



Canada Grants & Donations Request Form

Form Number: 1A
Version 3, 01 Jan 2020

Reference Number
(For Allergan Inc. use only):

Please complete this Form and submit it, accompanied by Articles of Incorporation or equivalent documents indicating organization rules/charter, to the Allergan Inc. Grants & Donations Committee at Canada.Grants.Committee@allergan.com

~Refer to the Instructions page attached on how to complete this Form~

1. Details of Requester

Title / Name:	
Position / Job Title:	
Email Address:	
Telephone number:	
Name of Allergan Inc. Contact:	
Total amount of funding or product requested:	
If this is a request for a product donation, list brand name(s) and amount of product requested:	

2. Nature of Request

Please describe the nature of the request/project in detail.	
Will you be hiring Health Care Professionals and or vendors for this project? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a breakdown of all the costs associated to this project (in no more than \$5000 increments) to describe how Allergan Inc. funding/products will be used	
For funding requests, will Allergan Inc. be the sole source of funding for this project/activity/event? If no, please indicate what other organization will support the project/activity/event and to which level.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For funding requests, approximately what percentage of the Organization's annual income would this funding represent:	



Please provide details of any funding or product donations the Organization has received from any Allergan Inc. entity in the last 12 months.

3. Organization Information

Full Legal Name of Organization Requesting Funding/Product (name of single entity that would receive funds if request is approved):

Registered Organization Address:

Organization web address:

Legal Status of Organization (include copies of relevant registration documents / articles of incorporation):

- Charitable Organization
- Public/Government-owned Healthcare Institution
- Privately owned Healthcare Institution
- Other Non-Profit Organization
- Other (specify):

Is the requesting department or sub-division (i.e. of a university, hospital, etc.) legally permitted to receive funding?

- Yes No
- N/A. The funding request will go directly to the parent requesting Organization for which Articles of Incorporation or equivalent documentation are provided, and not the department/sub-division directly.

4. Organization Management Information

Provide details of Company Directors or equivalent.

Name	Title



YES	NO	Are any of the Company Directors or equivalent, listed above, classified as Government Officials, Family Members of an Allergan Inc. employee, or is a Customer or Supplier of Allergan Inc.? i.e. are any of the following categories applicable:
<input type="checkbox"/>	<input type="checkbox"/>	A current or former elected or appointed government official such as employees, agents or representatives of any government agency or institution or government-owned or government-controlled company, i.e. Minister of Health, Member of Parliament, Health Canada employee, etc.
<input type="checkbox"/>	<input type="checkbox"/>	A political party official
<input type="checkbox"/>	<input type="checkbox"/>	Associated with a government agency or institution
<input type="checkbox"/>	<input type="checkbox"/>	Associated with a public international organization
<input type="checkbox"/>	<input type="checkbox"/>	Associated with a political party
<input type="checkbox"/>	<input type="checkbox"/>	Member of a Formulary Committee with voting rights
<input type="checkbox"/>	<input type="checkbox"/>	Family Member of an Allergan Inc. employee (Father, Mother, Sister, Brother, Daughter, Son, Aunt or Uncle)

If yes to any of the above, please provide details, identifying the individual and the nature of the relationship.

5. Requestor Declaration

I confirm that I am legally authorized to act as representative of the Organization shown in Section 3 above and that all details provided herein are complete and accurate.

<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p>	<p>Date: _____</p>
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Instructions

Guidelines

- Grant and Donation requests must comply with all applicable laws and regulations
- Allergan Inc. considers Grants and/or Donations requests from institutions or charities, provided they are restricted to the enhancement of patient care, genuine clinical research and/or genuine charitable causes
- Allergan Inc. does not provide Grants and/or Donations in support of purposes or events where the fundamental or primary focus is placed on generating profit for the requesting organization

Instructions

Section 1 – Details of Requester

- Fill in Requester contact information
- Fill in request details, e.g. amount of funds/product being requested and nature of request, etc. Allergan Inc. will not fund any social or entertainment activity through the funding provided in support of an educational event.
- Please provide details of any funding or product donations the Organization has received from any Allergan Inc. entity in the last 12 months

Section 2 – Organization Information

- Fill in Organization contact information
 - name of entity that would receive funds if request is approved
 - if funds are to be directed to a specific department, include that department name under the full legal entity name, for example, University of ABC c/o Department of XYZ
 - the Articles of Incorporation submitted with Form 1A must reflect the entity that would receive funds if request is approved

Section 3 – Organization Management Information

- Provide details of Company Directors or equivalent, Name(s) and Title(s)

Section 4 – Requester Declaration

- Have Form 1A signed by a representative that is legally authorized to act on behalf of the Organization

Incomplete, inaccurate, or in-sufficient submissions may require additional information, which may delay or invalidate your Grant and/or Donation request. This process can take 6-8 weeks once all information is received by the Grants & Donations Committee and does not include Grant/Donations Requester's response times.

The Grants & Donations Committee will communicate with you directly during the review if additional information or documentation is required and of the final decision of the review.

Requirement Checklist

Send the documents required below to the Allergan Inc. Grants & Donations Committee at Canada.Grants.Committee@allergan.com

- The completed **three (3)** pages of Form 1A: Canada Grants & Donation Request Form. (Required)
- A copy of your Organization's Articles of Incorporation or equivalent documents indicating organization rules/charter. Note that your Organization's full legal entity name must coincide with Articles of Incorporation or equivalent documentation submitted. (Required)
- Any relevant accompanying documents which may assist Allergan Inc. in evaluating your submission, if applicable. (Not Required)