



**EDUCATION GRANT, CHARITABLE CONTRIBUTION, OR FELLOWSHIP  
REQUEST FORM**

NAME OF EVENT: \_\_\_\_\_

In accordance with CrossRoads Extremity Systems, LLC, (CREX) this Education Grant, Charitable Contribution, or Fellowship Form (“RequestForm”) is to be used by an organization or entity requesting a grant, charitable contribution, or fellowship support. **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 CREX Grant Committee for review a minimum of six (6) weeks prior to the inception of the event.

- Education Grant
- Fellowship Grant
- Charitable Contribution – Monetary
- Charitable Contribution – Product Donation

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 CREX 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 CREX  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**:
- Copy of the educational course agenda;
  - For grants with CME, documentation that CMEs will be awarded which is consistent with ACCME or similar standards;
  - 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;
  - A copy of the organization’s total budget for the conference, indicating percentage spent on overhead and on educational content;
  - A list of other corporations/foundations participating in the project/program;
  - 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;
  - 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);
  - If the requestor is an entity outside of the U.S., documentation reflecting the organization’s business registration number; and
  - 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 CREX products, along with the purpose and ultimate destination for use of the products.

**For requests for fellowship grants ONLY**, please provide:

1. If the requestor is a U.S. entity, a copy of the organization's W-9 form, reflecting the organization's Employer ID Number (EIN) (also known as a taxpayer ID number);
2. If the organization is an entity outside of the U.S., documentation reflecting the organization's business registration number;
3. A completed copy of the CREX Fellowship Application Form; and
4. A copy of the Fellowship Director's CV.

**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 CREX products. I further understand that only the applicable CREX 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@crextremity.com](mailto:grants@crextremity.com)

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FOR CREX USE ONLY:

Grant approval by Compliance Officer (signature/date): \_\_\_\_\_

Reconciliation information provided from requestor: Date \_\_\_\_\_ Initials \_\_\_\_\_