

Grants & Sponsorships Request Form

Denali Grants & Sponsorships Request Form

Denali Therapeutics is focused on improving the lives of patients with serious diseases of the brain and body. In order to help support this mission, our Grants & Sponsorships program provides financial support to Healthcare-related Entities in the following areas:

- Patient, family/caregiver, and community meetings and events
- Disease awareness & education
- Scientific meetings & conferences (non-CME accredited)
- Charitable grants or donations within the disease community

Denali considers many factors when determining funding, including whether the request:

- Promotes public health, awareness, and patient community education in diseases relevant to Denali investigational programs or pipeline.
- Reaches a broad audience in an effective format at an appropriate and reasonable cost.
- Advances HCP and patient understanding of science, diseases and healthcare

Denali will review all requests according to our internal guidelines.

Denali accepts funding requests on an on-going basis. The request form below must be completed, with relevant supporting documents (e.g., W-9, prospectus, etc.) and submitted to grants@dnli.com. Failure to complete all the requested information may lead to the request being automatically rejected. You will be notified of our funding decision in writing within 15 business days of submission. We will ask for a sponsorship document or letter of request at the time of submission. If the request is approved, it may take an additional 30-60 days to issue payment.

ORGANIZATION	
Name of Organization:	
Address (Street, City, State, Zip, Country):	
TIN (Tax Identification Number) / EIN (Employer Identification Number): Is the organization a non-profit 501(c)(3) or 501(c)(6)? Attach W-9 form (domestic U.S. and Puerto Rican organizations) / IRS tax determination letter or W- 8BEN document for non-US-based organizations &/or Organization's Tax Determination Letter issued by the government of registration	

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Has the applicant been debarred by the FDA or been subject to debarment proceedings or threats thereof by the FDA or any other government agency (e.g. OIG, GSA)? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description / Mission of Organization:	
Website:	
Contact Name for Payment Inquires: Email: Phone:	
Preferred Payment Method: <input type="checkbox"/> Credit card** <input type="checkbox"/> Check* *If Check is selected, a copy of the Organization's W-9 or W-8 is required; for ACH payments, the Organization must provide the routing number; **Credit card (company, not personal) payment would be the fastest route of payment , and is limit to \$x Payment Due Date:	

EVENT/ACTIVITY FOR FUNDING REQUEST
Date of Request:
Brief Summary of Request:
Main Goals and Objectives of the Event or Activity:
Date of Event or Activity:
Name of Event or Activity:
Location and Venue of Event or Activity:
Target audience (e.g., patient, family, HCP, industry):

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Estimated Number of Attendees:	
Amount requested, including a detailed breakdown (e.g., costs for personnel, supplies, equipment, travel, etc.) of how the requested funds will be allocated if applicable:	
[If applicable] Please indicate the level of sponsorship requested and specify the corresponding benefits that will be provided. Benefits must be proportionate to the level of sponsorship and may include, but are not limited to, visibility in event materials, acknowledgment during sessions, or other appropriate recognition. The committee will assess whether the proposed benefits are reasonable and aligned with compliance standards.	
Who will benefit from the Event or Activity?	
How will this Event or Activity align with Denali's mission and values?	
Will at least 25% of the Event or Activity funding be provided from other sources (e.g., companies, industry partners, etc.)? Please describe type and number of sources:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you requesting a logo or company description for publishing purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this request include a tabletop display, booth, ad space, product theater, branding opportunities beyond general corporate recognition (e.g., key cards, lanyards), etc.? If yes, please include as separate line items in the project budget.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this request include collateral materials (e.g., brochures)? If yes, please include as a separate line item in the project budget if there is any additional cost to distribute materials.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Organization Information

Please provide the project budget for the initiative you are seeking support (if applicable).
Will you collect any personal data from individuals as part of this request? (Enter N/A if it's not applicable)

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If yes, how will you store and safeguard the personal data collected at your organization? (For clarity, "personal data" are any information which are related to an identified or identifiable natural person).
Will you share any collected personal data with third-party vendors, service providers, or other partners? (Enter N/A if it's not applicable)
If yes, what measures are in place to ensure the security and confidentiality of this data?

Internal Use Only:

Requester Information	
Date:	
Name:	
Email Address:	
Territory (if applicable)	