Details

Needs Assessment Summary :

Learning Objectives :

Program / Activity Description :

Please describe the methods by which you will measure educational outcomes and/or patient impact of the education proposed in this activity

What is the requested amount? :

What is total program budget amount? :

Will there be other financial supporters of this program?

If yes, please list all other potential:

Will the program be collecting registration fees?

Will you be using physicians/HCPs as faculty?

Does MEC require money for additional services?

Please disclose any legal, financial, business or other relationship between Ironwood and your organization :

Delivery Format & Audience

Delivery Format Live: Number of live events # of Speakers/Faculty Members: Geographic Reach Venue Name City State Zip Code				
Audience Group	Specialty	Total credit Hours Offered	Credit Type	# of Attendees

Accreditation

Is this program accredited?

Is your organization the sole accreditor of this program?

By saying YES, I certify that this program will be offered for continuing education credit and all program elements will abide by the conditions set forth by the associated accrediting bodies.

Third Party Accreditor Information

- Tax ID # :
- Organization Name :
- Contact Name :
- Address 1 :
- Address 2 :
- Address 3 :
- City :
- State :
- Postal Code :
- Phone :
- Fax :
- Email :

Program Implementation

Third Party assisting with Program Implementation?

Educational Partner Information

- Tax ID # :
- Organization Name :

Contact Name :
Address 1 :
Address 2 :
Address 3 :
City :
State :
Postal Code :
Phone :
Fax :
Email :

Payee Information

Checks Payable To :
Attention :
Payment Address :

Phone :
Fax :
Email :

Ironwood Budget

Total Program Budget \$

Total Amount Requested
from Ironwood for this
activity \$

Will there be other

financial supporters of this :
program?

Potential supporters :

Will you be using
physicians/HCPs as :
faculty?

Will you be using
physicians/HCPs for :
content development or
validation separate from
their function as faculty?

	Unit	Unit Cost	Total Program Cost	Requested Amount from Ironwood	Comments
Accredited Provider Costs					
Accreditation Fees			<input type="text"/>	<input type="text"/>	
Certificate Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Content Validation Costs			<input type="text"/>	<input type="text"/>	
Other (please explain)			<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Management Costs					
Account & Activity Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Audience Generation & Activity Marketing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Content Development	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Content Validation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
On-site Meeting Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Educational Effectiveness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measurements					
Other (please explain)					
Content Development (Pass through costs)					
3rd Party Vendor costs					
Medical Writing and Editing			<input type="text"/>	<input type="text"/>	
Slide Deck Review			<input type="text"/>	<input type="text"/>	
Other Content Development (please explain)			<input type="text"/>	<input type="text"/>	<input type="text"/>

HCP Speaker/Presenter Costs (Chair/Faculty) GMS - Grant Request Review

Physician Specialist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Care/Internal Medicine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RN/NP/PA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Health Care Providers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meeting Chairperson	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Meals

Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lodging	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Travel

Air	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ground transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other travel	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Program Pass-through Expenses

Live Event Cost Marketing Expense

Print	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distribution	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material Development	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Venue

Audio visual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meeting Room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please explain)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Meals

Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Breaks/Snacks	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Submission Instructions:

Please attach the following documents, and any additional documents in the email with your application to grants@ironwoodpharma.com:

- Letter of Request
- Needs Assessment
- Program Agenda
- Sample Business Reply Card
- Sample Invite
- Organization's Signed W9 Form
- Grant Proposal
- IRS Letter of Determination