



GRANT & CHARITABLE REQUEST FORM

Name of Requesting Organization: \_\_\_\_\_ Date: \_\_\_\_\_
Grant/Contribution Check Payable To: \_\_\_\_\_
Grant/Contribution Amount Requested: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_
Name and Title of Chief Staff Officer: \_\_\_\_\_ Officer Phone: \_\_\_\_\_
Contact Person (if different from above): \_\_\_\_\_ Contact Phone: \_\_\_\_\_
Contact Fax: \_\_\_\_\_ Contact Email: \_\_\_\_\_
Description of organization (e.g., hospital, charitable organization, professional association): \_\_\_\_\_
Mission of the organization: \_\_\_\_\_

Request Letter

All requests must be accompanied by a Request Letter that is on the requestor's letterhead, dated, signed by an authorized representative, and contains all of the requirements listed below for the type of request. First, check the box for the type of request you are submitting, and then check the boxes indicating that all the requirements listed for that type of request have been included in your Request Letter.

[ ] Grant Request: applies to requests for sponsorship of fellowships or other specific educational programs. Please provide the following in the Request Letter:

- [ ] Name, telephone number, and email of contact person
[ ] For educational grants, include topic(s), objective(s), and description of activity, including agenda or proposed agenda and identity of speaker(s) or proposed speaker(s), as applicable
[ ] Evidence of continuing education accreditation, if applicable
[ ] For fellowships include the name of fellowship and medical school, start and end dates, accreditation information, detailed description of program, and name of fellow (if selected)
[ ] Date(s) and location(s) of activity/program
[ ] Itemized budget for proposed activity/program with adequate detail and amount requested from Micrus
[ ] A list of significant contributions from other corporations/foundations and amounts contributed for this project/program
[ ] Information, including dates and amounts, regarding past grants from Micrus
[ ] Information regarding any Micrus employee involvement or participation in the project/program

[ ] Charitable Contribution Request: applies to requests for fundraisers or donations to charity events. Please provide the following in the Request Letter:

- [ ] Name, telephone number, and email of contact person
[ ] Federal tax identification number, statement of charitable, tax-exempt status, and copy of IRS section 501(c)(3) determination letter (please indicate whether there has been any change in the organization's purpose, character, or method of operation since the issuance of its IRS tax ruling)
[ ] Charitable Organizations Registration Certificate
[ ] Date and description of fundraising activity, if applicable
[ ] Location where fundraising activity will be held, if applicable
[ ] If a specific fundraising activity is not involved, a description and purpose of fundraising effort and, if applicable, total amount of funds that organization seeks and has secured relating to this funding request
[ ] Funding plan of public/private sources being solicited to support this program/project

I certify that all information provided in this Grant & Charitable Contribution Request Form and related Request Letter is accurate and complete, and I understand that consideration of this request is not conditioned upon prescribing, purchasing or recommending any Micrus products. I further understand that only the Micrus grant review committee/Executive Staff/Other can approve a grant or charitable contribution request and make a commitment to provide funding.

Print Name of Authorized Representative \_\_\_\_\_ Signature \_\_\_\_\_

It is Micrus' policy to limit sponsorship of a qualified healthcare professional to no more than one grant per fiscal year.

Complete and fax this form along with your Request Letter to Bruce Cavallari at 408-433-3096