

## ORTHOFIX REQUEST FORM: EDUCATION GRANT, CHARITABLE CONTRIBUTION, OR FUNDRAISING SUPPORT

Important: This form must be completed by external organizations only. Orthofix employees, agents, and distributor principals may not complete this form. Submit completed forms and all required documentation at least 6 weeks before the event start date to: Grants@Orthofix.com

1.	Red	uest	Over	view

Education Grant Charitable Contribution – Monetary

Charitable Contribution – Product Fundraising/Gala Event

Donation

- Date of Request:
- Name of Requesting Organization:
- Organization's Tax ID / Business Registration Number:
- Is the organization tax-exempt?

Yes No

If yes, attach exemption documentation

## 2. Contact Information

- Name of Individual Submitting the Request:
- Title/Role:
- Phone Number:
- Email:

## 3. Funding Details

- Currency and Total Amount Requested:
- Purpose: How will the funds be used?
- Payee Name (payment must be made directly to organization):

•	Will payment be made to or benefit a health care professional (HCP) or a facility owned by an HCP? $\square$ Yes $\square$ No
	If yes explain:
4.	Event Details (if applicable)
•	Name of Event:
•	Date(s):
•	Location:
•	Is the event primarily educational in nature? $\square$ Yes $\square$ No
•	Will CME credit be offered? ☐ Yes ☐ No (If yes, attach accreditation documentation)
•	Target audience:
•	Is the event being held at a resort or luxury venue? $\Box$ Yes $\Box$ No
•	Is the event publicly promoted or widely advertised? $\square$ Yes $\square$ No
•	Are other companies supporting the event? $\square$ Yes $\square$ No
	Attach list/provide names if yes
5.	In-Kind Requests
•	Are Orthofix products, instrumentation, cadavers, or samples being requested? ☐ Yes ☐ No
•	If yes, attach/describe a list of requested items and quantity
•	Will any items be returned to Orthofix? □ Yes □ No
6.	Required Documentation
•	Attach the following as applicable (incomplete submissions will be returned):
•	For Educational Courses or Events:
	Course agenda
	Documentation of CME accreditation (if applicable)

- Materials sent to attendees (showing educational purpose and appropriate venue)
- Full event budget (highlighting educational content % and overhead)
- List of other corporate supporters
- Articles of Incorporation & bylaws
- IRS Form 990
- Documentation of tax-exempt status (e.g., 501(c)(3), 501(c)(6))
- W-9 (for U.S. entities) or business registration (for non-U.S. entities)
- List of Board of Directors
- For Product Donations (not tied to education, e.g., mission trips):
  - Letter on organization letterhead describing mission scope and destination
  - Detailed list of requested products and their intended use

## 7. Certification

I certify that the information provided in this request is complete and accurate. I understand that submission does not guarantee approval and that Orthofix decisions are not influenced by prescribing, purchasing, or recommending its products.

- Name:
- Signature: