

**TODAY'S DATE** (Jan-1-2021)

Business Unit:

Type of Request:

Program Start Date:

Program End Date:

Program Title:

Program/Activity Description:

**REQUESTOR INFORMATION**

Requestor First & Last Name:

Email Address:

Organization Name:

Phone #:

(123) 123-1234

Organization Address:

Ext #:

City:

Province:

Postal Code:

A#B #C#

**Requested Amount of Support:**

Currency: CAD

Program Budget:

**RECIPIENT OF FUNDS (INSTITUTION/ORGANIZATION ONLY)**

Cheque Payable To (cannot be to an individual):

Payable To Address:

City:

Province:

Postal Code:

A#B #C#

Is a company or companies of Johnson & Johnson the sole supporter of this program?

**Learning Objectives:**

Gain better understanding of the technology and most efficient ways to implement in practice.

Increase brand exposure and product awareness.

Safe and Effective use of products from the J&J Family of Companies.

Ongoing education of future leaders in their chosen field of study.

Complication management and handling in order to improve overall patient care.

Delivery Format:

Audience Group:

**VENUE INFORMATION (Applicable to Educational Grants)**

Venue Name:

Venue Province/State:

Venue City:

Venue Country:

**Continue on Page 2...**

Below allocate amounts applicable to the **Area of Support**. Total must equal the **"Requested Amount"** entered on page 1 of this request form.

**AREA OF SUPPORT (Applicable to Educational Grants)      AMOUNT**

- Audio Visual Costs ..... \$
- Honorariums (Speaker Fees) ..... \$
- Food/Beverage ..... \$  
\*As per Healthcare Compliance Guidelines, Group Meal Limits: Breakfast \$35, Lunch \$50, Dinner \$125.
- Course Materials ..... \$
- Room Rental Fee ..... \$
- Travel ..... \$
- Accommodations ..... \$
- Registration Fees ..... \$
- Lab Fees ..... \$
- \*Other: ..... \$  
\*please explain:

**FOR FELLOWSHIP REQUESTS:**

1. What is the criteria for selecting participant?
2. If known, what is the name of the Fellow(s)?

**TOTAL ..... \$**

Total to equal **"Requested Amount"** entered on Page 1

**ADDITIONAL COMMENTS:**

**SUPPORTING DOCUMENTS:**

Please submit required documents (shown below) along with this Request Form.

**EDUCATIONAL GRANTS:**

- Signed Letter of Request (on Letterhead)
- Budget Breakdown
- Program Agenda

**FELLOWSHIPS:**

- Signed Letter of Request (on Letterhead)
- Post program report if this Fellowship program was supported by Johnson & Johnson Medical Companies in the last 5 years
- Any other supporting information about this program

**Submit via E-Mail: RA-MEDCA-MedEdu@its.jnj.com**

- \*Attach Request Form and required supporting documents. Incomplete submissions may delay processing of your request.
- \*Remember to "Save" this form prior to submitting.

**INTERNAL USE ONLY:**

Is this organization and/or requestor a government official under local law?

State business justification for providing the funding, including how it related to the Company's Strategy or area of interest?

Does the request represent fair market cost?

**ADDITIONAL COMMENTS:**

Educational Objectives: Select all that may apply

- Area of Focus                      Community
- Company Interest                Knowledge Transfer

