# TRAVERE THERAPEUTICS

**Medical Grant Request Form**

Email: [medgrants@travere.com](mailto:medgrants@travere.com)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Travere Therapeutics Sponsor (if applicable)** | | | | | | | |
| **Travere Contact:** |  | | |  | | | |
| *Last* | | | | *First* | | | |
| **Location:** | **United States** | | | | | | |
| *Country* | | | | | | | |
| **Phone:** |  | | **E-mail Address:** | |  | | |
| **Grantee (Requestor) Information** | | | | | | | |
| **Name of Institution or Organization:** |  | | | | | | |
| **Tax ID#** |  | | | | | | |
| **Address:** |  | | | | | | |
| **Contact Name:** |  | | **E-mail Address:** |  | | | |
| **Phone:** |  | **Other Phone:** | |  | | | |
| **Grant Information** | | | | | | | |
| **Grant Title:** | K | | | **Is This an Amendment to an Approved Grant?** | | | **Yes No** |
| **Grant Submission Date (MM/DD/YYYY)** | |  | |
| **Description of the Grant:** | Please provide a reasonably detailed description of the program or activity for which funding is requested; including need, general subject matter, reason for the request, objectives, instructional methods, evaluation plan, detailed program budget, and Requestor’s qualifications. | | | | | | |
| **Institutional Affiliation(s) for CME/CE Accreditation:** |  | | | | | | |
| **Anticipated Invitees or Audience:** |  | | | | | | |
| **Amount Requested:** |  | **Date/Location of Program:** | | | | | |

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| --- | --- | --- |
| **Grant Status – *Grant Committee Use***   * **Approved □ Not Approved** | | |
| EU | | US |
| **Medical Affairs Director** |  |  |
| **Medical Education Grants Chair** |  |  |
| **Legal/ Compliance** |  |  |
| **Finance** |  |  |
| **Budgeted: □ Yes □ No Cost Center:** | | |
| **Comments** | | |
|  | | |

Grant Request Form – May 29, 2020