

APPENDIX 1:

Grants and Donations Application Form

Guidance: All fields require complete population in order for any application to be valid. Queries regarding data processing and storage, please email UKgrantsanddonations@menarinistemline.com

For any difficulties in populating this document, please also email UKgrantsanddonations@menarinistemline.com

Please ensure you also submit a fully completed anti-bribery questionnaire with your application, as **all** Grant applications **must** be accompanied by this questionnaire.

Section 8: Applicant details

Name of Organisation (and Charity number if applicable)
Organisation address
Postal code
Name of the primary point of contact in the organisation, responsible for the application request
Job title
Email address
Telephone number

Section 8: Proposal overview and details

Name of the programme, project, or initiative
Please outline the objectives of the Project

Detailed Description of Project
Estimated project start and completion dates
Please outline how the proposed project will benefit patients or improve patient care
Please describe how the proposed project will benefit the NHS, including providing details of how the funding will be used to impact existing care models or transform patient services

Section 3: Funding

Total costs of the activity (exc. VAT)
Amount of funding being requested from Menarini Stemline UK (exc. VAT, please note, we cannot pay VAT on Grants)
Please provide an itemized breakdown for how the funding being requested from Menarini Stemline UK will be spent

Has a request for funding in relation to this project or programme been requested from any other pharmaceutical, or non-pharmaceutical organisations? (Please provide details if so)
Has your organization received funding from Menarini Stemline UK during the past three years? (If so, please provide details including the amount, the purpose of the funding, and the date it was received)

Declarations

	I, the applicant, confirm that I have to the best of my knowledge answered the questions above accurately and am authorised to do so on behalf of my Organisation
By submitting this application, the applicant, gives permission for Menarini Stemline UK to contact the applicant, via the contact details provided, to ask questions relating to the application	
Signed & Approved by	
<i>Medical Director (or final signatory delegate), Menarini Stemline UKINORD</i>	
<i>Name:</i>	
<i>Signature:</i>	
<i>Date:</i>	
<i>dd/mm/yyyy</i>	