# TRAVERE THERAPEUTICSMedical 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:** |  | | | | | | |
| *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 (DD/MMM/YYYY; eg, 01 Jan 2021)** | |  | |
| **Description of the Grant:** | Please provide a reasonably detailed description of the program or activity for which funding is requested (including dates/times/locations of live events); including unmet need/needs assessment, general subject matter, reason for the request, educational goals and objectives, innovative instructional methods/formats, agenda & proposed faculty, instructional methods and plans for implementation, evaluation plan (outcomes, analysis and reporting), attendee recruitment 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:** | | | | | |

|  |  |  |
| --- | --- | --- |
| **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 – April 1, 2021

**Return this form to** [**medgrants@travere.com**](mailto:medgrants@travere.com)**.**

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