



EDUCATION GRANT, CHARITABLE CONTRIBUTION, FELLOWSHIP OR FUNDRAISING REQUEST FORM

NAME OF EVENT: _____

In accordance with Orthofix Medical, Inc. and its subsidiaries' (the "Company") Compliance Work Instruction EC1.C entitled, "Third Party Requests For Financial Support and Product Donations", this Education Grant, Charitable Contribution, Fellowship or Fundraising Request Form ("Request Form") is to be used by an organization or entity requesting a grant, charitable contribution, fellowship support or fundraising. **This Request Form should NOT be completed by Company employees or agents (e.g., Distributor Principals).**

Each completed Request Form, along with all applicable supporting documentation, must be submitted to the applicable Grant Committee for review a minimum of six (6) weeks prior to the inception of the event.

- Education Grant
- Charitable Contribution – Product Donation
- Charitable Contribution - Monetary
- Gala Event/Fundraising

1. Date of Request: _____

2. Name of the Requesting Organization: _____

3. Name and Contact Information of Requestor: _____

4. Organization's Identifying Number:
For US entities, Federal Tax ID Number - _____
For entities outside the US, Business
Registration Number - _____

5. Is the Organization Tax-Exempt? Yes No

If yes, attach documentation of exempt status.

6. Currency/Amount of Funds Being Requested: _____

7. How will the funds be used? _____

8. Payment should be made payable to: _____

9. Will payment be made to a health care professional or to a facility that is owned by a health care professional? Yes No

10. Date(s) of the Event: _____
11. Location of the Event: _____
12. Does the Event have a genuine education function? Yes No
13. If applicable, will Continuing Medical Education (“CME”) be awarded at the Event? Yes No
14. Who is the target audience at the Event? _____
15. Is the Event widely advertised? Yes No
16. Is the Event being held at a resort location? Yes No
17. Is education the focus of the meeting or is it recreation? Education Recreation
18. Are other companies supporting this event? Yes No
19. Are any Orthofix products, product samples, cadavers or instrumentation expected to be provided as part of the grant (i.e., anything in-kind)? Yes No
- a. If yes, attach a list of products being requested and the quantity needed of each item.
- b. If yes, will any of those materials be returned to Orthofix? Yes No
20. Please provide the following required documentation, as applicable, for **ALL** grant requests **EXCEPT requests for product donations not related to an educational course (e.g., a mission trip) and fellowship support:**
- a. Copy of the educational course agenda;
 - b. For grants with CME, documentation that CMEs will be awarded which is consistent with ACCME or similar standards;
 - c. Copy of materials sent to prospective attendees. Materials must sufficiently establish that the event has a legitimate business, scientific, or educational purpose, is not held at a resort location, and is held at a venue that is conducive to an educational program;
 - d. A copy of the organization’s total budget for the conference, indicating percentage spent on overhead and on educational content;
 - e. A list of other corporations/foundations participating in the project/program;
 - f. Documentation of the organization’s tax-exempt status, whether under U.S. IRS Code Section 501(c)(3) or 501(c)(6), or under a similar country or state law;
 - g. If requestor is a U.S. entity, a completed W-9 form which reflects the organization’s Employer ID Number (EIN) (also known as a taxpayer ID number);
 - h. If the requestor is an entity outside of the U.S., documentation reflecting the organization’s business registration number; and
 - i. A list of the requesting organization’s Board of Directors.

For product donation requests not related to an educational course (e.g., a mission trip) ONLY, please provide (1) a letter on the requesting organization's letterhead that describes the requesting organization and outlines the scope, duration and purpose of the medical mission, and (2) a list of desired Orthofix products, along with the purpose and ultimate destination for use of the products.

I certify that all information provided in this Request Form is accurate and complete, and I understand that consideration of this request is not conditioned upon prescribing, purchasing or recommending any Orthofix products. I further understand that only the applicable Orthofix Grant Committee can approve a grant request and make a commitment to provide funding.

Requested By: _____

Printed Name:: _____

Date: _____

Scan and e-mail this form and all supporting documentation to Grants@Orthofix.com.