This form must be signed by a duly authorized officer or representative of the requesting organization. Please complete, sign, and email this form and any other supporting documentation to your GSK contact.

1. Organization Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year of Application | | |  | | | | | | | | | | |
| Organization name, address, and charity number  *If the grant request is approved, please note that GSK cannot remit funds to a third-party vendor or an individual; funds must be remitted only to the requesting organization.* | | | Name | |  | | | | | | | | |
| Address | |  | | | | | | | | |
| Charity Registration Number | |  | | | | | | | | |
| Organization website | | |  | | | | | | | | | | |
| Contact name and address for business correspondence and payment | | | Name | |  | | | | | | | | |
| Title | |  | | | | | | | | |
| Email | |  | | | | | | | | |
| Telephone | |  | | | | | | | | |
| Do you require GSK to pay taxes on the funded amount? If yes, state province, applicable tax(es), and tax registration number(s): | | | | | | | | Yes  No | | | | | |
| **Province** |  | | | | | | | | | | | | |
| **Tax** |  | **Tax Registration Number** | | | |  | | | | | | | |
| **Tax** |  | **Tax Registration Number** | | | |  | | | | | | | |
| Type of Professional Organization / Society | | | International  National  Regional | | | | | | Local  Other; please specify: | | | | |
| Therapeutic Area of Interest | | |  | | | | | | | | | | |
| Description of organization  *Please include a description of your organization’s governance structure and purpose.* | | |  | | | | | | | | | | |
| Does your organization have a general interest in advocating on behalf of your constituents for increased support/medical research/access to healthcare and sustainability of healthcare? | | | | | | | | | | | | **Yes** | **No** |
| Does your organization have a general interest in progressing the prevention, treatment, and management of chronic disease as well as innovation in healthcare? | | | | | | | | | | | | **Yes** | **No** |
| Will you offer opportunities of interest to a variety of supporters other than GSK (such as other drug manufacturers)? | | | | | | | | | | | | **Yes** | **No** |
| Gross Revenue for the previous fiscal year  *Information provided for GSK Department use only* | | | **Requesting Organization** | Fiscal Year | | |  | | | Gross Revenue |  | | |
| **National Organization** | Fiscal year | | |  | | | Gross Revenue |  | | |
| Gross Revenue estimate for current year | | |  | | | | | | | | | | |

1. **Confirmation**

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| --- | --- | --- |
| Will your organization provide GSK with status and project reports? | **Yes** | **No** |
| Should your organization or your members choose to use any article, position statement, white paper, FAQs, speeches, or similar materials which are developed by GSK or a GSK vendor or consultant, will your organization disclose GSK's authorship? | **Yes** | **No** |
| Do you agree that any funds received from GSK will not to be utilized to support political contributions, independent expenditures, entertainment, or recreation? | **Yes** | **No** |
| Do you agree that any funds received from GSK will not be tied to HCP performance measures, medical education, medicinal products and/or treatment regimens? | **Yes** | **No** |
| Do you agree that any funds received from GSK will not be used to create, endorse, or disseminate materials that discuss GSK products or therapeutic areas in which GSK has the only product (e.g., clinical trial updates, materials which discuss drug or biological treatment alternatives)? | **Yes** | **No** |
| Will your organization provide disclosure of GSK's support for all activities funded by GSK? | **Yes** | **No** |

1. Conflict of Interest and Business Attestation

|  |  |  |
| --- | --- | --- |
| **Conflict of Interest Question** | **Organization/ Executives/ Volunteers/ Employees** | **Family of Employees/ Volunteers/ Executives** |
| 1. To the best of your knowledge, do any individuals in your organization (e.g., executives, employees, volunteers, etc.) or family members of individuals in your organization have a direct conflict of interest with GSK (e.g., family relationship with a GSK employee, significant financial investment in GSK, business relationship with GSK, etc.)? | Yes  No  If Yes, Please Explain | Yes  No  If Yes, Please Explain |
| 1. To the best of your knowledge, do any individuals in your organization (e.g., executives, employees, volunteers, etc.) or family members of individuals in your organization have a role which involves making decisions or advising on or influencing decisions, on the regulation of medicines or vaccines, or the funding or provisions of healthcare, which could be a conflict? | Yes  No  If Yes, Please Explain | Yes  No  If Yes, Please Explain |

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| --- | --- |
| **Business Attestation Question** | **Response** |
| 1. To the best of your knowledge, does this contribution, coupled with any other contributions from all GSK sources in the current year exceed 25% of the total annual funding anticipated by your organization? | Yes  No  If Yes, Please Explain |
| 1. GSK is committed to meeting the highest ethical standards in the way we do business, including in how we partner with your organization. We will not make, offer to make, or authorize any payment or transfer of value to secure an improper advantage or to improperly obtain or retain business (e.g., to a sales agent, distributor or intermediary). Can you certify that your organization understands the importance of this commitment to GSK and that your organization will operate and represent our interests in line with these ethical standards? | Yes  No  If **No**, Please Explain |

I certify that I am a duly authorized representative or agent of the application organization and that, to the best of my knowledge, the information provided is accurate. I understand that I may be required to provide additional documentation in support of the information provided above at the request of GSK and agree.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Signature |  |
| Position/Title |  | Date |  |