# TRAVERE THERAPEUTICS

**Medical Grant Request Form**

Email: 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**
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| EU | US |
| **Medical Affairs Director** |  |  |
| **Medical Education Grants Chair** |  |  |
| **Legal/ Compliance** |  |  |
| **Finance** |  |  |
| **Budgeted: □ Yes □ No Cost Center:** |
| **Comments** |
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Grant Request Form – May 29, 2020