

Funding Request Form

* After completing and signing this form, please submit directly to: grants_usa@celltrionhc.com. Submission via the Celltrion Grants email address is the only acceptable method of submission. Applications cannot be submitted via Celltrion employees, contractors, or vendors.

* Our grant program is exclusively available to non-profit organizations, educational institutions, and other eligible entities as defined by our policy. Applications from individuals or from for-profit customers or prospective customers of Celltrion USA will not be considered.

* Please complete this form electronically using the "Add Text" tool in Adobe Acrobat Reader (via the Fill & Sign feature).

Section 1: Applicant Information

Organization Name:	
Mailing Address:	
Website:	
Tax ID / EIN (if applicable):	
Primary Contact Name:	
Title/Role:	
Email Address:	
Phone Number:	
Date Established:	
Legal Status:	<input type="checkbox"/> 501(c)(3) Nonprofit <input type="checkbox"/> Other (please specify):
How did you hear about our grant program?	<input type="checkbox"/> Company website <input type="checkbox"/> Referral from faculty/staff <input type="checkbox"/> Professional conference/event <input type="checkbox"/> Colleague/peer referral <input type="checkbox"/> Other (please specify): _____

Section 2: Funding Request

Amount Requested:	\$
Purpose of Grant/Donation:	
Project/Program Name (if applicable):	

Section 3: Supporting Documents (Required)

- A detailed description of proposed use and expected outcome on grant requestor or organizational letterhead (for donations, please describe the nature of the requested donation and the expected clinical/medical benefits)
- Most recent IRS determination letter (if applying as a nonprofit)
- Project/program budget
- W-9 form
- A copy of draft agreement (*only if the requestor proposes to use its own template*).
- Any relevant brochures or background materials

Compliance with Regulatory Guidelines

Celltrion USA adheres to regulatory policies outlined by the Office of Inspector General (OIG) Compliance Guidelines and U.S. Food and Drug Administration (FDA) guidance on industry-supported scientific and educational activities. In accordance with federal and state laws, Celltrion USA is required to track and report certain expenditures to healthcare providers under the Centers for Medicare & Medicaid Services (CMS) National Physician Payment Transparency Program—commonly known as the Sunshine Act or Open Payments—for any payments or transfers of value made to physicians or U.S.-based teaching hospitals. External funding from Celltrion USA is not intended as an incentive to recommend or prescribe Celltrion products. Celltrion USA reserves the right to reclassify a grant request to ensure alignment with the company's established definitions and compliance standards.

Section 4: Acknowledgment

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand that submission does not guarantee funding and that, if approved, funds must be used as stated in this application.

Signature: _____

Name:

Title:

Date:

Do not write below this line – for internal use only

Disposition of Grant Request

Date: _____

☐ Approved ☐ Denied

Signature: _____

Name: _____

Comment: _____