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| CMPL022- ACell Educational Grant Request Form | Revision: | 1 |
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Educational Grant Request Form

This form should not be completed by an ACell Employee or Agent.

All requests should be submitted at least 30 days prior to event date. Attach additional pages, as needed.

Completed requests and any applicable supporting documentation should be submitted to:

grants@acell.com. Questions regarding the status of your request should be directed to grants@acell.com.

A representative from ACell's Professional Relations department will contact you regarding funding decisions.

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|--------------------|---|
| Name of Requester: | Therapeutic Area of Event: <input type="checkbox"/> Wounds/Trauma <input type="checkbox"/> Surgical |
| Telephone: | Date of Request: |

| Part 1: Entity Information | |
|---|--|
| Payee (Legal Name of Requesting Entity): | |
| Meeting Sponsor Name, if different than Payee: | |
| Entity Tax ID #: | |
| Is the entity a 501(c) 3? <i>Note: written documentation from IRS confirming 501(c)3 status is required</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | |
| | |
| | City: State: |
| | Zip Code: |
| HCP or Affiliated Entity: <i>Is this request affiliated with an HCP or HCO? If yes, please describe.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the entity a military facility/organization? <i>Note: This may require a Proffer Letter signed by the facilities Ethics Officer</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Event Sponsor Contact Person: | Name: |
| | Title: |

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|---------------|-------------------|
| Fax: | Telephone: |
| Email: | |

| Part 2: Type of Entity/Information – Mark appropriate box below to reflect requesting entity | |
|---|--|
| <input type="checkbox"/> Association <input type="checkbox"/> Society <input type="checkbox"/> Third Party Conference Organization <input type="checkbox"/> Community Organization | <input type="checkbox"/> Hospital/Medical Center <input type="checkbox"/> Foundation <input type="checkbox"/> Academic Institution <input type="checkbox"/> Group Purchasing Organization (GPO) |

| Part 3: Event Details | |
|---|--|
| Name of Event: | |
| Event Location: (city, state) | |
| Date of Event: | |
| Name of Venue: (e.g., name of hotel, conference center) | |
| Target Audience of Event (e.g., physicians, nurses, patients): | |
| Expected number of attendees: | |
| Will there be CME/CEUs awarded for any part of the Event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Part 4: Amount and Attestation of Requesting Entity | |
|---|--|
| Amount requested: | |
| Has funding been requested from other potential donors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide a list of donors solicited support. | |

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I represent that I have been granted the authority on behalf of my entity to request grant funding from ACell, Inc. The event for which funding is requested is dedicated to objective scientific and educational activities. The event is organized to provide education to healthcare professionals or patients relevant to a disease state or therapeutic area relevant to ACell's products.

I understand that my entity will provide a detailed accounting within thirty (30) days of the event's conclusion and if there are any unused funds remaining, such funds are to be returned to ACell no later than 30 days post-event.

I certify that, to the best of my knowledge, the information provided is accurate and complete.

Printed Name of Requester: _____

Signature of Requester: _____

Date Signed: _____

Documentation Necessary for Educational Grant Request(s):

The following documents should be submitted with the Educational Grant Form:

- Request Letter for support*
- Completed and signed W-4 or W-9*
- IRS documentation of 501(c)3 status*
- Prospectus/Brochure of event*
- Agenda*
- Proposed itemized budget*
- List of Board of Directors/Trustees*
- List of any previous requests for support from ACell within the past 12 months or confirmation that no requests have been submitted*
- Disclosure of any legal, business, financial or other relationship with ACell*
- Explanation of how the Educational Grant will benefit the scientific/medical community, promote better health or service a genuine educational function relevant to ACell's business*