



Grant Application Form for Patient Associations (PA)*

*Please fill in all the sections with the information required. Incomplete request forms will lead to a request for additional information.

<p>Please select one therapy area:</p>	<input type="checkbox"/> Oncology <input type="checkbox"/> Hematology <input type="checkbox"/> Respiratory diseases <input type="checkbox"/> Retina diseases <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Dermatology <input type="checkbox"/> Heart failure <input type="checkbox"/> Transplantation <input type="checkbox"/> Other
<p>Date of Submission to Novartis (DD-MM-YYYY): Intention is to review proposal within 60 days of receipt at Novartis</p>	
<p>Project Title: Only <u>future spending</u> in projects / programs will be considered</p>	
<p>Registered name of PA: (Please add statutes of association to the application)</p>	
<p>Submitted by: Name & Title</p>	
<p>Contact person:</p>	
<p>Address:</p>	
<p>Email: Phone number: Fax number: Website address:</p>	

Payment Beneficiary: Bank account Nr (IBAN): Address: Mention: Invoice sent by PA: If the outcome of the evaluation process is positive, a contract will be established. Therefore please add the required administrative details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide a copy of the latest annual accounts of the PA. If no accounts are available (for newly established PA) please provide a budget overview of the current year. (to ensure our grant funding does not interfere with PA independence)	
Have you previously received funding from Novartis?* New grant requests won't be evaluated without proper documentation of latest grant received in previous years	<input type="checkbox"/> No <input type="checkbox"/> Yes; please provide details (questions at end of document)
Total cost of actual project/ program (as per your budget): (Full funding of the project by Novartis is not possible)	
Amount requested from Novartis:	
<input type="checkbox"/> I declare that the allocation of the grant will not be related to Novartis brands	
Has this proposal or a similar request been submitted to another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Project Information:

Project Objectives: (Please give brief description of project aims including the educational need for the project and the benefit to patients)
Project context, background, supporting evidence and consequences of not carrying out project: (Include any supportive evidence. Project description/publications/outcome from previous funding for similar projects can be added "on top" as separate documents, but do not use this field to only refer to these documents)

Approach and timelines:

(Please give summary of approach to the project and expertise required, and how it will be deployed. Include timelines/milestones and expected duration of the project (ie running period of project / program))

Outcomes, success criteria and evaluation, how will success be measured:

(Please describe the expected and desired outcomes in terms of benefit to the community and/or patients, and the measures to be used to assess whether the project has been successful. Include criteria for the project itself, what quantitative and qualitative measures will be used (if any))

Description and cost breakdown of required funding from Novartis:

(Please describe financial resources required. Add job description/profile for persons, offers for equipment, overview of study related costs, etc. separately to the request form.

For funding to organize an educational/scientific meeting, please provide complete details of the meeting including meeting dates, educational agenda and intended attendee profiles. Please provide full details for hospitality arrangements, including the venue and a full budget breakdown for the event)

Grant Closing Documentation : Request for information on the spending of the last grant awarded by Novartis

At the latest at the conclusion of the Grant Activity, Grant Recipient will provide Novartis with an overview of the conclusions and results of the Grant Activity. Novartis and Grant Recipient will determine in close consultation how the conclusions and results of the Grant Activity will be exchanged.

Funding received previously from Novartis:

(Please provide: title of funding, Novartis' reference (= NP4-number, see signed contract of last grant received from Novartis), received amount. This is not required if this documentation was already provided to Novartis)

Received Amount:

NP4-number:

Title of funding:

Use of funding received previously from Novartis :

(Please provide answer to questions: Which projects have been initiated and/or completed with the granted amount? Has the granted amount been used totally for the fulfillment of project as initially requested? Please provide detailed information (if not, add reasons as well))

Other comments/documents to add related to funding received previously from Novartis:

(Please add all supporting documentations related to the grant: invoices, publications, folders, ...)

I declare that the allocation of the grant was not related to Novartis brands

Signature

Signature grant requestor:

Please return the completed form and attachments by e-mail to compliance.belgium@novartis.com, or by fax to 02/246.18.61, or by letter to Novartis Pharma nv-sa, Medialaan 40/1, 1800 Vilvoorde, att. Compliance Department.