



EDUCATIONAL GRANT APPLICATION

Thank you for your interest in requesting an unrestricted educational grant from bioMérieux.

bioMérieux is committed to supporting innovative, high quality, independent medical education for healthcare professionals and patients that addresses unmet needs, fosters clinical excellence, and improves health outcomes.

To have your request for financial support formally considered, please submit the following to USGrants@biomerieux.com:

- ☐ Completed Educational Grant Application
- ☐ W-9 Tax Form
- ☐ Proposed Agenda

Requests for educational grants should be submitted **at least 45 days** prior to the start date of the program or project to ensure appropriate time to review. You will be contacted with a response by our grant review committee.

** Required field*

ORGANIZATION INFORMATION

NAME OF REQUESTING ORGANIZATION: *							
ADDRESS 1: *							
ADDRESS 2:							
CITY: *		STATE: *		ZIP: *		COUNTRY: *	
REQUESTING ORGANIZATION'S ANNUAL REVENUE: *							
CONTACT INFORMATION:							
PRIMARY CONTACT NAME: *							
PHONE NUMBER: *		EMAIL: *					
WEBSITE: *							

REQUEST INFORMATION	
PROGRAM TITLE(S): *	
PROGRAM DESCRIPTION(S): *	
LOCATION:	
TYPE OF VENUE(S): *	
EVENT DATE(S) OR ESTIMATED LAUNCH OF ONLINE PROGRAM: *	
DESCRIPTION OF AUDIENCE: *	
PROJECTED NUMBER OF LEARNERS: *	
LEARNING OBJECTIVES: *	
FOR ACCREDITED PROGRAMS:	
ACCREDITATION:	
NEEDS ASSESSMENT:	
INTENDED EDUCATIONAL OUTCOME LEVEL TO BE MEASURED:	
OUTCOMES ASSESSMENT PLAN:	

REQUEST AMOUNT

TOTAL AMOUNT REQUESTED: *

ARE OTHER SPONSORS BEING SECURED?

☐ YES

☐ NO

BUDGET

DESCRIPTION OF EXPENSE

AMOUNT (USD)

I certify that the information provided in this form and supporting documentation is complete and accurate.

Name _____

Title _____

Signature _____

Date _____ / _____ / _____