



## Grant Application Form\*

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

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| <p><b>Please select one therapy area:</b></p>  | <input type="checkbox"/> Oncology<br><input type="checkbox"/> Hematology<br><input type="checkbox"/> Respiratory diseases<br><input type="checkbox"/> Retina diseases<br><input type="checkbox"/> Multiple sclerosis<br><input type="checkbox"/> Dermatology<br><input type="checkbox"/> Heart failure<br><input type="checkbox"/> Transplantation<br><input type="checkbox"/> Other |
| <p><b>Date of Submission to Novartis (DD-MM-YYYY):</b><br/>Intention is to review proposal within 60 days of receipt at Novartis</p> |  |
| <p><b>Project Title:</b><br/>Only <u>future spending</u> in projects / programs will be considered</p>                               |  |
| <p><b>Affiliation/Institution:</b><br/>(If no hospital, please add Articles of Association to the application)</p>                   |  |
| <p><b>Submitted by (Name &amp; Title):</b></p>   |  |
| <p><b>Contact person:</b></p>  |  |
| <p><b>Address:</b></p>   |  |
| <p><b>Email:</b><br/><b>Phone number:</b><br/><b>Fax number:</b></p>   |  |



**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 (i.e. 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\***

*(\*only applicable if a grant has been issued previously)*

At the latest at the conclusion of the Grant Activity, Grant Recipient will provide Novartis with an overview of the conclusions cq results of the Grant Activity.

### **Funding received previously from Novartis (if applicable):**

(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](mailto: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.