



Global Grant and Donation Application

Please submit this application and all related documents to: grants@ainylam.com
 Attach additional pages, as needed, for answers. This is a fillable PDF; please complete electronically.

Date:		
Amount Requested:	Currency:	
Type of Grant Requested:	Independent Medical Education Grant (accredited and non-accredited education directed to Healthcare Professionals) Education for patients or the public Charitable Donation	
Legal Name of Requesting Organization:		
Legal Address of Requesting Organization		

Primary Contact Information:	
Last Name:	First Name:
Street Address:	
City:	State (U.S. only):
Country:	Zip/Postal Code:
Phone:	Email Address:

BRIEFLY DESCRIBE YOUR ORGANIZATION:

Has any employee of your organization been involved in a business relationship with Alnylam (and/or any other bio-pharmaceutical company) in the past 5 years? No Yes	Provide the beginning and ending dates of the business relationship and name of the company.
	Describe in detail the specific services provided. (Use additional documents if needed)

Is your organization designated as <u>tax-exempt</u> by the tax authority? (Written documentation is required) Yes No	Tax ID #
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Is any portion of your organization government-owned or government-controlled? Yes (If yes, please describe in detail) No	<input type="checkbox"/> Yes (If yes, please describe in detail)
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DATE(S) OF PROGRAM/ EVENT:

PROGRAM/ACTIVITY TITLE:

TYPE OF PROGRAM/ EVENT: Healthcare Professional Education Patient/Community Education Charitable Cause (Healthcare related) Other (describe):	Other:
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PROGRAM/ACTIVITY DESCRIPTION:

(If needed, attach additional documents, e.g. Brochure, Invitation, Slides)

PROGRAM/EVENT VENUE ADDRESS (LOCATION (e.g., hotel) and CITY):

CME Accredited:

Yes No

NAME OF ACCREDITING ORGANIZATION (if applicable):

Other type of accreditation, if applicable:

Will Alnylam be the sole supporter?

Yes No

If No, how many other supporters do you anticipate?

ANTICIPATED NUMBER OF ATTENDEES/PARTICIPANTS:

PROPOSED AUDIENCE:

Physicians

Nurses

Patients

Caregivers

Other:

ITEMIZED BUDGET (Attach separate documents)

Please include specific details about how the funds will be used.

- Include detail on any payments to physicians that will be funded by the grant.
- Costs for hotels must include the number of nights and the cost per night, per person
- Include details on room rental, meals, AV equipment
- Include per-person details on transportation costs, e.g. airfare (including class of service), ground transportation

By signing this application, you certify that you are the authorized representative of the applicant organization and that, to the best of your knowledge, the information provided is accurate and complete.

Authorized Representative Signature:

The following section to be completed by Patient Advocacy Organizations only:

Please provide information about other sources of income to your organization, e.g., support from other companies, donors (fundraising).

Does your organization have a yearly fundraising goal?

Yes

No

If yes, what is the current year's goal?

What percentage of your revenue is allocated for administrative expenses?

What was the total operating budget for your organization last year?

What tools does your organization use for Accountability and Transparency?

List the specific diseases your organization supports.

Describe the role patients and/or caregivers play in the leadership/management of your organization.

Required Documents

For your Application to be reviewed, the following documents must be included:

U.S.	International
1. IRS Determination Letter of tax-exempt status <u>OR</u> Federal Tax ID Number	1. Written proof from the government tax authority of tax-exempt/non-profit status
2. IRS Form 990 (most recent year)	2. Detailed Budget
2. Detailed Budget	

Transparency and Financial Disclosure

Alnylam intends to comply with legal requirements for transparency of interactions with healthcare practitioners and healthcare organizations, consistent with applicable country, state, and federal laws and regulations, and/or the codes of practice applicable to pharmaceutical industries. Information related to the request and any funding provided to the requester/applicant, including but not limited to, the names of the parties, the amount of any payments or transfers of value to which the funding relates, (e.g. meals, travels, etc.), (including fees and expenses reimbursed) are subject to collection and reporting to relevant authorities/institutions and may be publicly disclosed by the Company and/or by its Affiliates and/or by relevant authorities/institutions. As applicable, your acceptance of any funding provided by Alnylam constitutes your consent to any collection reporting and disclosure. In case Alnylam collects your personal data to process the funding request and comply with applicable transparency laws and/or codes, such personal data will be stored and processed by Alnylam in accordance with applicable privacy laws and Alnylam's Privacy Policy. You can find more information on the Alnylam privacy policy on our corporate website www.alnylam.com. Should you wish to exercise your access rights to your personal data, please contact our DPO at privacy@alnylam.com.