



MEDICAL EDUCATION GRANTS REQUEST FORM

Thank you for considering Verrica for your grant support. Please complete and submit a copy of this completed form, with all required supporting documentation, so that Verrica can properly evaluate your request.

Verrica's Grants Review Committee will review your submission at the next committee meeting. We will contact you if we need additional information to complete our review.

Please note the following:

- Grant requests submitted less than 120 days prior to the start date may not be reviewed.
- All fields are required except where indicated.

SUBMITTER INFORMATION

- Submitter Name:
- Submitter's Organizational Affiliation:
- Title/Role:
- Date Submitted:
- Email:

ORGANIZATIONAL INFORMATION

- Requesting Organization Name:
- Requesting Organization's Tax Identification Number (TIN):
- Street Address:
- City:
- State:
- Zip Code:
- Primary Contact Name:
- Primary Contact Email Address:
- Primary Contact Phone:
- Secondary Contact Name:

- Secondary Contact Title/Role:
- Secondary Contact Email Address:
- Secondary Contact Phone:

PAYEE INFORMATION

- Organization Name:
- Street Address:
- City:
- State:
- Zip Code:

REQUEST DETAILS

- Program title:
- Amount requested (\$US) from Verrica:
- Total budget for the program/event (\$US):
- Is funding being requested from other organizations? If yes, please describe. If not, please enter no.
- Intended audience including HCP types (Physician, NP/PA, Other) and specialties:
- Anticipated total attendance:
- Program purpose/rationale including a needs assessment on the need for the educational program and a description of the gap in education:
- Learning objectives (please provide 3-5):
- Single event or event series?
- Program location, date, venue:
 - If event series, please include the locations, dates, and venues for each event in the series:
- Program delivery method (e.g., live: virtual, live: in-person; Hybrid; Other):
 - If Other, please describe:

- Enduring materials that will be created and how they will be used:
- Will the program be accredited?
 - If yes:
 - Name of program accreditor:
 - Number of CE/CME credits for the program:
- Description of outcomes measurement plan or methods including what will be collected and the timeline for a report to be provided to Verrica:
- Information about how the program will be publicized/advertised:
- Has Verrica previously supported this organization or activity? If yes, please describe. If no, please enter “no”.
- Does Verrica currently collaborate with or provide funding to this organization? If yes, please describe. If no, please enter “no”.

REQUIRED SUPPORTING DOCUMENTATION

- A signed letter of request on organizational letterhead specifying what is being requested from Verrica, brief program or activity details, and the recipient information.
- Letter or certificate of accreditation for the program or activity
- Signed and dated (within past 12 months) W-9 for the organization
- Non-profit documentation or letter (e.g., 501(c)(3) letter from the IRS)
- Program brochure or agenda including faculty (proposed or confirmed)
- Detailed, line-item budget using Verrica’s budget template. Please use 1 budget template per event in an event series.

ADDITIONAL DOCUMENTATION

OPTIONAL: Please attach any other documentation or include additional information that you believe could assist Verrica in reviewing your request.

CERTIFICATION

Verrica is committed to compliance with all applicable federal and state pharmaceutical industry laws, regulations, and guidelines. By submitting this application, you represent your commitment to act in accordance with the above in the event that the request is approved.

Submission of this Request Form and supporting documentation does not constitute nor represent a funding commitment by Verrica. Funding decisions are subject to approval by Verrica's Grants Review Committee, which may approve or decline a request in its sole and absolute discretion. Verrica reserves the right to award less than the amount requested based on program merit, business objectives, and budgetary constraints. If, for any reason, the program or event does not occur, or the awarded funds prove to be in excess of the estimated program costs, the unused portion of the grant shall be returned to Verrica. Verrica will not provide supplemental grants retrospectively to cover program expense overages.

By signing below, you confirm that this request is unrelated to the purchase, use, or recommendation of Verrica products. In addition, you that your organization will maintain control over the program/event at all times and that Verrica may not influence the content, selection of speakers or attendees, or venue. You hereby further certify that the information provided in this request form is complete and correct, and that you have the authority to submit this request on behalf of the organization requesting support.

Acknowledgement

I hereby certify that the information provided in this request form is complete and correct, and that I have the authority to submit this request on behalf of the organization requesting support.

Name:

Title:

Date: