

Independent Medical Education Grant Request Form

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As part of Denali's mission to further the advancement of healthcare and medicine to improve the quality of patients' lives, Denali supports Independent Medical Education (IME). We are committed to supporting high-quality medical education to advance excellence in healthcare through strategic support of educational initiatives that improve disease knowledge, awareness and management that ultimately improve patient outcomes.

Denali is committed to funding accredited and non-accredited independent medical education grants in our main therapeutic areas of focus.

Instructions:

Please complete and email this form to grants@dnli.com with all of the required documents.

- Statement that budgets will be reconciled within 90 days and unused funds will be returned
- Agenda including meeting topics and faculty (if available)
- Detailed budget including a detailed breakdown of how requested funds will be spent
- W-9

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1. Grant Applicant Contact Information

Organization Legal Name:	
Contact Name:	
Title:	
Address:	
City, State, Zip:	
Email:	
Phone Number:	
Does the program have multiple supporters and how many? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Should the check be made payable to your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Check Payable To:	
Tax ID #	
Tax Status – 501 (c)(3):	
Permanent Mailing Address:	
Applicant who is implementing the IME activity is a distinct legal entity with separate personnel from any entity performing commercial activities for Denali:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:

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2. Program Information

Program Title:			
Affiliated Meeting (if any):			
Therapeutic Area:			
Program Start Date:		Program End Date:	
Grant Amount Requested:		Total Program Budget:	
Program Type:	<input type="checkbox"/> Accredited IME <input type="checkbox"/> Non-Accredited IME <input type="checkbox"/> Other		
Program Location: <i>(for live programs include the street address)</i>			
Brief Program Description and Proposed Agenda:			
Needs Assessment Summary:			
Program Learning Objectives Summary:			
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

3. Accreditation

If accredited will all program elements abide by the associated accrediting bodies' regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
If not accredited will program elements differ from accrediting bodies' regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

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Are there any additional medical education organizations that are involved in this educational program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:	
Begin Date of Credited Hours:		Type of Accreditation:	
End Date of Credited Hours:		Credit Hours Being Offered:	
Organization's Role:	<input type="checkbox"/> Organizer	<input type="checkbox"/> Other (please describe):	

4. Needs by Program. (Please complete for all that apply.)

Live Program

Date:	
Location:	
Venue:	
Number of Speakers:	
Anticipated # of Participants:	
Anticipated Audience Type Breakdown:	
Expected # to Claim Credit:	

Multi-Media Program

Start & End Dates:	
Program Type(s):	
Type of Platform Available:	
Number Of Speakers:	
Anticipated # Participants:	
Anticipated Audience Type Breakdown:	
Expected # to Claim Credit:	

Enduring Program

Start & End Dates:	
Website:	
Number of Speakers:	
Anticipated # Participants:	
Anticipated Audience Type Breakdown:	
Expected # to Claim Credit:	
Expected # to Participate:	
Expected # to Download Slides:	

Other Program

Start & End Dates:	
Program Type(s):	
Number of Speakers:	
Anticipated # Participants:	
Anticipated Audience Type Breakdown:	
Expected # to Claim Credit:	

Web-Based Program

Date:	
Website:	
Number of Speakers:	

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Anticipated # Participants:	
Anticipated Audience Type Breakdown:	
Expected # To Claim Credit:	

5. Detailed Budget:

Please provide a detailed budget including how the requested funds will be allocated including honoraria, ground/air transportation, hotel, food & beverage, venue fees, audio visual, rentals, content development, project management, accreditation etc.

We are unable to fund:

- Unspecified capital or ordinary operating expenses
- Entertainment or recreational events in connection with the supported activity
- Expenses incurred by non-faculty attendees to IME, including travel, lodging, personal expenses, conference registration, compensation for time spent or other fees. (Grant funds may be used to reduce the overall IME registration fee for all participants.)
- Grants may not be made to fund only meal expenses associated with IME programs